MENTAL HEALTH OF ADOLESCENT SCHOOL STUDENTS
-A Quasi-Experimental Study

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Abstract

Mental health is a constitutional part of health and it is very helpful to attain a complete state of well-being in physical, mental and also the social aspects. The other aspects of health in relation with Mental health, that will affect the socio demographic and also the economic factors and it need to be highlighted through wide implementation of various strategies that is for the health promotion, prevention of diseases, treatment of the diseases or disorders already exist and its recovery.

This study is a quasi-experimental study that was conducted among adolescent school students at Manikandam Block, Tiruchirappalli. This study helps to provide awareness and understanding of the need and importance of mental health among adolescent school students. The study is on, "Mental Health of Adolescents School Students - An Impact analysis". The literature review based on the study is on the different dimension of Mental Health.

In the data collection process for selecting the sample, the researcher has used sampling design in a two-phase way (Kristopher Jennings 2009). The researcher has adopted simple random sampling using lottery method for selecting only high schools and higher secondary schools. This was done in the first phase and in the second phase the researcher was chosen all the students who those who attended the workshop. The essential factor in the research study is the researcher has conducted a Pre-assessment and that was done with all the students before attending the workshop. This study consists of 103 adolescent school students this study will provide a standard data for the need and importance of mental health among adolescent school students. The findings highlighted in the study will be helpful for the Government to implement policies and programmes for the welfare of the school children by the application of mental health policies. In this study the researcher used Mental Health Inventory (MHI) scale designed by Dr. Jagdish and Dr.A.K.Srinivastava in 1983, to measure mental health (positive) of adolescent school students.

For the data analysis and interpretation of the study, the researcher has used Karl Pearson's co-efficient of correlation and Paired t test to describe substantiate inferences. The researcher has used Statistical Package for Social Sciences (SPSS). The results of the study indicated that, 1.9% of the respondents had average level of overall mental health and 11.7% of respondents had average level of overall mental health after intervention.

Intervention in the form of workshops had been helpful in promoting Mental Health among adolescents in Manikandam Block. The research findings recommend that this kind of workshops

on the concept Mental Health should be frequently conducted for Students. These kinds of Mental Health programs are beneficial to Children, Teachers and the administration as a whole. Parents can also be given awareness on the concept of Mental Health.

Key words: *Mental Health, School Students, Children, Experimental study.*

INTRODUCTION

This paper highlights the introduction about Adolescence, Adolescent's Prominent Nature, School, Mental Health, Importance of Mental Health, Symptoms of Good and Poor Mental Health, School and Mental health, Adolescents' Mental Health, Mental Health Problems Commonly Occurring in Children, Child and Adolescent Mental Health Policies in India and Relevance of Social Work Intervention.

1.1 ADOLESCENCE

The discussions regarding adolescence were started in Ancient Greece and also in the works done by the spectacular philosophers, named Plato and Aristotle. From the 20th century onwards adolescence became an important milestone that needs to be recognised (Petersen, 1988). The time periods of adolescence were identified as "storm and stress" and this is needed for a healthy development (Hall, 1904). Halls understanding about adolescent were absolutely theoretical and there were no empirical study related go adolescence was emerged during the half of the century (Petersen, 1988).

In 2014, Lawrence Steinberg defined the term adolescent as the period of "Age of Opportunity" and he has described it as this is not the time period to consider as problems it is the time period of opportunities (Steinberg, 2014). We can say that adolescent is the period of transition in developments. That can be visible in shift from childhood to adulthood and these changes may be projected as biological changes, changes in cognitive development and changes occur in the psychological and social aspects (Steinberg, 2014b).

1.2 PROMOTING POSITIVE CHANGES IN ADOLESCENTS

During the adolescent time period, the adolescents are hypersensitive to be addicted with alcohol and drugs, physical, psychological or sexual abuse, peer pressure, severe crimes and other prohibited activities. There are so many interventions that we can be done to assist the needs of the community and also to satisfy the needs of the adolescents for a healthy living. If we find a risky and inappropriate behaviour from the part of adolescent that need to be noted and also support and encourage constructive self-development along with self-esteem among adolescents.

1.3 SCHOOL

The school context is one of the key elements in encouraging students in the process of learning and that will be consequently on the performances in schools. Among adolescent school children school context has a very significant impact in the area of study environment, how the students are planning about their studies, what method they are adopting for their studies, skills in reading writing and the motivation behind the study is also important. These all key areas affect the adolescent life in school environment and also it mould the student to possess good

characteristic features in life. The school plays a Vitol role in the Development of personal identity. School performs the central role to mould the children in identity formation and that can be managed consciously. As Illeris (2007) he explained that, the learning process among the adolescent school children is bound toward identity formation. Focusing on school, it is actually an important area of each person's life. Each student in the school will get the opportunity to learn about the subjects in the course of study. Those lessons will be about socio cultural and especially it denotes personal and psychological factors. Throughout we can say that, school will develop a personal enhancement in one's general life and it teaches the meaning about life, how to become human, and especially focuses on learning to be a good human, learning for the existence of life and also it learns from life. If the adolescent school students study these principles, then it will be a great achievement in their life to determine opportunities to ascertain which self-experiences and determination possibilities the schools will offer adolescent school students and how they will attain life experiences.

1.4 MENTAL HEALTH

Mental health is described as a positive emotion (affect) such as feeling of happiness, a personality trait inclusive of the psychological resources of self-esteem and mastery and as resilience, which is the capacity to cope with adversity. Mental health contributes to all aspects of individuals particularly in adolescents' life. It has both material and immaterial or intrinsic values. Good mental health is an important resource for individuals, families, communities and nation. Mental health as an inseparable part of general health, contributes to the function of society, and has an effect by and large on productivity. Only those who are mentally healthy can become productive by enhancing others as well as in the process of development.

World Health Organization (2001) defines mental health as "a state of well- being in which the individual realizes 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". And also, Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideas in one's daily living. It means the ability to face and accept the realities of life. WHO (2005) has defined child and adolescent mental health as the capacity to achieve and maintain optimal psychological functioning and wellbeing. It is directly related to the level reached and competence achieved in psychological and social functioning.

The Emotional and Psychological wellbeing of children is just as important as their physical wellbeing. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into healthy and happy adults.

1.5.1 IMPORTANCE OF MENTAL HEALTH

Being Healthy makes a man Wealthy which involves one 's physical as well as mental health. Only person who has both god Physical and Mental Health develop wholesome balanced and integrated personality. The acquisition of such personality is indeed a great asset and privilege for a normal individual. A person with such personality be able to actualize his self, live his life to his satisfaction and happiness and strive as well as attain the goals of his life to his satisfaction in the perfect tune of taking and giving something to the society. All these are possible only when one enjoys good mental health and one can enjoy good mental health and only when one knows its value and importance along with the knowledge of means and ways for achieving and

maintaining it. Gargi (2015) in his study mentioned the Importance or value of mental health which is discussed in the following statements.

1. Helps in the development of desirable personality: Mental health helps in the development of a wholesome, well-balanced and integrated personality. Such individual maintains a proper balance between his self and the environment situation, his needs and the needs of the society and provides as example of an integrated personality instead of the splitted one.

2. Helps in proper emotional development: There is a close relationship between one's mental health and emotional behaviour. The individuals who enjoy good mental health are supposed to demonstrate proper emotional maturity in their behaviour. On the other side, those who are tense, disintegrated and mentally unhealthy demonstrate sudden emotional outburst and emotional immaturity.

3. Helps in proper social development: One's mental health helps one in becoming sociable and establishing proper social relationship in the society. One who is not in conflict with oneself has sufficient time and energy available for attending others and it helps one in one's proper social behaviour and adequate social adjustment.

4. Help in proper moral development: The individual who enjoy sound mental health are usually found to behave as a man of integrity and character by following the ethical standards of the society. The proper functioning of their intellect guards them against the immoral and unsocial behaviour. They are able to exercise reasonable control over their emotions and channelize their energy to the noble tasks.

5. Helps in proper aesthetic development: Proper mental health helps the individual in the development of appropriate aesthetic sense, artistic taste and refined temperament. A mind free of any tension, conflict, frustration, inferiority, guilt or hostile feelings, may have better chance of drifting towards aesthetics, artistic and creative channel than the mind torn between complexities and conflicts.

6. Helps in actualizing one's potentialities: Every one of us has a fund of natural abilities and potentialities that can be actualized through proper efforts. Exercising such efforts and striving towards the actualization of one's potentialities depend, to a great extent, on the state of one's mental health. While the children having good mental health can strive well for the actualization of their potentialities, the mentally unhealthy children fail to do so on account of the malfunctioning of their intellectual powers, disintegrated personality and maladapted behaviours.

7. Helps in seeking proper adjustment: A mentally healthy individual is an adjusted person. He is able to seek adequate adjustment with his self and his environment. He is able to adjust his needs as per the demands of the situations and wellbeing of the society. Hence mental health helps the individual to seek a harmonious relationship with is self and his environment.

8. Helps in seeking goals of life: Mental health helps the individual to strive properly for the realization of the goals of his life. These goals may differ from person to person depending upon their lifestyles and philosophy of life. But an optimum mental health always helps the individuals to divert his energies in full capacity for the realization of these goals and live a life to his satisfaction aiming towards happiness to his self and others.

9. Helps in the progress of the society: Mental health helps the individuals to develop as well-balanced useful citizens who are conscious not only of their rights but also of their responsibilities. They take essential from the society for their proper development and living but are also ready to give something to the society for its progress and development. Actually, the

prosperity and progress of the society is linked with the health, particularly the mental health, of its members. The desired peace, progress and happiness in the society can only be possible when its members enjoy the same in terms of their sound mental health.

10. Helps in the prevention of mental illness: Mental health helps an individual in protecting him against abnormalities of behaviour, maladjustment, illness and mental diseases in the same way as physical health is helpful in saving him from the physical illness, ailments and diseases.

1.5.2 CHARACTERISTIC FEATURES OF GOOD MENTAL HEALTH (Aggarwal 2006)

✓ He has adequate ability to make adjustments in the changed circumstances and situations.

✓ He is emotionally mature and stable as he is able to express his emotions in a desirable way and exercise proper control over them.

✓ He always lives in the world of reality rather than that of imagination and fantasy.

✓ He possesses enough courage and power of tolerance for facing failures in his life. He never repents and worries over his failures and mistakes.

✓ He possesses desirable social and health habits. He is regular and punctual in performing his duties and does not suffer from forgetfulness.

✓ His intellectual powers are adequately developed. He is able to think independently and take proper decision at the proper time.

✓ He is free from undesirable mental disturbance, disorders, conflicts, anxieties, frustrations, ailments and diseases.

✓ He is self-confident and optimist. He does not exhibit undue fear and anxiety for a new dissatisfaction.

✓ He leads a well-balanced life of work, rest and recreation.

✓ He possesses socially desirable healthy interests and aptitudes.

1.5.3 CHARACTERISTIC FEATURES OF POOR MENTAL HEALTH
Emotionally unstable and easily upset, apprehensive, suspicious and insecure, self-critical, empowered with a feeling of guilt, lacks self-confidence and will power, no adequate adjustment with the self and the environment- Physical, social and professional, failure in setting a proper level of aspiration, suffers from frustrations, unresolved conflicts, strains and stresses, lacks enduring power and tolerance, lacks decision making ability, poor self-concept and achievement motivation, unrealistic attitude towards life and people, suffers from mental disturbances, disorders, ailments and diseases, always dissatisfied with his achievements and tries to seek perfection in his or other's work, lives in his own world of imagination and fantasy(Adewale, 2011).

Things that can help keep children and young people mentally well include:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school that looks after the wellbeing of all its pupils
- Taking part in local activities for young people.
- feeling loved, trusted, understood, valued and safe
- being interested in life and having opportunities to enjoy themselves
- being hopeful and optimistic
- being able to learn and having opportunities to succeed
- accepting who they are and recognising what they are good at

UNICEF (2011) highlights some of the important facts on the essential of mental health of the adolescents:

➢ Worldwide around twenty per cent of the adolescents have a mental health or behaviour problems.

➢ Globally, 71,000 adolescents commit suicide annually.

➢ Most of the life time mental disorder begins during the period of childhood and adolescence.

➢ Although uncommon, bipolar disorder and Schizophrenia may occur for the first time during adolescents.

➢ More than fifty percentage of the countries in the world lack any formal child psychiatric service

Srinath **et al.** (2005) report that 12.5 per cent of children and adolescents suffer from mental and behavioural health problems in India. Research has shown that more problems have developed in schools in the psychosocial field of health, while at the same time physical health has improved (Bardy**,** Salmi**,** & Heino**,** 2001). Mental health problems are often not recognized, even by the family members and friends. Adolescents with mental health problems are more likely to feel very stressed, have poor or fair physical health, perform below grade level at school, or use of alcohol or other drugs and think about killing themselves.

There is increasing evidence that many mental health problems that occur in childhood continue into adult life carrying with them an increased risk of adult mental health disorder, death delinquency, crime, unemployment and hopelessness (Rutter, 1995). When these people become parent, they are at higher risk of being unable to provide stable and secure environment for their own children, so their problems will flow on to the next generation (Quinton and Rutter 1988)

1.5.4 ADOLESCENTS' MENTAL HEALTH

According to Warr (1987) adolescents' mental health has five major interrelated components: affective well-being (happiness), competence, internal locus of control, aspiration and integrated functioning or adjustment. Adolescence is a particularly unique period in the orphans' life because it is a time of intense physical, psychological and cognitive development. Mental health is fundamental to adolescent orphans' physical health, quality of life and productivity.

The lack of attention to the mental health problems among adolescent orphans may lead to mental disorders with lifelong consequences, complications with health matters, and reduces the capacity of the orphans and society to be safe and productive. Rutter (2000) says that poor

parenting including neglect and child abuse have been consistently linked to and increased risk of mental health problems.

Deaths have affected many families and it resulted in the majority of people experiencing grief, including adolescents. However, adolescents need to develop healthy patterns of grieving to cope with life's sorrows. If adolescents do not deal with their grieving process, they will be vulnerable to mental health problems and may have many anxieties about the deaths of their parents (Wolfelt, 2002). Adolescent orphans those who does not get an ideal environment and may lead to mental health problems (Erikson, 2001).

1.5.5 MENTAL HEALTH OF STUDENTS

Good mental health can be obtained and developed by helping pupils to overcome serious conflicts and frustrations. They are to be made to understand their own potentialities, abilities, aptitudes, interests and the environmental conditions such that they can work harmoniously at an optimum level of functioning.

Thorpe and Clark devised a _Mental Health Analysis' instrument to test the Mental Health of School Students. It has provided two broad categories of information like "Assets and liabilities". Assets are emphasised to promote a more positive approach in the use of the results. High scores on Liabilities indicate the presence of undesirable qualities.

Mental Health 'Assets' emphasize- Close personal relationship, inter-personal skills, social participation, satisfactory work and recreation, healthy outlook and life goal. Mental Health assets according to **Thorpe and Clark** are-Formation of strong emotional bonds with others, self-confidence and respect for family and friends, participation in personal decisions, feeling of security and desirable relationship with others including authorities, desirable inter-personal relations, sensitivity to the feelings of others, hopefulness, genuine interest in others, participation in a variety of activities involving others and sharing of group responsibilities, possession of generally positive and constructive attitudes in developing personal long-range plans and goals.

Mental Health Liabilities are suggested by the presence of such aspects as behaviour immaturity, emotional instability, and feelings of inferiority, physical defects and nervous manifestations. They are indicated by:- 1.Behavioural immaturity, 2. Unacceptable or socially disapproved behaviour for the chronological age and social immaturity, 3. Proneness for selfishness, rudeness, impatience and lack of consideration for others, 4. Non-adjustive behaviour, 5. Disturbances in emotional tone, 6. Extreme swings of mood,7.Lack of responsiveness, 8. Oversensitivity, 9. Mutual fears, 10. Feelings of personal insecurity, 1.Failure to cope adequately with everyday problems and Tendencies to underrate oneself because of imagined weaknesses and inferiorities. When students experience mental health problems, they often struggle to attend school, have difficulty completing assignments, and have more frequent conflicts with peers and adults. Increasingly, schools are recognized as places where students receive mental health service.

1.5.6 Mental Health Problems Commonly Occurring in Children

These are some of the mental health problems that can affect children and adolescents.

- **Depression** affects many kids and young adolescents today than in the past, but it is still more common in adults. The onset of stress and depression starts from the young age itself. Teenagers are more likely to experience depression than young children.

- **Self-harm** has become very common problem among young adolescents. To manage intense emotional pain, they harm themselves, through cutting or burning, for example. They may not wish to take their own life.
- **Generalised anxiety disorder (GAD)** can cause young people to become extremely worried. Very young children or children starting or moving school may have separation anxiety.
- Children experience **Post-traumatic stress disorder (PTSD)** after experiencing physical or sexual abuse, witnessing something extremely frightening of traumatising, being the victim of violence or severe bullying or surviving a disaster.
- Hyperactive children , behave impulsively and have difficulty paying attention which leads to Attention Deficit Hyperactivity Disorder (ADHD). **Eating disorders** usually start in the teenage years and are more common in girls than boys. The number of young people who develop an eating disorder is small, but eating disorders such as anorexia nervosa and bulimia nervosa can have serious consequences for their physical health and development.

1.5.7 Child & Adolescent Mental Health Policies in India

Hossain and Purohit (2019) have given a review of the existing policies and programs to develop child and adolescent Mental Health in India which is discussed here. First child guidance clinic was established in 1937 and Indian Council for Mental Hygiene was established in the 1940s and they are said to be the foremost efforts taken to address the problem of child and adolescent Mental Health in India. It's said that, there were 120 child guidance clinics in India till the year 1980 and they were operated by 400 caregivers. In the years 1991 to 1995, national authorities of medical sciences increasingly participated in the development of the academic area of CAMH and fellowships in child and adolescent psychiatry were encouraged. National policies adopted for different areas of child development includes the National Policy for Children (1974), National Policy on Education (1986) and Labor (1987), Mental Health Act (1987), National Nutrition Policy (1993), National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act 1999, Charter for Children (2004), and National Plan of Action for Children (2005). But No policy has adopted CAMH as a policy thrust. The National Health Policy (2002, 2016) and the National Mental Health Policy (2014) gave little emphasis on the mental illness among the young population. In the state level, Kerala which adopted an intent to improve mental health in the young population whereas other states didn't have an explicit policy on CAMH.

The authors have said that the programs such as National Mental Health Program and District Mental Health Program, are providing basic psychiatric care to the population in general without special emphasis on CAMH. NIMHANS, Universities and non-profit agencies in Bangalore, Delhi, Mumbai, Chennai, Tiruchirappalli conducts various activities such as school health program, teacher's orientation program, student enrichment program, and school-based campaigns to increase awareness about psychosocial disorders, to learn life skills, understand self, and improve interpersonal relationships with peers and teachers. Such school-based programs are mostly concentrated in urban areas and mostly they run for a short duration. Moreover, mental health was also recognized as one of the six strategic priorities of national adolescent health strategy named Rashtriya Kishor Swasthya Karyakram (RKSK), which was an initiative conceptualized by the Government of India in 2014. The initiative along with other activities such as improving nutrition and reproductive health, introduced peer counselling at

school and community levels. This program was said to be landmark in improving overall adolescent health at the national level. But it has several limitations to address the mental health issues. The program aims to raise awareness about mental health and substance abuse without a holistic approach to provide clinical and psychological support to those who need the same. Although this initiative aims to improve overall adolescent health, it seems to be inadequate to address the mental health epidemic in child and adolescent population in India.

1.6 METHODOLOGY

1.6.1 Aim

To know the level of Mental Health among adolescent school students at Manikandam Block, Tiruchirappalli.

1.6.2 Objectives:

- To conduct a workshop on Mental Health to the adolescent school students.
- To describe the Socio- Demographic Characteristics of the school students.
- To know the level of awareness on Mental Health among the adolescent school students.
- To study the Pre and Post-prevalence of awareness on Mental Health among the adolescent school students after the intervention.

1.6.3 Research Design:

In the present study, the Researcher adopted Quasi-Experimental design, without a control group (Baker, 1999). Quasi-experimental design should be employed in situations where the basic elements of a true experiment, cannot be set up whereby complete random assignments of participants is not possible. The study attempts to experiment the impact of Mental Health among adolescent school students through before and after intervention.

1.6.4 Selection of the respondents

Workshop was conducted in Manikandam Block, Tiruchirappalli district through prior information to the schools. 103 students who attended the workshop on Mental Health were taken as the sample. Census method was adopted and data was collected from all the respondents who attended the workshop. Pre assessment was done with all the students before attending the workshop. Hence the sample of the study consisted of 103 adolescents.

1.6.5 Tools of Data Collection

The researcher used the questionnaire and standardized scale as the tools of data collection since the respondents were all educated and was able to fill in the questionnaire as per their convenient. Before finalizing the tool, the researcher also discussed with the principal and teachers about the relevant questions and the areas to be explained in the present study. Researcher used **Mental Health Inventory (MHI)** was designed by Dr. Jagdish and Dr.A.K.Srinivastava in 1983, to measure mental health (positive) of normal individuals. The MHI contains 56 items, with six dimensions. Mental health is defined as person's ability to make positive self – evaluation to perceive the reality, to integrate the personality, autonomy, group oriented attitudes and environmental mastery. Mental health refers to six components- 1) Positive Self-Evaluation (PSE): It included self-confidence, self-acceptance, self-identify feeling of worthlessness, realizations of one's potentialities etc. 2) Perception of Reality (PR): It was related to perceive, free from need distortion, absence of excessive fantasy and a broad outlook of the

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world. 3) Integration of Personality (IP): It indicated balance of psychic forces in the individual and included the ability to understand and to share other individual's emotions, the ability to concentrate at work and interest in several activities. 4) Autonomy (AUTNY): It included a stable set of internal standards for one's action, dependence for own development upon own potential rather than dependence on other individuals. 5) Group Oriented Attitude (GOA): It was associated with the ability to get along with others, work with others and ability to find recreation. 6) Environmental Competence (EC): It included efficiency in meeting situational requirement, the ability to work and play, the ability to take responsibilities and capacity for adjustment.

1.6.6 Methodological framework of the study
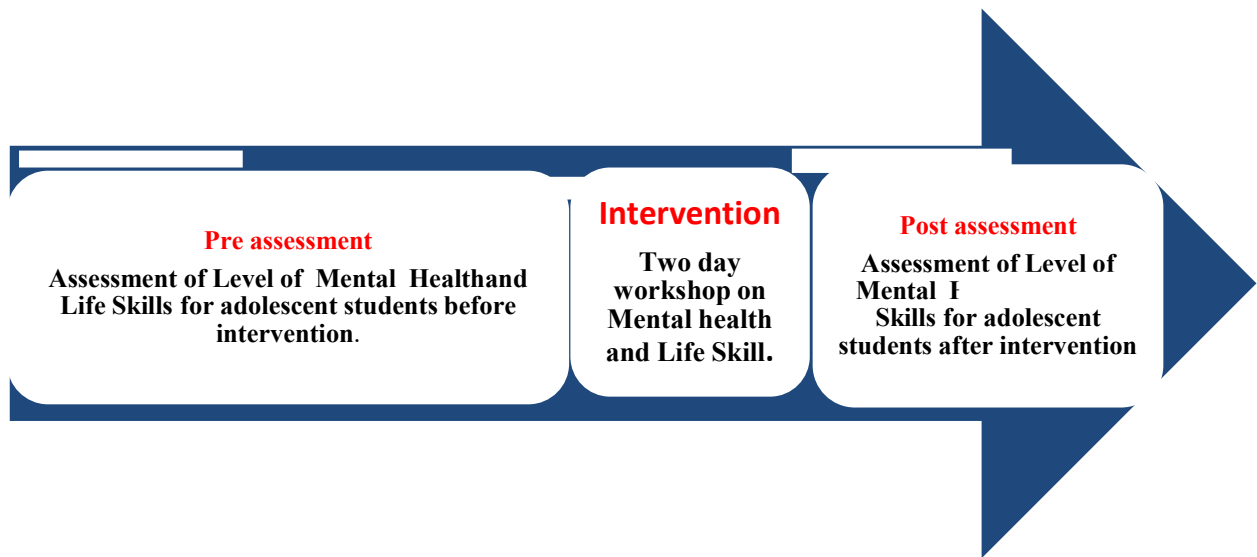
1.6.5 Process of Data Collection

Data was collected in three stages. A one-day workshop was organized and the adolescent school students who attended the workshop from the Manikandam Block were considered as the sample for the study.

Stage 1: At the time of registration, Pre –assessment was done with the students who came for the workshop from the Manikandam Block.

Stage 2: The workshop was organized on the various dimensions of Mental Health

Stage 3: Assessment was done immediately after the intervention to identify the impact of the intervention.

1.7 FINDINGS OF THE STUDY

1.   Majority of the respondents (85.4%) were in the age group of 14-15 years of age. The average age of the respondents was 14.14 years.

2.   Majority of the respondents (68%) are male students.32% of the respondents are female students.

3.   Majority of the respondents (85.4%) are 8th – 9th standard students

4.   Majority of respondents (81.6%) had very poor level of positive self-evaluation before the intervention whereas (66%) had very poor level of positive self-evaluation after the intervention.

5.   Majority (66%) of respondents had poor level of perception of reality before the intervention whereas after the intervention more than half of respondents (52.4%) had very poor level of perception of reality.

6.   Nearly half of respondents (48.5%) had very poor level of integration of personality before the intervention whereas 42.7% of respondents had poor level of integration of personality after the intervention.

7.   43.7% of respondents had very poor level of autonomy before the intervention whereas (42.7%) had poor level of autonomy after the intervention.

8.   Majority of respondents (69.9%) had poor level of group-oriented attitudes before the intervention (51.5%) had very poor level of group-oriented attitudes whereas after the intervention.

9.   Nearly half of respondents (44.7%) had poor level of environmental mastery before the intervention whereas less than half of respondents (41.7%) had very poor level of environmental mastery.

10.   Majority of the respondents (80.6%) had very poor level of overall mental health before the intervention whereas (72.8%) had very poor level of overall mental health.

1.8   RELEVANCE OF SOCIAL WORK INTERVENTION

Adolescents face many challenges and changes more than ever before like facing day to day life conflicts, learning and updating technology and not becoming addicts, landing up in conflict with parents due to lack of understanding, dealing with academic competition, peer pressure, accepting family accountability, facing many competitive examinations, making a prompt choice of their future carrier and preparing for their roles. All these may create great anxiety and frustration for adolescents thus affecting their psycho social development. In order to meet out the challenges and psychological problems, the adolescents need to acquire a state of mental health to master Psycho-social Competence. In this study, the researcher aims to know the level of Mental Health found in adolescent students in school. The researcher would also like to know the influence on the Mental Health of the students after intervention. The intervention is in the form of social work methods such as group work, case work, role play, discussion in groups, making in depth study about cases, quiz, debates etc. Hence Social work plays a vital role in enabling the students to obtain life skills such as decision making, communication skill, building self-esteem, developing interpersonal relationship, coping with stress and emotions, problem solving, empathy, enhancing creativity and critical thinking. This in turn will promote the mental Health of the adolescents which makes them productive at home, school, Work and The Nation at large. Social workers can play the role of a counsellor, advisor, mental health consultant, behaviour specialist and multi-disciplinary team member who can introduce and nourish the adolescent school students and helps in positive development of students.

1.9   CONCLUSION

'The teacher is the maker of man' says Sir John Adams. Among the greatest of all services that can be rendered by men to Almighty God, is the education and training of children & Adolescents. The teacher is the pivot of any educational system and vital component of the school. A School without teacher is just like a body without the soul, a skeleton without flesh and blood, a shadow without substance. On the other hand, the Education system in modern technological age is complex and places additional burden on schools and teachers and forces them to prepare the students as learners of exams, creates in them competitiveness and intellectual consumerism rather than creating as good human beings. It has been proclaimed that the students are disturbed by over materialism and lack of spiritual values. Education in the past has been called on to resolve a variety of social problems and now, it is recognized as a social problem itself. Fast improvement in Technology, addiction to social media, Lack of time for the parents to take care of the adolescents, disturbance in the joint family system, academic pressure, lack of time and the environment to play outdoor games etc contributes to the disturbance of Mental Health among adolescents. Advice in the form of Counselling is missing from the grandparents, relatives and neighbours due to the modern urban family setup. Due to small families and materialistic culture, there is no patience, sharing and understanding among the adolescents. In this present scenario, Schools are looked upon as an important place to impart values and life skills along with Education.

But the Modern era teachers are also not equipped to solve the psychosocial problems that arise in the students due to rapid changes that occur in home, school and society. The teachers are not trained to assess the physical, psychological and social needs of the students. The Teachers' Education curriculum tailors them as knowledge disseminating machine rather to understand the basic needs of the students and to guide, to counsel and to rehabilitate them when the students face hardships and difficulties in their course of life. As most of the schools in Tiruchirappalli district does not have Students Counselling and guidance centre the teachers does not have awareness about Mental Health programmes through which Counselling, Guidance can be rendered to the students. Hence this Two-Day Workshop intends to understand the level of mental health among adolescent students specifically in   Manikandam block, Tiruchirappalli district for better understanding of the students and to shape them into healthy human being physically and mentally. The Study also tries to give awareness on Mental Health and through two days' workshop and also studied its impact.

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