

Assessment on Mental Health among Males Age Group 18-23 Years: A Study from Tamilnadu, India

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Abstract:- Mental illnesses change a person's thoughts, perceptions, and consciousness about themselves, other people, and the outside world through a variety of experiences and occurrences of differing intensities. The core components of human identity are emotion, perception, cognition, and action, and these are the key areas that are affected by mental illnesses. At Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital kulasekharam, Tamil Nadu, India, this study was carried out. Male participants in the study range in age from 18 to 23. Verbal consent was obtained when the study's purpose was explained. This questionnaire had thirty responses. There were thirty questions in the survey. The elements of the questionnaire addressed exercise, sleep, thoughts, eating habits, gadget use, and addictions. The male volunteers were excluded from the study due to their unwillingness or lack of cooperation. According to our research, they need greater knowledge on eating a good diet, getting enough sleep, and drinking enough water, as well as about the harmful impacts of emotions and the problems they can bring. More guidance on mental health and mental strengthening exercises is required.

Keywords:- Mental Health, Insomnia, Stress, Depression.

I. INTRODUCTION

A person in good mental health may learn and work efficiently, overcome obstacles in life, realize their full potential, and contribute back to their community. On the other hand, mental illnesses impact a person's essence through a variety of experiences and occurrences of differing intensity that change their thoughts, perceptions, and awareness of themselves, other people, and the outside world. This is observed to a lower but still substantial extent with anxiety, mood, eating, and other psychiatric problems, but to a greater extent with more severe mental diseases such as psychoses and bipolar disorders. The core components of human identity are emotion, perception, cognition, and

action, and these are the key areas that are affected by mental illnesses. This editorial does not address the fundamentally philosophical questions of precisely defining self, whether the location of a state of self in the brain is a material reality, its shape, and the circumstances associated with the brain that impact it. Let's just sum up by saying that, similar to other physical problems, endogenous and environmental factors contribute to the increased risk of mental disorders. The risk of mental disorders has been linked to a number of environmental factors, including poverty, a poor family environment, psychological deprivation and trauma, social defeat and isolation, and poverty. Helping the patient feel better and engage with their social and physical settings more adaptively is the main goal of therapeutic therapies for mental disorders. While there is no question that psychological care is necessary for all medical diseases, the main goal of mental health interventions is to bring about a positive shift in feelings, mood, self-esteem, perceptions, thoughts, and behavior. Numerous uniquely human cognitive, emotional, and conative functions, including memory, reasoning, perception, mood, and action, have undoubtedly been better explained biologically by neurosciences. We now know that underlying biological differences are often the source of vulnerability for many mental diseases. In order to understand and treat mental disorders, we need to have a social and professional conversation in which we find a place for neurobiology, social, cultural, and environmental forces, personal histories, and the uniqueness of each individual. We need to avoid a simplistic reductionism, which, despite well-intentioned treatment, may be at best patronizing but ultimately harmful.

II. PATHOPHYSIOLOGY

Neurological and psychiatric disorders frequently coexist. A number of illnesses affecting the central nervous system can cause psychiatric symptoms, which can occasionally appear before the usual neurological symptoms and indicators do. Different reasons may be responsible for

the emergence of mental symptoms in neurological illnesses. These symptoms may manifest as a reaction to the CNS illness diagnosis in certain instances, or they may be described as potential side effects of medication regimens in other instances. Incidence of psychopathological symptoms in neurological disorders such as multiple sclerosis, Parkinson's disease, Alzheimer's disease, and the behavioral variation of frontotemporal dementia. The occurrence of mental health issues in neurodegenerative and neuroinflammatory disorders varies based on the particular disease and the psychopathological presentation that is thought to be present. It is true that a broad spectrum of psychopathological manifestations might be seen, such as mood, anxiety, psychotic, and obsessive-compulsive symptoms.

III. MATERIALS AND METHOD

This research was conducted at Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital kulasekharam, Tamil Nadu, India. Males aged 18 to 23 are participating in the study. After the goal of the study was described, verbal consent was acquired. Thirty people answered this questionnaire. The survey had thirty

questions on it. The questionnaire's parameters covered sleep, gadget usage, food habits, thoughts, addictions, and exercise. Due to male participants unwillingness or uncooperation, they were not allowed to continue with the study.

IV. RESULT

The male respondents ranged in age from 18 to 23. There were thirty men in all. Table 1.1 demonstrates that 33.33% of people have disturbed sleep, while 66.66% do not have disturbed sleep. Extended use of a phone and computer, 40% and 60% don't have extended use of a phone and computer. Viewing heartfelt videos, 23.33% and 76.66% do not watch emotional videos. Nobody drinks alcohol and smokes exclusively. 20% of people do not have the habit of eating junk food and 80% have the habit of eating junk food. Possess forgetfulness 83.33% and 16.66% do not exhibit this symptom. 50% of the habit is everyday exercise. 60% of students believed that their studies were challenging, whereas 40% did not. Family issues 33.33% and 66.66% do not have familial issues. 60% of people are afraid of the future and 40% of people are not afraid of the future.

Table: 1 Shows, Assessment on Mental Health among 18-23 Years

S.NO	CONTENT	YES (%)	NO(%)
1	Disturbed sleep	33.33%	66.66%
2	Prolonged use of computer and mobile phone	60%	40%
3	Watching emotional videos	23.33%	76.66%
4	Tobacco and Alcohol	Nil	100%
5	Habit of having junk food	80%	20%
6	Have amnesia	16.66%	83.33%
7	Habit of exercise daily	50%	50%
8	Felt difficult in studies	60%	40%
9	Family problems	33.33%	66.66%
10	Fear of future	60%	40%
11	Past experience in any relationship break up	30%	70%
12	Always dependent on others	43.33%	56.66%
13	Felt lonely	33.33%	66.66%
14	Worried of others criticism	26.66%	73.33%
15	Habit of over thinking	80%	20%
16	Always thinking of perfection	43.33%	56.66%
17	More hygienic	43.33%	56.66%
18	Felt uncomfortable environment	36.66%	63.33%
19	Weather change irritations	40%	60%
20	Health related mental illness	16.66%	83.33%
21	Have financial difficulties	80%	20%
22	Fearful person	30%	70%
23	Always ask permission	30%	70%
24	Have the thoughts of Libido	36.66%	63.33%
25	Have faith in God	93.33%	6.66%
26	Have any goal in life	90%	10%
27	Mental disturbances due to past events	63.33%	36.66%
28	Forced to do something you don't want	36.66%	63.33%
29	Have any addictions	30%	70%
30	Introverted person	46.66%	53.33%

Because of previous experience of ending a relationship, 30% and 70% of people have never broken up in a relationship before. Constantly reliant on others, 56.66% and 43.33% are not constantly reliant on others. I felt alone myself, 66.66% and 33.33% did not feel alone. Worried about other people's opinions, 26.66% and 73.33 do not care what other people think of them. 80% of people with an overthinking habit and 20% of people do not exhibit this symptom. Constantly striving for perfection, 43.33% and 56.66% do not always think of perfection. 43.33% were more hygienic and 56.66% were not more hygienic. Felt uncomfortable atmosphere 63.33% and 36.66% did not perceive an uncomfortable atmosphere. Changes in weather can be annoying. 40% and 60% of people do not find weather variations annoying. Mental illness is connected to health, 16.66% and 83.33%. There is no mental disease connected to health, experience financial hardships 80% and 20% of people do not struggle financially. 30% of people are afraid, and 70% do not exhibit these symptoms. 30% of people always ask for permission, whilst 70% don't always ask for permission. Consider libido more often; 63.33% and 36.66% do not always think like this. Believe in God 93.33% of people and 6.66% do not believe in God. Possess any life goals, 10% and 90% of people don't have any life goals. Mental illnesses brought on by the past due to prior incidents, 63.33% and 36.66% of people do not have mental health issues. 36.66% of people are forced to do something they don't want to do, whilst 63.33% are not. Possess addictions 30% and 70% of people do not suffer from addiction. 53.33% of non-introverted individuals and 46.66% of introverted individuals.

V. DISCUSSION

More people, 33.33%, have trouble sleeping, and 60% spend a lot of time on their phones and computers. Nobody drinks and smokes exclusively. Eighty percent of people have a propensity to eat junk food, and 16.66% suffer from amnesia. Felt that studying was 60% challenging. The majority of people, 33.33%, have family issues, and 60% are afraid of the future. Previous experience with a 30% breakup in any relationship. 43.33% of people are constantly dependent on others. Experienced 33.33% loneliness. Be concerned about other people's criticism 26.66%. The majority of people frequently overthink things by 80%. There are 43.33% more people who are constantly striving for perfection and 43.33% more hygienic. People reported being 36.66% less uncomfortable in their surroundings and 40% less irritated by weather variations. Financial troubles account for 80% of the cases, while health-related mental illness is 16.66%. 30% of people are less afraid, while 30% always seek permission. Think about libido more at 36.66%. Trust in God 93.33%. 63.33% of persons experience mental health issues as a result of prior occurrences, and 36.66% are forced to do something against their will. 30% of people have any addictions, and 46.66% are introverted.

VI. CONCLUSION

According to our research, they are adequately aware of the importance of warm-up exercises and proper supervision. They need additional information about eating a good diet, getting enough sleep, and drinking enough water, as well as about the harmful impacts of emotions and the problems they can cause. More guidance on mental health and mental strengthening exercises is required. In order to enhance overall health and wellness, these areas should be the focus of future healthcare activities.

REFERENCES

- [1]. Social media and higher education: An international perspective. Bartosik-Purgat M, Filimon N, Kiygi-Calli M 2017;10:181–191.
- [2]. Meeting the challenges of evidence-based policy: the Campbell collaboration. Petrosino A, Boruch RF, Soydan H, Duggan L, Sanchez-Meca J 2001;578:14–34.
- [3]. The impact of online social networking on adolescent psychological well-being (WB): a population-level analysis of Korean school-aged children. Kim HH. 2017;22:364–376.
- [4]. Does time spent using social media impact mental health?: An eight year longitudinal study. Coyne SM, Rogers AA, Zurcher JD, Stockdale L, Booth M. 2020;104:106160.
- [5]. A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents. Keles B, McCrae N, Grealish A. 2019;25:79–93.
- [6]. Internet gaming disorder and problematic social media use in a representative sample of German adolescents: prevalence estimates, comorbid depressive symptoms, and related psychosocial aspects. Wartberg L, Kriston L, Thomasius R. 2020;103:31–36.
- [7]. Young R. Shim, Rebecca Eaker, Junkoo Park, Mental Health Education, Awareness and Stigma Regarding Mental Illness Among College Students, August 24, 2022.
- [8]. Giroux D, Geiss E. Evaluating a student-led mental health awareness campaign. *Psi Chi journal of psychological research*. 2019; 24: 61–66.
- [9]. Mojtabai R, Olfson M, Mechanic D. 'Perceived Need and Help-Seeking in Adults with Mood, Anxiety, or Substance Use Disorders'. 2002; 59: 77–84.
- [10]. DeBate RD, Gatto A, Rafal G. 'The Effects of Stigma on Determinants of Mental Health Help-Seeking Behaviors among Male College Students: An Application of the Information-Motivation-Behavioral Skills Model'. *American journal of men's health*. 2018; 12: 1286–1296.