

Effect of Anxiety on Mental Health of Adolescents

Dr. Geeta Kumari

Research Scholar

Department of Psychology, Patliputra University, Patna

ABSTRACT

Anxiety is the body's natural response to danger and an automatic alarm that goes off when we feel threatened, under pressure or facing a stressful situation. Mental health shows a level of psychological well-being, or an absence of a mental disorder. From the perspective of 'positive psychology' good mental health may include an individual's ability to enjoy life and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be explained as an experience of emotion, and as signifying a successful adaptation to a variety of demand.

Keywords: Anxiety, Pressure, Mental Health, Balance, Stress

INTRODUCTION

Stages of life, such as adolescence and adulthood are critical for mental health and wellbeing. There are increasing prevalence of mental health problems and mental desire between the age of twelve and twenty. Adolescent are also critical period of development in the life span, particularly in term of many types of psychological factors that have an effect at this time. The period of adolescence is also known age "the age of storm."

Anxiety is the body's natural response to danger and an automatic alarm that goes off when we feel threatened, under pressure or facing a stressful situation. In moderation anxiety it is not always a bad thing as we think. In fact anxiety can help sometimes. We stay alert and focused, prepare to action and motivate to solve our problems. But when anxiety is constant or overwhelming, it interferes and creates hindrance in our relationship and activities, its stops being functional. That's why we have crossed the line from normal productive anxiety into the area of anxiety disorder. According to Beddington et al. (2008) "anxiety disorders are a major worldwide health problem with sizeable psychological, social and economic cost." Fear and anxiety are dissociable at the behavioural, neural and pharmacological level (Grillon, 2008, Davis et al., 2010).

Mental health shows a level of Psychological well-being, or an absence of a mental disorder. From the perspective of 'positive psychology' good mental health may include an individual's ability to enjoy life and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be explained as an experience of emotion, and as signifying a successful adaptation to a variety of demand.

The anxiety based factors badly affects the level of mental health of adolescents and adults. By means of this factor adolescent's mental status adversely affected (Kessler, Foster, Saunders and stand, 1995). Major mental health issues at this time of life can have a momentous impact, with substantial disruptive effects on identity formation and the establishment of adult roles.

RELATED STUDIES

An investigation of threat-induced anxiety in healthy individuals found amplified cortical responding to auditory stimulus deviance (Cornwell et al., 2007). It confirms that these preattentive effects are state related.

Menning et al. (2008) reported reduced Multifocal Motor Neuropathy responses in a small Post-Traumatic Stress Disorder sample but medication status was not reported. Thus, the significance of this potential exception cannot be properly evaluated.

Reeb-Sutherland et al. (2009) reported no Multifocal Motor Neuropathy difference between two adolescent groups that differ in dispositional anxiety. Surprisingly, each group contained a

similar proportion of individuals with current anxiety, which seems to be the more relevant factor in modulating sensory-perceptual systems and thus potentially explains the lack of difference in Multifocal Motor Neuropathy response.

Shackman et al. (2011) and Pessoa et al. (2002) find out that working memory and neutral cognitive control are both adversely affected by anxiety and are thought to be processed within regions overlapping this circuit.

RATIONAL OF THE STUDY

Adolescent faces many psycho-social factors in their life. One of the most important factor is anxiety which affect their academic, family and social life. Anxiety also affect their mental as well as physical health. Those adolescent who suffer from chronic anxiety often experience worry, racing thoughts and difficulty concentrating. Constant state of distress can impair decision making and affect academic achievement negatively. This study wants to know the impact of anxiety on adolescent mental health because severe and long lasting anxiety may affect the hole life of an individual.

OBJECTIVE OF THE STUDY :

The main objective of the study is to see the impact of anxiety on adolescent's mental health status.

HYPOTHESIS :

The following hypothesis are formulated for further study:

- (i) There will be negative correlation between anxiety and mental health.
- (ii) Male adolescents will have more anxiety in comparison to their female counterparts.
- (iii) There will be significance difference between rural and urban adolescents in term of their mental health status.

METHODOLOGY:

(a) Sample :

The sample consists of 100 adolescent (50 male and 50 female) from different Inter Colleges situated in Patna district. The ages of the sample were from 15 to 19 with an average age ranged 17 year. In this study anxiety and mental health were taken as independent variable and dependent variable respectively. The demographic information regarding sample was also taken as a controlled variable.

(b) Inclusion and Exclusion Criteria

Responds of 15 to 19 years of age, which is called adolescent period, were included in this study. They were residing in Patna district and studying in different Inter Colleges of the district. Adolescents of other districts are excluded from this study. People below 15 years of age and above 18 years of age and not studying in Inter Colleges are also excluded.

(c) Tools used :

The following tools or scales were used for data collection from respondents :

(I) Mental Health Inventory :

To measure the level of mental health of respondents, mental health Inventory developed by Dr. G. P. Thakur and A. Kumar (1986) were used. This Scale has 50 items based on six different areas like ego-centrism, alienation, expression, emotional instability, social non-conformity. This scale is also found reliable, valid, confident and appropriate for measuring the level of respondent's mental health status. Her high score on this scale indicates poor mental health status and low score on this scale indicates better mental health status.

(II) Anxiety Inventory :

To measure the anxiety level of respondents Comprehensive Anxiety Test, developed by Sinha and Sinha (1995) was used. This scale consists of 90 items. High score on this scale indicates

high level of anxiety and low score on this scale indicates low level of anxiety. This scale is also found appropriate, valid, confident and reliable for measuring the anxiety level of respondents.

(III Personal Information Blank :

Personal Data Sheet prepared by the researcher was used to obtain some necessary information regarding respondent's name, age, sex, rural-urban inhabitation, occupation, monthly income, type of family, total numbers of family members, attitude of family members toward respondents, educational level etc.

(d) Research Design

Researcher applied comparative research design to find out impact of independent variable on dependent variable. Researcher compare male and female group of respondents as well as urban and rural group of respondents in terms of anxiety and mental health.

PROCEDURE :

The data were collected with the help of a set of selected scale to proper planning and method by the researcher. First of all the respondents were contacted after the permission of head of the institution by the researcher. After that, a set of selected scales was administered on sample with some instructions. Thus, data collection work was finished and respondents, teachers and the head of the institutions were thanked by the researcher for their co-operation and good gesture. The data were again collected after three months of the first data collection work.

STATISTICAL ANALYSIS :

The obtained data were analyzed with suitable statistical analytical method like correlation, t value and p value.

RESULT AND INTERPRETATION

The following result were obtained as per ways:

Table – 01
Correlation between Anxiety and Mental Health

Anxiety	Mental Health and its Areas						p-value
	Egocentrism	Alienation	Expression	Emotional UN-stability	Social Non-Conformity	Total	
0.68	0.45	0.56	0.61	0.37	0.56	0.64	<.05

An observation of the result that contained in table – 01 it is clear that respondents obtained high score on both anxiety and mental health measures. The obtained score on anxiety was 0.68 and mental health and its areas were 0.45, 0.56, 0.61, 0.37, 0.56 and 0.64 respectively which was found significant at <.05 level of confidence. On the basis of this result we can say that the high level of anxiety negatively affects respondent mental health status.

TABLE - 02
Comparison of Anxiety between Male and Female Adolescents

Respondents	N	Mean	SD	t- Value	p- Value	df
Male Adolescents	50	44.98	04.99	2.41	<.05	48
Female Adolescents	50	40.11	04.01			

The result showed in the above table - 02 revealed that there were clear differences between male and female adolescents. Male respondents obtained high score on anxiety measures (Mean 44.98 and SD 04.99) whereas female adolescents obtained low score on anxiety measures (mean 40.11 and SD 04.01). The calculated t-value (2.41) was found significant at <.05 level of confidence. According to this result, it is clear that male respondents are affected more with anxiety problem comparison to their female counterpart.

TABLE - 03

Comparison between Rural and Urban Adolescents on Mental Health

Respondents	N	Mean	SD	t- Value	p- Value	df
Urban Adolescents	50	99.01	7.99	3.59	<.01	48
Rural Adolescents	50	103.03	10.63			

The findings given in the table - 03 clearly showed that urban adolescents obtained low mean score (99.01) and SD (7.99) while rural adolescent obtained high mean score (103.03) and SD(10.63) on mental health measure. The obtained t-value (3.59) was found significant at <.01 level of confidence. On the basis of this result we can say that urban adolescents have better mental health status in comparison to their rural counterpart. The reason behind this may be anxiety and other psychological and demographic factors. Hence it is also clear that the high score on mental health measures indicate poor mental health status and low score on mental health measures indicate better mental health status.

DISCUSSION

When anxiety becomes persistent and overwhelming it can affect mental health significantly. Anxiety can lead to psychological and emotional consequences. Understanding how anxiety impact mental health is necessary for those people seeking assistance and treatment. Anxiety disrupt daily life and cognitive functioning. Adolescent with anxiety often struggle with emotional imbalance, irritability, restlessness and mood swings. They can't maintain good and healthy relationship and social interaction.

CONCLUSION :

To conclude it can be said that:

1. Anxiety and mental health are positively correlated.
2. Anxiety is the responsible factor for mental health status of adolescents.
3. Urban adolescents have better mental health status comparatively to their rural counterpart.

REFERENCE:

1. Beddington J., Cooper C. L., Field J., Goswami U., Huppert F. A., Jenkins R. (2008). The mental wealth of nations. *Nature* 455,1057-1060 10.1038/4551057a [DOI] [PubMed] [Google Scholar].
2. Grillon C. (2008). Models and mechanisms of anxiety : Evidence from startle studies. *Psychopharmacology* 199, 421-437 10.1007/s00213-007-1019-1 [DOI] [PMC free article] [PubMed] [Google Scholar].
3. Davis M., Walker D. L., Miles L. Grillon C. (2010). Phasic vs sustained fear in rats and human : Role of the extended amygdala in fears vs anxiety. *Neuropsychopharmacology* 35,105-135 10.1038/npp.2009.109 [DOI] [PMC free article] [PubMed] [Google Scholar]
4. Adamson. S.J., Todd , F.C. Sellman (2006) : Coexisting Psychiatric disorders, in a New Zealand outpatient alcohol and other drug clinical population. *Australian and New Zealand Journal of Psychiatry*.
5. Cornwell B. R., Baas J. M. P., Johnson L., Holroyd T., Carver F. W., Lissek S. (2007). Neural responses to auditory stimulus deviance under threat of electric shock revealed by spatially-filtered magnetoencephalography. *Neuroimage* 37, 282-289 10.1016/neuroimage. 2007.04.055 [DOI] [PMC free article] [PubMed] Googal Scholar].
6. Menning H., Renz A., Seifert J., Maercker A. (2008). Reduced mismatch negativity in posttraumatic stress disorder : A compensatory mechanism for chronic hyperarousal? *Int. J. Psychophysiol.* 68.27-34 10.1016/j.ijpsycho.2007.12.003 [DOI] [PubMed] [Google Scholar].

7. Reeb-Sutherland B. C., Vanderwert R. E., Degnan K. A., Marshall P. J., Perez-Edgar K., Chronis-Tuscano A. (2009). Attention to novelty in behavioural inhibited adolescent moderates risk for anxiety. *J. Child Psychol. Psychiatry* 50, 1365-1372 10.1111/j.1469-7610.2009.02170.x [DOI] [PMC free article] [PubMed] [Google Scholar].
8. Pessoa L., Padmala S., Morland T. (2005). Fate of unattended fearful faces in the amygdala is determined by both attentional resources and cognitive modulation. *Neuroimage* 28, 249-255 10.1016/j.neuroimage.2005.05.048 [DOI] [PMC free article] [PubMed] [Google Scholar].
9. Shackman A. J., Salomons T. V., Slagter H. A., Fox A. S., Winter J. J., Davidson R. J. (2011). The integration of negative affect, pain and cognitive control in the cingulate cortex. *Nat. Rev. Neurosci.* 12, 154-167 10.1038/nrn2994 [DOI] [PMC free article] [PubMed] [Google Scholar].
10. Shastri. P.C . (2009): Promotion and Prevention in Child Mental Health. *Indian Journal of Psychiatry*.
11. Sinha & Krishna (1990): Manual of Anxiety measurement Published by Agra Psychological Research Cell. Agra U.P., India.