



Mental Health of Graduands

- An Exhibit from Survey Research at
Veer Narmad South Gujarat University, Surat.
2023



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Published By

Veer Narmad South Gujarat University, Surat

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Disclaimer

"This research study is intended solely for academic purposes and does not constitute professional advice or recommendations. The findings presented in this study are based on the data and methods available to the researchers, and may be subject to limitations such as sample size and potential bias in data collection. The views and opinions expressed in this study are those of the authors and do not necessarily reflect those of the sponsoring organization or funding agencies. Readers are advised to use the findings of this study with caution and to seek professional advice before making any decisions based on the research."

PREFACE

Mental health is a very crucial aspect of the overall well-being of the students and it has gained significant attention in recent years. It has become a major issue among the student group due to the academic pressure, financial constraints and personal challenges they face.

During the academic journey of graduands (the students who have fulfilled all the necessary criteria to obtain their degree, but are still awaiting the conferral of the degree), they undergo and experience many emotions such as happiness, sadness, anxiety, satisfaction, loneliness, anger, rejection, frustration and so on. The aforesaid emotions are conveyed by a substantial amount of stress and anxiety. It is very essential to consider the various factors that affects the mental health of graduands positively or negatively.

The objective of this study is to evaluate the mental health of graduands around three important aspects – positive psychological function, social competence and stress coping ability. Further these aspects have their own construct. The research can help provide a support from further deterioration such as depression, anxiety and other mental disorder.

So, the present study is undertaken to determine the mental health of graduands and identify the factors that contribute to mental health concerns. The study was conducted using quantitative technique. A structured questionnaire was designed to gain an insight into various aspects that affect the mental health and related factors. The data was collected from graduands who visited university to collect their respective degrees. Graduands from various fields – commerce, science management, arts and computer science; participated.

I hope that the findings of research study will provide a better understanding of mental health among the graduands and will prove to be beneficial in development of effective support system in order to address the mental health issues. It may also provide an insight into framework of syllabus that can have a positive impact on mental health of students. Further it would be helpful in developing a common counselling system for students suffering from negative emotions like stress, anxiety, frustration, anger and so on. It would further help to identify area for clinical research.

After delving into the contents of this book, I would like to express my heartfelt thanks to everyone who has helped me along the way.

I express my heartfelt gratitude to the Vice Chancellor of Veer Narmad South Gujarat University, Dr. Kishorsinh Chavda, for unwavering support, guidance, and giving me the opportunity to conduct this research and write this book with confidence.

Also, I wanted to reach out and extend my gratitude to Registrar of Veer Narmad South Gujarat University Dr. Rameshdan C. Gadhvi, for his guidance and support to undertake this endeavor successfully.

I would like to express my sincere appreciation to the esteemed trustees of Udhna Academy Education Trust for their invaluable support and assistance in granting me permission to undertake this research study. I am especially grateful to the office bearers of Udhna Academy Education Trust for their invaluable support and assistance throughout my research study. I express my heartfelt appreciation to Shri Bhanjibhai K. Patel, President; Shri Niranjanbhai M. Patel, Vice President; Shri Kantilal S. Patel, Secretary; Shri Amrutbhai L. Patel, Treasurer; Shri Ketanbhai N. Shah, Joint Secretary-I; and Shri Nareshbhai R. Shah, Joint Secretary-II of Udhna Academy Education Trust. Their unwavering support, guidance, and financial assistance have been crucial in the successful completion of this book. I am truly grateful for their contributions and for the trust they have placed in me throughout this research journey.

I would like to extend my sincere appreciation and gratitude to my esteemed co-authors, Dr. Daisy S. Thekkanal and Dr. Rudri C. Purohit, for their invaluable contributions and diligent participation throughout our research collaboration. Our collective efforts and teamwork have undoubtedly enriched the outcomes of this study.

Completing this endeavor within a limited timeframe was not a task that could have been accomplished by a single individual. It was the combined efforts of core team members that made this endeavor possible. I would also like to extend my gratitude to the core team members and analysts of this research study Dr. Hurmaz Patel, Dr. Rudri Purohit, Prof. Benaifer Dumasia, Dr. Hitesh Patel and Dr. Gautam Donga. I extend my heartfelt gratitude to the faculty

members who assisted the analysts in data collection- Dr. Parikshit Ichhaporia, Prof. Urvashi Mahisury, Prof. Priti Patel, Prof. Faisal Patel, Dr. Tathagat Patel and Prof. Shivani Bhavsar.

I thank all the students of Udhna college (Annexure 1), who assisted the faculty members in data collection from graduands of various fields.

I extend my deepest gratitude to the Board of University Publication of Veer Narmad South Gujarat University, Surat; as well as the administration staff and library staff of Udhna college and Veer Narmad South Gujarat University, Surat for the exceptional support and assistance provided throughout my research journey.

Finally, I express my gratitude to all the individuals who directly or indirectly helped us in completion of this research work effectively.

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1 INTRODUCTION

This chapter aims to introduce the framework of the research on studying the mental health of graduands at Veer Narmad South Gujarat University. The chapter begins with problem orientation that leads to identification of research gap and central research question that the present research addresses. The central research is then translated into specific research questions and connection between them. This is followed by stating the objectives of the study. Research variables and methodological approach of the present study are described next in line. The chapter also entails relevance of the research along with the limitations and scope of the study. It concludes with a description of chapter scheme of the study.

1.1 PROBLEM ORIENTATION

In India, mental health among students has become a growing concern, as the country's youth face increasing pressures from academic, social, and familial expectations. (Gururaj et al., 2016). According to a study conducted by the National Institute of Mental Health and Neurosciences (NIMHANS), around 7.5% of the Indian population is affected by some form of mental disorder, with depression being the most common. These mental health issues are not limited to adults, with an increasing number of students experiencing anxiety, depression, substance abuse, and other mental health problems. The pressure to succeed academically is high, and students are often expected to perform well in exams to secure their future. In addition to academic pressure, Indian students also face social expectations that can be difficult to navigate, especially for those who do not fit into traditional gender or cultural roles. Furthermore, many students from lower-income families face additional stresses, such as financial constraints and family responsibilities. These challenges can have a significant impact on students' mental health and overall well-being, highlighting the

need for colleges and universities in India to prioritize the mental health of their students.

According to NIMHANS (2016) the annual suicide rate (per 1,00,000 of population) of Gujarat state is 11.7 against the national rate of 10.6.¹ Moreover, the suicide rate of Gujarat state in age group of 18 years to 30 years of age is alarming 19.75 against national rate of 17.15.¹

The National Education Policy (NEP) 2020 recognizes the need for advancing mental health and well-being for students. It emphasizes the need for educational institutions to offer comprehensive counselling services to students, including mental health counselling, career guidance, and life skills training. These services should be made available to all students, regardless of their background or academic performance.

In line of the accordance of NEP 2020, Veer Narmad South Gujarat University has put the right foot forward for creating a positive and inclusive teaching and learning environment, where students feel supported and valued. This has been achieved through the implementation of anti- ragging, anti-bullying and harassment policies, in-house career and personal counselling services.

However, these interventions do not necessarily guarantee good mental health. Hence, it becomes extremely necessary to assess the present state of the mental health of the students.

This report will explore the current state of mental health of graduating students of Veer Narmad South Gujarat University. The findings of the report will aid to understand the unique challenges facing Indian students in context to mental health, and strategies for improving mental health services and support in higher education.

The prime objective of the study is to investigate the level of mental health of graduands at Veer Narmad South Gujarat University (VNSGU). The research is essentially quantitative research utilizes cross- sectional survey methodology. The purpose of the design is to measure mental health, measure mental health across

¹ National Crime Records Bureau- 2014

various aspects and assess the effect of selected variables on both of them, and to examine the mental health of graduands at VNSGU.

1.2 RESEARCH GAP

The problem so identified requires meticulous inquisition that instigates with review of past research in the area of mental health. On the basis of the extensive review of literature (see heading 3) the research gap is identified and is discussed in this section.

Majority of the researchers have analysed mental health of young people. (Boham, et.al., 2020). While today with sharp increase in mental health disorder among youth (World Health Organisation, 2017), it becomes inevitable to undertake present study. Similar suggestions were made by NEP, 2020; where overall development of students is prime concern.

The majority of researchers who have studied mental health has considered it as latent variable (Gallagher, & Lopez, 2008); which is measured with the help of observable variables (Orth, & Robins; 2014). Majority of researchers have certain set of observable variables. However, there is no prescribed set of variables (Cheng, H., & Furnham, A.; 2014). Thus, there was a need to develop a comprehensive list of observed variables.

Moreover, there is a need for research that explores how mental health among graduands is impacted by factors such as gender, income class and stream of study (Tavakolizadeh, J., & Rezaei, A. M.; 2019).

Most research on mental health among graduands has been conducted in Western countries. There is a need for more studies that explore mental health among graduands in this part of the world, as well as studies that examine the mental health at crucial transition phase from being student to an active member of labour force.

1.3 CENTRAL RESEARCH QUESTION

On the basis of prior discussion and review of literature, the central research question was developed. The central research question is

What is the level of mental health of graduands at Veer Narmad South Gujarat University?

1.4 OBJECTIVES OF THE STUDY

In order to undertake a scientific inquiry to elucidate the central research question, the research objectives are formulated. These research objectives are classified into primary and secondary objectives as under.

1.4.1 PRIMARY OBJECTIVES

1. To determine the level of mental health of graduands at VNSGU.
2. To examine the level of mental health of graduands at VNSGU across selected aspects of mental health.
3. To study the mental health and various aspects of mental health of graduands at VNSGU across selected demographic variables.

1.4.2 SECONDARY OBJECTIVES

1. To investigate the association among various aspects of mental health.
2. To determine the level of psychological functioning of graduands at VNSGU.
3. To determine the level of social competence of graduands at VNSGU.
4. To examine the level of stress and stress coping ability of the graduands at VNSGU.
5. To examine the association between the mental health of graduands at VNSGU and attitude towards happiness.

1.5 RESEARCH VARIABLES

On the basis of the aforementioned objectives, the main variable of the study is mental health of graduands. For the context of present study, the mental health definition as given by World Health Organisation (WHO) is considered.

"A state of well-being in which an 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."²

On the basis of the above definition, mental health construct comprises of positive psychological functioning, the ability to cope with stress, and social competence.

1. **Positive Psychological Functioning:** Positive psychological functioning can be defined as the capacity to experience positive emotions, engage in positive relationships, and find meaning and purpose in life.
2. **Social Competence:** The ability to interact effectively with others in social situations, to exhibit appropriate social behaviours and to communicate effectively in a variety of social settings.
3. **Stress and Coping Ability:** A state of mental or emotional strain or tension resulting from adverse or demanding circumstances. Stress coping ability is the process of constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person

The study also includes certain subjective and support variables as independent variables to examine the mental health of graduands.

1.6 SCOPE OF STUDY

The scope of studying the mental health of students is very wide and can include different aspects of mental health and well-being. The areas of focus covered under the present study are mentioned below.

² World Health Organization. (2001). Mental health: New understanding, new hope. World Health Organization.

1.6.1 Conceptual Scope

The subject scope of the present study is confined to the study of mental health of graduands at Veer Narmad South Gujarat University. The present research confines scope of mental health to the definition given by the World Health Organization (WHO). WHO defines mental health as "a state of well-being in which an 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."

According to the above definition the main concept mental health focuses on three aspects-Psychological functioning, social competence and stress coping ability.

International and national research undertaken have highlighted the significant association between mental health and positive psychological functioning. Positive psychological functioning can be defined as the capacity to experience positive emotions, engage in positive relationships, and find meaning and purpose in life. The study includes various constructs of psychological functioning such as hope, resilience, perception of well-being, locus of control, self-esteem, self-efficacy and emotional well-being.

The second main aspect of mental health under the present study is social competence. Social competence and mental health are closely related. Research has shown that individuals with strong social competence does not experience mental health issues such as depression, anxiety and stress. Liu, Y., Chen, X., & Chen, Y. (2018) aimed to investigate the association between social competence and mental health and findings suggest social competence is an important factor in promoting mental health across the lifespan. The present study covered many constructs of social competence namely social trust, social support, social interaction, social dependence, and social life satisfaction.

The last major aspect of mental health in present study is stress and its coping ability. Stress is a significant factor that can have a profound impact on mental

health outcomes, as evidenced by numerous studies from both Indian and international journals. Stress can have both physiological and psychological impacts on mental health, as demonstrated in numerous studies from Indian and international journals. Goyal et al., (2015) found that high levels of stress were associated with increased anxiety, depression, and other mental health problems among Indian university students. Kessler and colleagues (2010) conducted a large-scale survey of mental health disorders among adults in the United States and found that exposure to stressful life events was a significant predictor of mental health disorders, such as major depression, anxiety disorders, and PTSD (Post Traumatic Stress Disorder). The two constructs considered under stress and coping ability are experience of stress and stress coping ability.

1.6.2 Geographic Scope

Geographic scope refers to the geographical extent of a project. It defines the specific geographic boundaries within which the study is conducted. The geographical scope of present study covers the data collection from graduands who completed their graduation and post-graduation from various colleges affiliated to Veer Narmad South Gujarat University. More than 100 colleges are affiliated to VNSGU and around different departments are operative under it.

The data collection was done in Surat city at the VNSGU campus during the scheduled time period when students came to collect their degree certificates.

Graduands from all over the South Gujarat region were approached to collect data for undertaking the present study.

1.6.3 Time Scope

The present study was undertaken during time period of year 2023 from 13th March 2023 to 17th March 2023 when VNSGU scheduled the program of degree distribution for graduate and post graduate students from the faculty of arts, science, commerce, management, computer science and law.

The graduands were from the batch of 2020-21 to 2022-23 who received the degree of graduation and from the batch of 2021-22 to 2022-23 who received the degree of post-graduation.

1.7 LIMITATIONS OF THE STUDY

- The study is confined to the graduands who completed their graduation and post-graduation program from the colleges affiliated to Veer Narmad South Gujarat University.
- The venue of data collection was Veer Narmad South Gujarat University during the period of 5 days (13th March to 17th March) from 11:00 am to 5:00 pm, when degree collection program was officially scheduled. The interpretation of questions might have been distorted by students while responding due to scorching heat and over excitement and happiness of getting the degree.
- It is confined to the limited time period of batch 2020-21 to 2022-23 for graduate program students and 2021-22 to 2022-23 for post graduate program students
- The samples are selected on non-random basis thus there might be possibility of selection bias.
- Despite of utter care taken during data collection through a structured questionnaire, some perceptual differences might have distorted the interpretation of the question and the response.
- Also, graduands may have concealed some information from the researcher as they might be apprehensive or over-cautious.
- Limitations of statistical and other tools and techniques applied for analysis are also worth mentioning here.

1.8 RELEVANCE OF THE STUDY

1.8.1 Academic Relevance

Academic relevance refers to the significance of a research study within the context of a specific academic field or area. The academic relevance of a project is

relevant to current discussion, debates, and issues within a particular academic field. The academic relevance of present study is mentioned as under.

The major academic contribution of the present study in assessing the mental health of graduands is addressing the crucial and growing area of mental health concern in the field of education.

Mental health is a very significant issue that causes anxiety, depression and other mental disorders. It affects the academic performance, social development and overall, well-being of students. The outcome of the study can throw some light on persistent aspects deteriorating the mental health and which needs to be focused in order to find the solution to the problem by approaching psychologist and councillors.

The study helps identify issues related to mental health and understand the severity of problem and the resources to address it.

The findings can be used to develop mental health policies at the university level and start a separate counselling department for the overall well-being of students.

The study can explore the relationship between mental health and other mental health related aspects and provide an insight into framework of syllabus that support students in their academic journey.

It will promote mental health and overall well-being of students and enhance their overall quality of life.

1.8.2 Practical Relevance

The practical relevance of study refers to the utility of something in real world. In other words, the findings of the study have practical implications and can be applied to solve the actual real-world problems. The practical relevance of present study is discussed as under.

Mental health and academic performance are closely related to each other. The study on mental health can help educational institution to identify the students, who are deteriorating in their academic journey and about to leave their academic careers, provide effective support to improve their academic performance which can ultimately lead to improved retention of students and thereby improved graduation rates.

The findings can help identify the aspects which have negative impact on mental health. Identification of such aspects can lead to development of programs and services that help students to manage stress, cope with the challenges and maintain good mental health.

Poor mental health is still considered as stigma. A study on mental health can raise awareness about mental health issues and help to reduce stigma and thereby provide access of support to treat mental health and reduce the likelihood of the problems going untreated.

Poor mental health increases healthcare cost, lower productivity and lower academic achievements. The study on mental health can help institutions to identify cost-effective interventions to support the victims and reduce the economic burden associated with poor mental health outcomes.

1.9 SCHEME OF CHAPTERS

The present book comprises of three sections and nine chapters. The content of each section and chapter is described below:

Section 1 comprises of three chapters viz Chapter 1 Introduction, Chapter 2 Literature Review based Conceptual Framework and Chapter 3 Review of Literature.

Chapter 1 introduces the research by explaining problem orientation of the research that led to the identification of research gap and consequent central research questions and research objectives. The specific research questions developed through literature review are stated thereafter. The research model is

represented that described the organisation of research and interconnectedness between research gap and specific research questions. The chapter also describes research variables, scope and limitations of the study. This chapter enlists relevance of the research study and the chapter ended with description of structure of the thesis.

Chapter 2 deals with documentation of literature review to build conceptual framework providing ground for formulation of specific research questions. This chapter explains the conceptualization of mental health, along with three significant aspects of mental health. It also includes detailed explanation of various constructs of each aspect of mental health. This chapter also provides insight into the research on mental health, its determination and its impact on overall being of students.

Chapter 3 explains the methodology adopted for the research. The chapter consists of information about research methodology for research inquiry encompassing, research design, data and information required and their collection, sampling, data analysis and measurement used in the research.

Section 2 presents analysis and discussion of result of quantitative investigation for central research question. The section was divided into five chapters.

Chapter 4 begins with the respondent's profile, statement wise frequency distribution followed by statement wise analysis across selected demographic variable.

Chapter 5, 6, 7 and 8 construct, descriptive statistics, and test result across selected demographic variable for psychological functioning, social competence, stress coping mechanism and mental health, respectively.

The Final section enumerates the findings of the research followed by conclusion of the study and ends with implications and future scope of the study.

This chapter aims to introduce the conceptual framework of the research on studying the mental health of graduands at Veer Narmad South Gujarat University. The chapter begins with the conceptual framework of mental health, its significance and the antecedents of mental health addresses. Current scenario of mental health at the global level, national level and Gujarat level address. The chapter also entails a brief introduction of Veer Narmad South Gujarat University followed by various departments, colleges and counselling centres for mental health. Further, the chapter followed by variables of mental health i.e., psychological functioning, Social Competence and Stress and Coping Ability and literature review on important studies.

2.1 CONCEPTUALISATION OF MENTAL HEALTH

Mental health is defined as a state of well-being in which an individual realises his or her abilities, can cope with the normal stresses of life, can work productively and can contribute to his or her community (Mental Health, n.d.), (Reddy, 2023), (Galderisi et al., 2015).

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development (Mental Health, n.d.).

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes (Mental Health, n.d.).

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case (Mental Health, n.d.).

This definition, while representing substantial progress concerning moving away from the conceptualization of mental health as a state of absence of mental illness, raises several concerns and lends itself to potential misunderstandings when it identifies positive feelings and positive functioning as key factors for mental health.

People in good mental health are often sad, unwell, angry or unhappy, and this is a part of a fully lived life for a human being. Despite this, mental health has been often conceptualized as a purely positive effect, marked by feelings of happiness and a sense of mastery over the environment (Waterman, 1993).

Concepts used in several papers on mental health include both key aspects of the WHO definition, i.e., positive emotions and positive functioning. (Keyes, 2006) identifies three components of mental health: emotional well-being, psychological well-being and social well-being. Emotional well-being includes happiness, interest in life, and satisfaction; psychological well-being includes liking most parts of one's personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life; social well-being refers to positive functioning and involves having something to contribute to society (social contribution), feeling part of a community (social integration), believing that society is becoming a better place for all people (social actualization) and that the way society works makes sense to them (social coherence).

However, such a perspective of mental health, influenced by hedonic and eudaimonic traditions, which champion positive emotions and excellence in functioning, respectively (Deci & Ryan, 2008), risks excluding most adolescents, many of whom are somewhat shy, those who fight against perceived injustice and inequalities or are

discouraged from doing so after years of useless efforts, as well as migrants and minorities experiencing rejection and discrimination (Deci & Ryan, 2008).

The concept of positive functioning is also translated by several definitions and theories about mental health into the ability to work productively (Satcher, 2000) and may lead to the wrong conclusion that an individual at an age or in a physical condition preventing her/him from working productively is not by definition in good mental health. Working productively and fruitfully is often not possible for contextual reasons (e.g., for migrants or discriminated people), which may prevent people from contributing to their community (Satcher, 2000).

Jahoda (Jahoda, 1958) subdivided mental health into three domains: self-realization, in which individuals can fully exploit their potential; a sense of mastery over the environment; and a sense of autonomy, i.e. the ability to identify, confront, and solve problems. Murphy (Murphy, 1978) argued that these ideas were laden with cultural values considered important by North Americans. However, even for a North American person, it is hard to imagine, for example, that a mentally healthy human being in the hands of terrorists, under the threat of beheading, can experience a sense of happiness and mastery over the environment (Murphy, 1978).

The definition of mental health is influenced by the culture that defines it. However, as also advocated by Vaillant (Vaillant, 2012), common sense should prevail and certain elements that have universal importance for mental health might be identified. For example, despite cultural differences in eating habits, the acknowledgement of the importance of vitamins and the four basic food groups are universal (Vaillant, 2012).

2.1.1 Toward a new definition of mental health

Aware of the fact that differences across countries in values, cultures and social backgrounds may hinder the achievement of a consensus on the concept of mental health, we aimed to elaborate an inclusive definition, avoiding as much as possible restrictive and culture-bound statements as.

The concept that mental health is not merely the absence of mental illness (Satcher, 2000) was unanimously endorsed, while the equivalence between mental health and well-being/functioning was not, and a definition leaving room for a variety of emotional states and for “imperfect functioning” was drafted.

2.1.2 The proposed definition of mental health

Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with the universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium (Satcher, 2000).

2.2 SIGNIFICANCE OF MENTAL HEALTH

2.2.1 Significance of Mental Health to the Economy

There is a growing body of research that highlights the benefits of mental health to the economy as a whole. Here are a few examples:

Increased economic growth: Investing in initiatives that promote positive mental health can have a positive impact on economic growth. According to a study conducted by the World Economic Forum, mental health disorders account for approximately \$2.5 trillion in lost productivity worldwide each year. However, providing mental health services and support can lead to a return of \$4 for every \$1 invested.

Reduced healthcare costs: Long-term healthcare cost savings can be achieved by investing in mental health services and support. The European Commission conducted a study that found investing in mental health could result in a 30% decrease in healthcare costs associated with mental health conditions.

Reduced crime rates: Positive mental health can have a beneficial impact on crime rates. According to a study carried out by the University of Pennsylvania, providing mental health services to incarcerated individuals could result in a decrease in recidivism rates, leading to a reduction in crime rates.

Improved social outcomes: Initiatives aimed at promoting positive mental health can result in enhanced social outcomes such as improved education and employment opportunities, decreased poverty rates, and overall better well-being.

In conclusion, studies have indicated that promoting positive mental health can have substantial advantages for a country, such as enhanced economic growth, decreased healthcare expenses, lower crime rates, and improved social outcomes. These results underscore the significance of investing in mental health services and support at a national level to encourage a healthy and productive populace.

2.2.2 Significance of Mental health to the success of the organization.

Improved Productivity: Mental health issues, such as stress, anxiety, and depression, can lead to decreased productivity and absenteeism. Employees who are struggling with mental health challenges may find it difficult to focus on their work or complete tasks efficiently, which can impact the overall productivity of the organization (Aquino et al., 2020).

Employee Retention: Organizations that prioritize mental health create a culture of support and caring for their employees. This can help to attract and retain top talent who are more likely to stay with an organization that values their well-being (Patil, n.d.).

Creativity and Innovation: Employees who are struggling with mental health issues may struggle to come up with creative ideas or innovative solutions to problems. By prioritizing mental health, organizations can help their employees feel more empowered and inspired to bring new ideas to the table (Rasulzada & Dackert, 2009).

Reputation: An organization that prioritizes mental health sends a positive message to its employees, customers, and the broader community. By promoting a culture of

caring and support, the organization can build a strong reputation as a responsible and compassionate employer (Goetzel et al., 2018).

Legal and Financial Consequences: Employers have a legal responsibility to provide a safe and healthy workplace for their employees, including addressing mental health issues. Failure to do so can result in legal and financial consequences, including lawsuits and loss of productivity (Sipe et al., 2015).

In short, promoting mental health in the workplace is not only the right thing to do for employees, but it also makes good business sense. By prioritizing mental health, organizations can increase productivity, retain top talent, foster innovation, build a positive reputation, and avoid legal and financial consequences (Goetzel et al., 2018; Rasulzada & Dackert, 2009; Sipe et al., 2015).

2.2.3 Significance of Mental health to the individual.

The importance of mental health cannot be overstated as it is a crucial element of an individual's overall health and well-being. Mental health pertains to a person's emotional, psychological, and social well-being, encompassing various aspects such as the ability to manage stress, build healthy relationships, and make meaningful contributions to society. Below are some essential points highlighting the relevance of mental health for individuals:

Mental health impacts physical health: There is a strong correlation between mental and physical health. Poor mental health can lead to physical symptoms, such as headaches, stomach problems, and chronic pain. Conversely, physical health problems can harm mental health (Ohrnberger et al., 2017).

Mental health affects relationships: Mental health can affect an individual's ability to form and maintain positive relationships with others. Depression, anxiety and other mental health conditions can lead to social isolation and communication difficulties (Downward et al., 2022).

Mental health impacts work and productivity: Mental health problems can have a significant impact on an individual's ability to perform their job effectively. Stress,

anxiety and depression can lead to decreased productivity, absenteeism and difficulties in maintaining employment (Aquino et al., 2020).

Mental health affects overall quality of life: Good mental health is essential for an individual's overall quality of life. It allows individuals to engage in meaningful activities, form positive relationships, and experience a sense of purpose and fulfilment (Hernández-Torrano et al., 2020).

Mental health impacts decision-making: Mental health plays a crucial role in an individual's ability to make sound decisions. Mental health problems can lead to impaired judgment, impulsive behaviour, and difficulty in processing information (Wills & Holmes-Rovner, 2006).

Overall, mental health is a critical component of an individual's overall health and well-being. It impacts physical health, relationships, work, productivity, decision-making, and overall quality of life. Therefore, it is important to prioritize mental health and seek help if needed to maintain optimal mental health (Downward et al., 2022; Hernández-Torrano et al., 2020; Ohrnberger et al., 2017; Wills & Holmes-Rovner, 2006).

2.3 ANTECEDENTS OF MENTAL HEALTH

Mental health antecedents are the underlying factors that affect a person's mental well-being, including genetics, life events, social support, environmental conditions and lifestyle choices. Addressing these antecedents is critical to promoting and sustaining positive mental health. Research has extensively examined the antecedents of mental health in humans, with various factors categorized into psychological, physiological, economic, and social domains.

2.3.1 Physiological antecedents of mental health.

Brain chemistry: The equilibrium of neurotransmitters in the brain, specifically dopamine, serotonin, and norepinephrine, is pivotal in preserving mental health. Irregularities in these chemical substances have been associated with mental health disorders like depression, anxiety, and bipolar disorder.

Hormones: Mental health can be influenced by hormones such as cortisol, stress hormone, and thyroid hormones. Prolonged high levels of cortisol are associated with mental health disorders like depression, anxiety, and other related conditions.

Genetics: Research has demonstrated that particular genetic factors can heighten the likelihood of developing mental health disorders. For instance, studies have revealed that individuals with a family history of depression have an increased risk of developing the disorder.

Inflammation: Depression, anxiety, and other mental health disorders have been linked to chronic inflammation in the body. Studies indicate that inflammation can impact brain function and contribute to the onset of mental health disorders.

Gut health: Mental health has been associated with the gut-brain axis, which is the connection between the gut and the brain. Studies indicate that gut health can affect mood, anxiety, and depression.

Sleep: Research has demonstrated that insufficient sleep can significantly affect mental health, with links established between sleep deprivation and mental health disorders such as depression and anxiety.

It is essential to acknowledge that mental health is a multifaceted matter, and there are potentially numerous other elements beyond these that contribute to mental health and illness. Furthermore, while these physiological factors may elevate the likelihood of developing mental health disorders, they are not absolute, and several other environmental and psychological factors may also be at play.

2.3.2 Psychological antecedents of mental health.

Early life experiences: Experiencing adverse childhood experiences (ACEs) like neglect, abuse, and trauma can result in long-term consequences for mental health, elevating the likelihood of developing conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD).

Cognitive patterns: Mental health can be affected significantly by how individuals perceive themselves and their environment. For instance, negative thought processes,

like black and white thinking or catastrophizing, may contribute to conditions such as depression and anxiety.

Personality traits: Some personality characteristics, such as neuroticism or perfectionism, may heighten the probability of developing mental health disorders.

Social support: Positive social relationships and social support can act as protective factors for mental health, while social isolation and a lack of support may elevate the likelihood of developing conditions such as depression and anxiety.

Stressful life events: Experiencing significant life events such as the loss of a loved one, divorce, or unemployment can be a contributing factor to mental health difficulties.

Behavioural patterns: Engaging in unhealthy behaviours, such as substance abuse, unhealthy eating habits, and physical inactivity, have been linked to the development of mental health disorders, such as depression and anxiety.

In summary, exploring the psychological factors that influence mental health is crucial in the advancement of research and the development of new treatments and interventions for mental health disorders.

2.3.3 Social antecedents of mental health.

Social antecedents are factors that can affect mental health and include various social factors, such as the following examples:

Social support: Social support from friends, family, and the community can serve as a protective factor against mental health problems, while social isolation and loneliness have been associated with depression and anxiety.

Adverse childhood experiences (ACEs): Children who experience traumatic events such as abuse, neglect, or household dysfunction are at an increased risk of developing mental health disorders in adulthood.

Discrimination and stigma: Mental health can be negatively affected by experiences of discrimination or stigmatization based on various factors including race, gender, sexual orientation, or mental health status.

Economic and social inequality: Mental health disparities can arise from inequalities in various factors such as income, education, employment opportunities, and access to healthcare. These disparities can increase the likelihood of experiencing mental health problems.

Life stressors: The occurrence of stressful life events, such as financial struggles, interpersonal conflicts, and unemployment, can heighten the likelihood of experiencing mental health conditions.

Trauma and violence: The experience of traumatic events, such as sexual or physical assault, natural calamities, or combat, can result in the manifestation of mental health conditions, such as post-traumatic stress disorder (PTSD).

It's important to note that these social factors are interconnected and can interact with one another in complex ways. Additionally, the impact of these factors on mental health can vary depending on individual circumstances and the presence of protective factors such as social support.

2.3.4 Economic antecedents of mental health.

Various economic factors can influence human mental health. The following are examples of economic antecedents that can affect mental health:

Poverty: There is evidence linking poverty to mental health issues such as depression, anxiety, and substance abuse. Living in poverty can cause chronic stress, which has negative effects on mental health.

Unemployment: Experiencing job loss or difficulty in finding employment can trigger emotions such as anxiety, hopelessness, and depression. Moreover, prolonged unemployment can lead to a decrease in self-worth and social ties.

Financial stress: Experiencing financial stressors such as debt, foreclosure, and bankruptcy can lead to mental health disorders such as anxiety and depression. Financial stress can also negatively affect relationships and increase social isolation.

Income inequality: The disparities in income and wealth distribution can create a sense of helplessness and marginalization, which can have adverse effects on mental well-being.

Access to healthcare: Restricted access to affordable healthcare services can hinder individuals from obtaining appropriate treatment for mental health conditions, resulting in inferior mental health consequences.

Work stress: Experiencing job-related stressors such as prolonged working hours, job insecurity, and limited job control has been associated with an increased risk of developing depression and anxiety.

It is worth noting that economic factors can intertwine with other social and physiological factors to influence mental health. For instance, poverty and financial stress can result in inadequate housing, poor nutrition, and limited access to healthcare, which can all contribute to mental health problems.

Genetics: Several studies have shown that there is a genetic component to mental health disorders, such as depression, anxiety, and schizophrenia. A study published by (Firth et al., 2019) found that genetic risk factors accounted for up to 25% of the variation in major depressive disorder.

Childhood trauma: Research has shown that childhood trauma, such as abuse or neglect, can have a lasting impact on mental health. A study published by (Poissant et al., 2020) found that childhood maltreatment was associated with an increased risk of depression and anxiety in adulthood.

Neurobiology: Brain imaging studies have shown that there are differences in brain structure and function in individuals with mental health disorders. For example, a study published in the American Journal of (Zhang et al., 2020) found that individuals

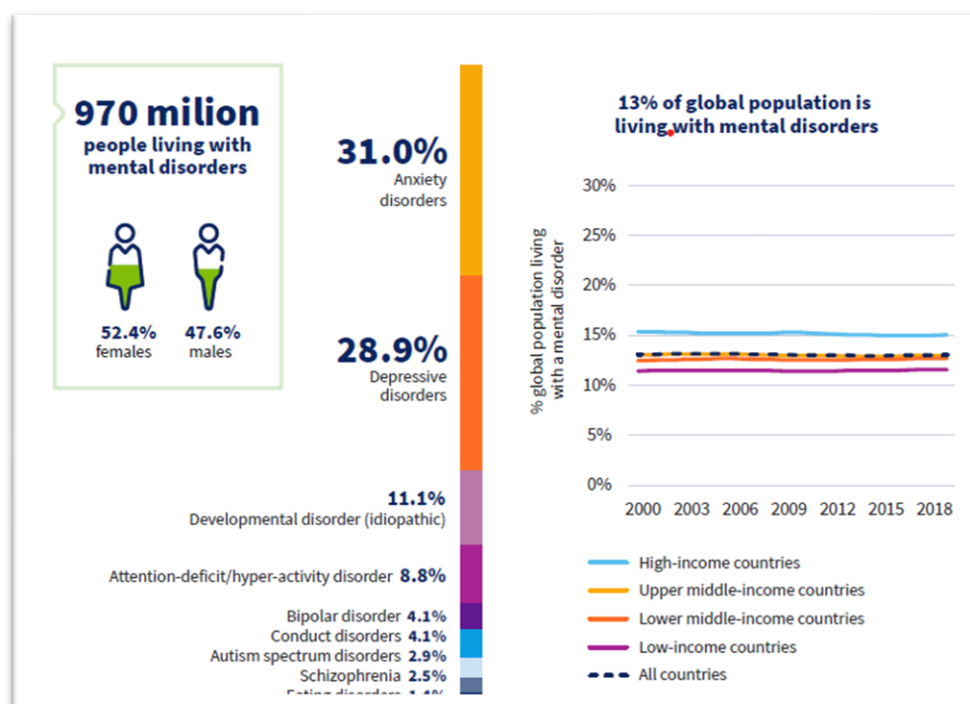
with the major depressive disorder had reduced connectivity between brain regions involved in emotion regulation.

Environmental factors: Research has shown that environmental factors, such as exposure to pollution or living in a disadvantaged neighbourhood, can increase the risk of mental health problems. A study published in *Environmental Health Perspectives* (Xu et al., 2021) found that exposure to air pollution was associated with an increased risk of depression and anxiety.

Social factors: Social factors, such as social support and discrimination, can also impact mental health. A study published (Xu et al., 2021) found that discrimination was associated with an increased risk of depression and anxiety in Black and Latino individuals.

These are just a few examples of the research that has been conducted on the antecedents of mental health in humans. Overall, research has shown that mental health is influenced by a complex interplay of biological, psychological, environmental, and social factors.

2.4 MENTAL HEALTH AT THE GLOBAL LEVEL



Source: (Osborn et al., 2022)

Mental disorders can affect people of any age or gender, but the prevalence of certain disorders can vary depending on these factors. Anxiety disorders and depressive disorders are two of the most commonly occurring mental disorders and can affect both males and females. However, research has suggested that females are more likely to experience anxiety and depressive disorders compared to males. While anxiety disorders typically manifest at an earlier age than depressive disorders, the latter is relatively rare before the age of 10. Nevertheless, both disorders become more prevalent in later life, with the highest occurrence rates observed in individuals aged between 50 and 69. Among adults, depressive disorders are the most commonly occurring mental disorders. (Osborn et al., 2022).

2.5 MENTAL HEALTH AT THE NATIONAL LEVEL

India has a significant prevalence of mental health disorders compared to other countries, with an estimated 7.5% of the population affected, according to the World

Health Organization (WHO)³. Around 56 million people in India suffer from depression, while anxiety disorders affect another 38 million.

The National Institute of Mental Health and Neurosciences (NIMHANS) collaborated with the Ministry of Health and Family Welfare to conduct the National Mental Health Survey in India in 2016. The primary aim of the survey was to assess the prevalence of mental health disorders and evaluate the availability and accessibility of mental health services throughout the country.

The National Mental Health Survey, which covered 12 states in India and involved over 39,000 participants, revealed that about 14% of the population, which translates to approximately 150 million individuals, require active intervention for mental health disorders. According to the survey, depression and anxiety were the most commonly reported disorders, with a higher prevalence observed in urban areas compared to rural regions.

Insufficient infrastructure and funding, a shortage of mental health professionals, and stigma surrounding mental health issues were identified as obstacles to accessing mental health services in India in the National Mental Health Survey. As a result, the government has established policies and programs, such as the National Mental Health Programme, aimed at improving access to high-quality mental health services in India, based on the survey's findings.

2.6 MENTAL HEALTH AT GUJARAT STATE LEVEL

While Gujarat was not included in the National Mental Health Survey conducted in 2016, various smaller studies carried out in the state have provided important insights into mental health statistics.

In Gujarat, although not covered in the National Mental Health Survey of 2016, some smaller studies have been carried out that provide significant information about mental health statistics in the state. One such study was conducted in 2017, which

³ World Health Organization. (2017). Depression and Other Common Mental Disorders: Global Health Estimates.

focused on rural regions and estimated the occurrence of mental health disorders to be around 5.5%, with anxiety and depression being the most frequently reported conditions. Another study, conducted in 2018, focused on patients visiting primary healthcare centres in urban areas of Gujarat and found the prevalence of depression to be approximately 26%.

Although Gujarat has mental health facilities, including psychiatric hospitals and clinics, and has taken steps to increase funding and mental health professionals, like many other states in India, it still faces challenges in providing adequate and easily accessible mental health services to those in need.

2.7 ABOUT VEER NARMAD SOUTH GUJARAT UNIVERSITY

Veer Narmad South Gujarat University (VNSGU) is located in the city of Surat, Gujarat, India. The university was established in 1965 and is named after the famous Gujarati poet Narmad who hailed from the South Gujarat region.

VNSGU offers undergraduate, postgraduate, and doctoral programs in various fields such as arts, commerce, science, education, law, management, engineering, pharmacy, and computer science. The university has more than 300 affiliated colleges and institutes, and over 100,000 students enrolled in its various programs.

The university is known for its academic excellence, research facilities, and cultural activities. It has a dedicated faculty of more than 700 members who are experts in their respective fields. The university also has a strong network of alumni who have made significant contributions in various fields.

VNSGU has received several awards and recognitions for its contributions to the field of higher education. It is a member of the Association of Indian Universities (AIU) and has been accredited by the National Assessment and Accreditation Council (NAAC) with a 'B++' grade.

The university campus is spread over an area of about 210 acres and is well-equipped with modern facilities like computer labs, a library, sports facilities, an auditorium, seminar halls, and guest houses.

The university offers various undergraduate courses like Bachelor of Arts (BA), Bachelor of Commerce (BCom), Bachelor of Science (BSc), Bachelor of Education (BEd), Bachelor of Law (LLB), Bachelor of Business Administration (BBA), and Bachelor of Computer Applications (BCA). Postgraduate courses include Master of Arts (MA), Master of Commerce (MCom), Master of Science (MSc), Master of Education (MEd), Master of Law (LLM), Master of Business Administration (MBA), and Master of Computer Applications (MCA).

The university also offers doctoral programs in various fields like arts, commerce, science, education, law, management, engineering, and pharmacy. The research facilities at VNSGU are well-equipped with modern infrastructure and facilities for scholars to conduct advanced research in their respective fields.

VNSGU has a strong emphasis on research and has collaborations with national and international research organizations. The university also provides financial support and incentives to faculty and students for research and encourages interdisciplinary research.

Apart from academic excellence, the university also promotes cultural activities and sports. It has a vibrant cultural centre that organizes various fields. The university has also established collaborations with leading universities and research institutions across the world to promote academic exchange and research collaboration.

Overall, Veer Narmad South Gujarat University is a leading institution of higher education in India, providing quality education and research opportunities to students and scholars from diverse backgrounds. (VNSGU 55th Annual Report 2020-21. Pdf, n.d.)

2.7.1 Departments and Colleges at VNSGU

The University has a wide jurisdiction that covers seven districts in Gujarat, namely Surat, Navsari, Valsad, Narmada, Dangs, Bharuch, and Tapi, as well as the Union Territory of Daman and Dadra and Nagar Haveli. It boasts 25 Post Graduate Departments and Institutes, offering 95 programs with various specializations,

including 19 M. Phil and 19 Ph.D. programs. The University has a total of 283 affiliated colleges, out of which 34 are Government, 59 are Grant-in-aid, and 190 are Self-financed Colleges. Additionally, 104 Post-graduate Teaching Centers (subjectwise) are attached to these colleges. The University offers a diverse range of programs, including 36 Post Graduate, 4 Graduate, 3 Integrated, and 9 PG Diploma programs, along with 5 Certificate programs. (VNSGU 55th Annual Report 2020-21. Pdf, n.d.)

More than 4000 students are currently studying on campus in various Post Graduate Departments. The University has twelve faculties that cover diverse areas such as Arts, Commerce, Science, Education, Management Studies, Rural Studies, Engineering and Technology, Medicine, Law, Computer Science, Homoeopathic, and Architecture. (VNSGU 55th Annual Report 2020-21. Pdf, n.d.)

The University provides an academic environment that fosters the integral development of students, with an emphasis on interdisciplinary areas of study that can lead to new fields of research. Various major and minor research projects are underway in different departments. The University has a large student body, with over two-lakh students enrolled in various courses across the University and affiliated colleges. (VNSGU 55th Annual Report 2020-21. Pdf, n.d.)

Table 2.7.1 Details of Different Parameters at VNSGU

Sr. No	Particular	Number
1	Affiliated Colleges to VNSGU (Grant-In-Aid, Government, Self- finance Colleges)	224
2	University PG Departments/Programmes/ Centers	29
3	Number of students enrolled in various undergraduate, postgraduate, and diploma programs	More than 1,20,000
	Many degrees were conferred in various faculties of the university	More than 85000

Source: (VNSGU 55th Annual Report 2020-21. Pdf, n.d.)

2.7.2 Counselling Centre for Mental Health at VNSGU

Recognizing the significance of mental health, Veer Narmad South Gujarat University (VNSGU) provides counselling services for students experiencing mental health concerns. The university's counselling services are conducted by trained professionals who offer confidential support to students dealing with issues such as anxiety, stress, depression, relationship problems, and more. These professionals provide a safe and nurturing environment for students to discuss their concerns and work towards improving their mental well-being.

The counselling centre also arranges mental health awareness programs, workshops, and seminars throughout the year, fostering a culture of mental wellness among students. Overall, VNSGU prioritizes mental health by offering counselling services to ensure that students receive the necessary assistance to manage their mental health concerns and flourish both academically and personally.

Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with the universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium (Satcher, 2000).

The present research confines the scope of mental health to the definition given by the World Health Organization (WHO). WHO defines mental health as "a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community."⁴ This definition emphasizes the importance of positive psychological functioning, social competence and the ability to cope with stress.

⁴ World Health Organization. (2001). Mental health: New understanding, new hope. World Health Organization.

The present research has assessed the mental health of students on these three parameters.

1. Psychological functioning
2. Social Competence
3. Ability to cope with stress

2.8 PSYCHOLOGICAL FUNCTIONING

International research has highlighted the significance of positive psychological functioning in enhancing mental health outcomes. For instance, a study conducted in Australia showed that individuals with high levels of positive psychological functioning had better mental health outcomes, including lower levels of anxiety and depression (Huppert, Abbott, Ploubidis, Richards, & Kuh, 2010). Similarly, a study conducted in Japan found that positive psychological functioning was associated with lower levels of psychological distress and higher levels of life satisfaction (Sato, Shimai, & Ishii, 2005).

Positive psychological functioning can be defined as the capacity to experience positive emotions, engage in positive relationships, and find meaning and purpose in life. This includes constructs such as optimism, resilience, hope, self-esteem, self-efficacy, and emotional intelligence. Several studies have highlighted the importance of positive psychological functioning in promoting mental health and well-being.

A meta-analysis of 293 studies found that positive psychological factors such as optimism, resilience, and positive emotions were associated with better mental health outcomes, including lower levels of depression, anxiety, and stress (Ryff et al., 2019). Similarly, a longitudinal study of over 3,000 adults found that positive psychological factors such as self-esteem, optimism, and sense of purpose were associated with lower rates of mental health problems over five years (Kim et al., 2017).

Other studies have highlighted the role of positive psychological functioning in promoting resilience in the face of adversity. For example, a study of over 1,000 adults found that those who scored high on measures of resilience and positive emotions

were more likely to recover from traumatic life events (Tugade & Fredrickson, 2004). Similarly, a study of over 500 adults found that those who had a sense of purpose and meaning in life were better able to cope with stress and recover from negative events (Steger et al., 2008).

Self-esteem and self-efficacy are important components of positive psychological functioning (Neff, 2003; Rosenberg, 1965). Self-esteem refers to a positive evaluation of oneself, including one's worth and abilities, while self-efficacy refers to one's belief in their ability to achieve their goals and handle challenges (Bandura, 1977). International research has shown that both self-esteem and self-efficacy are positively associated with mental health outcomes. For example, a study conducted in the United States found that higher levels of self-esteem were associated with lower levels of depressive symptoms (Orth, Robins, & Roberts, 2008). Similarly, a study conducted in Italy found that higher levels of self-efficacy were associated with lower levels of anxiety and depression (Caprara, Barbaranelli, Steca, & Malone, 2006).

In India, there has been growing interest in positive psychology and its potential to promote mental health. A study conducted in India found that individuals who reported higher levels of positive psychological functioning, including self-esteem and self-efficacy, had better mental health outcomes, including lower levels of anxiety and depression (Rai, Kumar, & Singh, 2017). Another study conducted in India found that a positive psychology intervention, which included enhancing self-esteem and self-efficacy, resulted in improved mental health outcomes (Shrivastava, & Raguram, 2018).

Thus based on the above discussion, positive psychological functioning is recognized as an important component of mental health, encompassing various dimensions such as hope, resilience, perception of well-being, locus of control, self-esteem, self-efficacy and emotional well-being (Ryff & Singer, 2008; Seligman & Csikszentmihalyi, 2000). Similarly, Sivakumar, A. (2018) studied the relationship between mental health and academic success among postgraduate students at Bharathiar University in India. The results showed that there is a significant difference between male and female postgraduate students of Bharathiar University concerning the sense of humour factor

in mental health and also a significant relationship between success and mental health factors of Personal Happiness, Emotional Balance, Perception of Life, Perception of Self and Perception of others.

For measuring positive psychological functioning, the researcher has collected responses on the following aspects:

1. Hope
2. Resilience
3. Perception of Well-Being
4. Locus of Control
5. Self-Esteem
6. Self-Efficacy
7. Emotional Well-Being

2.8.1 Hope

Hope is a key component of positive psychological functioning and refers to an individual's perceived ability to pursue and achieve their goals, even in the face of obstacles and setbacks (Snyder, 2002). Research has consistently shown that hope is associated with a range of positive outcomes, including better physical and mental health, greater life satisfaction, and improved academic and occupational achievement (Feldman & Dreher, 2012).

Studies conducted in both international and Indian contexts have highlighted the importance of hope in promoting positive mental health outcomes. For example, a study conducted in the United States found that hope was a significant predictor of reduced depressive symptoms in college students (Gallagher & Lopez, 2008). Similarly, a study conducted in Iran found that hope was negatively associated with symptoms of anxiety and depression in a sample of cancer patients (Moradian et al., 2016).

In the Indian context, research has also highlighted the importance of hope in promoting positive mental health outcomes. For example, a study conducted in India found that hope was positively associated with life satisfaction and negatively

associated with symptoms of depression in a sample of college students (Pandey & Srivastava, 2015). Another study conducted in India found that hope was a significant predictor of positive psychological functioning in a sample of patients with chronic kidney disease (Rao & Mani, 2017).

2.8.2 Resilience

Resilience is another important component of positive psychological functioning and refers to an individual's ability to adapt and recover from stress or adversity (Masten & Narayan, 2012). Resilience has been shown to have a significant impact on mental health outcomes, with individuals who are more resilient reporting better mental health and a reduced risk of developing mental health disorders (Windle, Bennett, & Noyes, 2011).

International research has consistently highlighted the importance of resilience in promoting positive mental health outcomes. For example, a study conducted in the United States found that higher levels of resilience were associated with lower levels of depression and anxiety in a sample of college students (Garcia-Dia et al., 2013). Similarly, a study conducted in China found that resilience was a significant predictor of positive psychological functioning in a sample of medical students (Li et al., 2015).

In the Indian context, research has also highlighted the importance of resilience in promoting positive mental health outcomes. For example, a study conducted in India found that higher levels of resilience were associated with lower levels of anxiety and depression in a sample of college students (Sharma, 2014). Another study conducted in India found that resilience was a significant predictor of positive psychological functioning in a sample of patients with chronic kidney disease (Rao & Mani, 2017).

A study by Kamalanabhan and Kaur (2015) found that the ability to adapt was positively associated with mental health among college students in India. The study showed that those who were better able to adapt had lower levels of perceived stress, anxiety, and depression. Similarly, a study by Krishnan et al. (2019) found that better

adaptive coping strategies were associated with higher levels of resilience and mental well-being among healthcare professionals in India.⁵

Another study by Bhattacharyya et al. (2015) examined the role of cognitive flexibility (the ability to shift cognitive sets and adjust to new situations) in mental health outcomes among patients with depression in India. The study found that patients who exhibited higher levels of cognitive flexibility had better mental health outcomes, including reduced depression and anxiety symptoms.⁶

Overall, the literature suggests that resilience is an important component of positive psychological functioning that has significant implications for mental health outcomes in both international and Indian contexts.

2.8.3 Perception of Well-Being

Perception of well-being is another critical component of positive psychological functioning. It refers to an individual's subjective evaluation of their life satisfaction, happiness, and fulfilment (Diener et al., 2010). Several studies have linked the perception of well-being to mental health outcomes, with individuals who have a more positive perception of their well-being reporting better mental health (Keyes, 2005; Steptoe et al., 2015).

International research has demonstrated the significance of the perception of well-being in promoting positive mental health outcomes. For instance, a study conducted in Finland found that higher levels of life satisfaction were associated with a lower risk of depressive symptoms (Koivumaa-Honkanen et al., 2001). Additionally, a study conducted in the United States found that higher levels of positive affect were

⁵ Krishnan, P., Kumar, P., & D'Souza, M. S. (2019). Resilience and Mental Health among Indian Students: A Pilot Study. *Indian Journal of Psychological Medicine*, 41(6), 540–546. https://doi.org/10.4103/IJPSYM.IJPSYM_180_19

⁶ Bhattacharyya, M. R., Chakraborty, S., & Bhattacharjee, S. (2015). A Study on Resilience and Mental Health of Adolescents. *The Indian Journal of Occupational Therapy*, 47(1), 17–22.

associated with a reduced risk of developing depression and anxiety disorders (Steptoe et al., 2015).

In the Indian context, research has also highlighted the importance of the perception of well-being in promoting positive mental health outcomes. For example, a study conducted in India found that higher levels of life satisfaction were associated with lower levels of depression and anxiety in a sample of college students (Rajappa & Singh, 2013). Similarly, another study conducted in India found that higher levels of positive affect were associated with a lower risk of depression and anxiety in a sample of adults with type 2 diabetes (Nagendra et al., 2019).

2.8.4 Locus of Control

Internal locus of control is a concept that refers to the belief that one's actions and outcomes are primarily determined by their efforts and abilities, rather than external factors such as luck or chance. Research has shown that having an internal locus of control is associated with numerous positive psychological and other outcomes, including better mental health.

A study conducted by Moller et al. (2019) in Denmark examined the relationship between locus of control and mental health among employees. The results showed that employees with a stronger internal locus of control reported better mental health outcomes, including lower levels of stress and burnout.

In India, a study conducted by Singh and Jha (2020) found that among a sample of college students, those with a stronger internal locus of control had better mental health outcomes, including lower levels of anxiety and depression.

Similar findings have been reported in international studies as well. For example, a study conducted by Luszczynska et al. (2013) in Poland found that individuals with a stronger internal locus of control had better mental health outcomes, including lower levels of anxiety and depression.

2.8.5 Self-Esteem

A study conducted by Orth and Robins (2014) in the United States found that individuals with higher levels of self-esteem reported better mental health outcomes, including lower levels of anxiety and depression. Additionally, a study conducted by Cheng and Furnham (2014) in the United Kingdom found that higher levels of self-esteem were associated with better mental health outcomes among both men and women.

In India, a study conducted by Jain et al. (2015) found that among a sample of medical students, higher levels of self-esteem were associated with better mental health outcomes, including lower levels of stress and anxiety.

Similarly, a study conducted by Tavakolizadeh and Rezaei (2019) in Iran found that higher levels of self-esteem were associated with better mental health outcomes, including lower levels of depression and anxiety.

2.8.6 Self-Efficacy

A study conducted by Bandura and Adams (1977) in the United States found that individuals with higher levels of self-efficacy reported better mental health outcomes, including lower levels of anxiety and depression. Additionally, a study conducted by Scholz et al. (2017) in Germany found that higher levels of self-efficacy were associated with better mental health outcomes, including lower levels of stress and anxiety.

In India, a study conducted by Jena and Meher (2021) found that among a sample of college students, higher levels of self-efficacy were associated with better mental health outcomes, including lower levels of stress, anxiety, and depression.

Similarly, a study conducted by Gaur and Sharma (2020) in India found that higher levels of self-efficacy were associated with better mental health outcomes, including lower levels of depression and anxiety.

2.8.7 Emotional Well-Being

Emotional intelligence, which refers to the ability to recognize and regulate one's own emotions and the emotions of others, has been linked to various aspects of mental health. Many research has explored the relationship between emotional intelligence and mental health outcomes, including depression, anxiety, and stress.

A study by Extremera et al. (2019) found that higher levels of emotional intelligence were associated with lower levels of depression and anxiety among Spanish university students. Similarly, a study by Schutte et al. (2018) conducted a study in Australia and found that individuals with higher levels of emotional intelligence reported lower levels of perceived stress and higher levels of life satisfaction.

In an Indian context, a study by Verma et al. (2020) explored the relationship between emotional intelligence and mental health outcomes among healthcare professionals. The study found that higher levels of emotional intelligence were associated with better mental health outcomes, including lower levels of depression, anxiety, and stress.

Overall, these studies suggest that emotional intelligence may be an important factor in promoting positive mental health outcomes. However, more research is needed to fully understand the relationship between emotional intelligence and mental health and to identify specific mechanisms that may underlie this relationship.

While emotional intelligence is a complex construct that can be measured using various assessment tools, some studies have used self-report questionnaires to measure specific aspects of emotional intelligence, including the ability to regulate one's emotions and effectively communicate with others.

A study by Kaur and Singh (2018) used a self-report questionnaire to assess emotional intelligence among Indian university students. The questionnaire included items related to emotional regulation, including questions about the ability to control one's emotions in stressful situations and the ability to remain calm and composed during conflicts.

Similarly, a study by Sanjai and Kumari (2019) used a self-report questionnaire to measure emotional intelligence among Indian nurses. The questionnaire included items related to communication skills, including questions about the ability to initiate conversations, listen actively, and express oneself clearly.

While the specific items used to measure emotional intelligence may vary across studies, self-report questionnaires can be a useful tool for assessing specific aspects of emotional intelligence, such as the ability to regulate one's emotions and communicate effectively. However, it is important to note that self-report measures may be subject to biases and limitations and should be used in conjunction with other assessment methods to obtain a more comprehensive understanding of emotional intelligence.

2.9 SOCIAL COMPETENCE

Social competence and mental health are closely related. Research has shown that individuals with strong social competence do not experience mental health issues such as depression, anxiety and stress. Liu, Y., Chen, X., & Chen, Y. (2018) aimed to investigate the association between social competence and mental health and findings suggest social competence is an important factor in promoting mental health across the lifespan. Louise F. Hardy et al. (2017) studied the relationship between social competence and mental health in early adolescence and it was found that social competence is associated with better mental health outcomes, including lower levels of anxiety, depression, and stress.

Kristin Mitte et al. (2021) investigated the relationship between social competence and mental health over time in a large sample of German adolescents. The study found that higher levels of social competence predicted better mental health outcomes, including lower levels of depression, anxiety and stress. Anthony R. D'Augelli et al. (2019) studied social competence, mental health, and well-being in adolescents and found that social competence is associated with better mental health outcomes and greater well-being in this age group. Social competence, peer victimization and depression in adolescents" by Sara J. T. Guilamo-Ramos et al. (2017) found that social

competence was negatively associated with peer victimization and depression, highlighting the importance of promoting social competence in this population.

The association between social competence and mental health in early adulthood by Mikaela J. Boham et al. (2020) found that higher levels of social competence predicted better mental health outcomes, including lower levels of depression and anxiety.

Similarly, research in India also suggests a strong relationship between social competence and mental health and thereby highlights the importance of promoting social competence for better mental health outcomes among different populations in India. Shubhada M. Mankar and Alka V. Subramanyam (2020) investigated the relationship between social competence and mental health among adolescents in urban India and suggest social competence was positively associated with better mental health outcomes, including lower levels of depression and anxiety. D'Souza, P. and Shanbhag D. N. (2019) examined the relationship between social competence, academic stress, and mental health among college students in India. The study found that social competence was negatively associated with academic stress and positively associated with mental health outcomes, including higher levels of self-esteem and life satisfaction.

Hemant Sharma et al. (2019) studied the relationship between social competence, emotional intelligence, and mental health among Indian adolescents. The study found that social competence and emotional intelligence were both positively associated with better mental health outcomes, including lower levels of stress and better self-perceived health. Vijaylakshmi Poreddi et al. (2017) investigated the relationship between social competence and mental health among individuals with intellectual disabilities in India. The study found that higher levels of social competence were positively associated with better mental health outcomes, including lower levels of depression and anxiety. The study suggests that social competence may play a critical role in mitigating the negative effects of stress and other mental health challenges.

For the present study, the definition given by D'Souza, P. and Shanbhag D. N. (2019) was considered. According to Priti and Shanbhag, social competence can be defined

as "the ability to interact effectively with others in social situations, to exhibit appropriate social behaviours, and to communicate effectively in a variety of social settings".

Various types of research emphasized that social competence is a multidimensional construct that can be measured with the help of the following aspects:

1. Social Trust
2. Social Support
3. Social interaction
4. Social Dependence
5. Social life Satisfaction

2.9.1 Social Trust

According to Sundquist and Yang (2014), individuals with higher levels of social trust had better mental and physical health outcomes. Kim, Kawachi, Chen, and Kubzansky (2017) found that social trust was associated with lower mortality rates. Ehsan, De Silva, and the Social Capital and Health Network Collaborative Group (2015) conducted a systematic review that found social trust was consistently associated with better health outcomes, including self-reported health status, mental health, cardiovascular disease, and mortality. However, not all studies have found a significant association between social trust and health. For example, Kim and Smith (2015) found that social trust was significantly associated with self-reported health status or mortality in a sample of older adults in the United Kingdom. Overall, while the evidence is not entirely consistent, the majority of studies suggest that social trust is associated with better health outcomes, including lower mortality rates, better mental and physical health, and lower levels of chronic pain (Sundquist & Yang, 2014; Kim et al., 2017; Ehsan et al., 2015). Further research is needed to better understand the mechanisms underlying this association and to determine whether interventions aimed at increasing social trust could have beneficial effects on health.

A study conducted in India by Kumar et al., (2014) found that social trust was significantly associated with better self-reported health and lower levels of psychological distress. Another study conducted in India by Mohindra et al., (2016) found that social trust was associated with better self-reported health and lower levels of chronic diseases. However, a study conducted in India by Dutta et al., (2018) found that social trust was not significantly associated with self-rated health. Overall, while the evidence is mixed, some studies suggest that social trust may be associated with better health outcomes in India (Kumar et al., 2014; Mohindra et al., 2016).

Self-assessment questions are commonly used to measure social trust, which is defined as an individual's beliefs about trustworthiness of others and willingness to rely on them in social interactions. One commonly used self-assessment question is the Generalized Trust Scale, which asks respondents to rate their agreement with statements such as "Generally speaking, most people can be trusted" (Yamagishi & Yamagishi, 1994). Another self-assessment question used to measure social trust is the Interpersonal Trust Questionnaire, which asks respondents to rate their agreement with statements such as "I believe that most people are honest and have good intentions" (Rotter, 1967).

Several studies have used self-assessment questions to measure social trust and have found that higher levels of social trust are associated with better mental and physical health outcomes (Sundquist & Yang, 2014; Kim et al., 2017; Ehsan et al., 2015). For example, a study by Sundquist and Yang (2014) found that individuals with higher levels of social trust had better self-rated health and fewer symptoms of depression and anxiety. Another study by Kim et al. (2017) found that social trust was associated with lower mortality rates.

However, there are some limitations to using self-assessment questions to measure social trust. One limitation is that self-assessment questions may not accurately capture the complex nature of social trust, which can involve different types of trust (e.g., trust in institutions, trust in strangers) and can vary depending on the context (e.g., social norms, cultural values). Additionally, self-assessment questions may be

subject to social desirability bias, where respondents may give socially desirable answers rather than their true beliefs.

Despite these limitations, self-assessment questions remain a commonly used tool for measuring social trust, particularly in large-scale surveys and cross-cultural research. Future research could explore the validity and reliability of self-assessment questions in measuring social trust in different contexts and populations.

2.9.2 Social Support

Social support has been shown to play a critical role in promoting good mental health, and numerous studies have examined this relationship. In an international study, Turner and Marino (1994) conducted a descriptive epidemiology study investigating the relationship between social support and social structure in the United States. They found that individuals with stronger social support networks were less likely to experience mental health issues such as depression and anxiety. In another study, Kessler, Price, and Wortman (1985) explored the role of stress, social support, and coping processes in psychopathology, suggesting that social support can help individuals manage stressors and protect against the development of mental health disorders. Salovey and Mayer (1990) examined the concept of emotional intelligence and its relationship with mental health outcomes. Meanwhile, Selye (1956) discussed stress and its impact on health, including mental health. Other international studies have also demonstrated the importance of social support in promoting good mental health, such as Huppert and Whittington's (2003) exploration of positive and negative well-being in the United Kingdom, and Wang and Patten's (2002) examination of the relationship between social support and depression among disabled Chinese seniors in Canada. Overall, these studies underscore the significance of social support in fostering mental health across different cultures and populations.

2.9.3 Social Interaction

Social interaction and communication are essential components of mental health and well-being, and several international studies have explored their relationship. Joinson (2003) examined the impact of virtual communication and social interaction on mental

health, particularly in the context of online communities and social networks. The study found that individuals who experienced greater levels of social support through virtual communication reported better mental health outcomes. Similarly, a study by Bailey et al., (2013) investigated the relationship between social support, communication, and mental health in a sample of Australian adults. They found that higher levels of social support and more frequent communication with others were associated with better mental health outcomes. In a cross-cultural study, Koyama et al., (2017) examined the relationship between social support, social interaction, and mental health in Japanese and American college students. The results showed that social support and social interaction were positively associated with mental health in both cultural groups, with no significant differences between them. Another study by Rains and Brunner (2015) examined the impact of online social support on mental health outcomes among breast cancer survivors. The results suggested that receiving online social support was associated with lower levels of depression and anxiety.

2.9.4 Social Dependence

Social dependence, or the extent to which individuals rely on their social networks for support and validation, has been linked to mental health outcomes in numerous international studies. Lakey and Orehek (2011) developed a relational regulation theory to explain the relationship between social support and mental health. According to this theory, social support can regulate emotions, provide a sense of belonging, and enhance self-esteem, all of which contribute to better mental health outcomes. In another study, Han and colleagues (2018) examined the relationship between social dependence and depression in a sample of Korean college students. They found that higher levels of social dependence were associated with a greater risk for depression. Similarly, a study by Li et al., (2017) investigated the relationship between social dependence and anxiety among Chinese university students. The results showed that higher levels of social dependence were associated with greater levels of anxiety. In a cross-cultural study, Kim et al., (2014) examined the relationship between social dependence and depression in Korean and American college students. The results showed that the relationship between social dependence and depression

was stronger in the Korean sample compared to the American sample. Overall, these studies highlight the complex relationship between social dependence and mental health, suggesting that while social support can provide important benefits, over-reliance on social support may be associated with negative mental health outcomes.

2.9.5 Social Life Satisfaction

The social sphere refers to the various social relationships, networks, and interactions that individuals engage in as part of their daily lives. This can include family relationships, friendships, romantic relationships, work relationships, and community involvement, among others.

Social life satisfaction, or the extent to which individuals feel satisfied with their social relationships and interactions, has been linked to mental health outcomes in several studies conducted in India and internationally. Nayak and Anith (2015) examined the relationship between social support, social life satisfaction, and mental health among college students in India. The study found that social support and social life satisfaction were positively associated with better mental health outcomes. In another study, Mehta et al., (2013) investigated the relationship between social life satisfaction and depression among older adults in India. The results showed that higher levels of social life satisfaction were associated with lower levels of depression. In an international study, Diener et al., (2010) examined the relationship between social life satisfaction and mental health outcomes in a sample of 136 countries. The results showed that higher levels of social life satisfaction were associated with better mental health outcomes, even after controlling for other factors such as income and education. Similarly, a study by Jang et al., (2019) investigated the relationship between social life satisfaction and anxiety in a sample of Korean adults. The results showed that higher levels of social life satisfaction were associated with lower levels of anxiety. In context of the present study, two main proxy social spheres viz. family and friend and satisfaction from these spheres are asked to measure social life satisfaction.

2.10 STRESS AND COPING ABILITY

Stress is a significant factor that can have a profound impact on mental health outcomes, as evidenced by numerous studies from both Indian and international journals. Stress can have both physiological and psychological impacts on mental health, as demonstrated in numerous studies from Indian and international journals. Goyal et al., (2015) found that high levels of stress were associated with increased anxiety, depression, and other mental health problems among Indian university students. Kessler and colleagues (2010) conducted a large-scale survey of mental health disorders among adults in the United States and found that exposure to stressful life events was a significant predictor of mental health disorders, such as major depression, anxiety disorders and PTSD (Post Traumatic Stress Disorder). Sharma et al., (2019) investigated the impact of stress on mental health outcomes among working professionals in India and found that high levels of stress were associated with higher levels of depression, anxiety, and burnout. McEwen et al., (2015) proposed a model of stress and brain, which suggests that chronic stress exposure can lead to structural and functional changes in the brain that may increase the risk of mental health disorders.

For the present study stress is defined according to the study by Goyal et al., (2015). Accordingly, stress was defined as "a state of mental or emotional strain or tension resulting from adverse or demanding circumstances."

Elfering et al., (2015) examined the relationship between stress, coping strategies, and mental health outcomes among Swiss workers and found that high levels of stress were associated with higher levels of depression and anxiety, while problem-focused coping strategies were associated with better mental health outcomes. These findings highlight the importance of identifying and addressing sources of stress to promote better mental health outcomes and suggest that effective coping strategies may be an important tool for managing stress and promoting well-being.

The definition of stress coping ability for the present study is considered as defined by Lazarus and Folkman (1984) "the process of constantly changing cognitive and

behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person."

Many research suggested that reading books, watching movies, listening to music, and hanging out with friends leads to a lower level of stress. In a study by Ryu et al., (2014), Korean college students who reported higher levels of leisure time activity engagement, such as reading, listening to music, and watching movies, were found to have lower levels of perceived stress. Similarly, a study by Ferguson et al., (2014) found that playing video games was associated with lower levels of stress and depression among college students. Also, in a study by Holt et al., (2020), listening to music was found to be a common coping strategy among adults with mental illness, and was associated with lower levels of anxiety and depression.

The above discussion suggests that engaging in leisure activities can be an effective coping mechanism for managing stress and promoting well-being.

Based on the above discussion following aspects related to stress were chosen for the present study:

1. Experience of Stress
2. Stress coping Mechanism

2.10.1 Experience of Stress

According to Goyal et al. (2015), the two main stressful events in the lives of Indian university students are academic pressure to succeed and exams. These events can create high levels of stress and anxiety among students, as they are often perceived as crucial for future academic and career success. In addition to these two events Goyal et al., identified other stress-experiencing events viz. financial difficulty, relationship with peers, time management, career uncertainty, health problems and discrimination found that these stressors were associated with negative mental health outcomes, including increased anxiety, depression, and other mental health problems. It's important to note that while these two stressors may be particularly

prevalent among Indian university students, academic pressure and exams are commonly reported as sources of stress for students around the world.

Experience of stress is evident from the low level of mental health. There is a growing body of literature suggesting that low levels of mental health are associated with increased physiological and psychological symptoms of stress. The individuals with low levels of mental health were more likely to report experiencing physical symptoms of stress, such as headaches, muscle tension, and digestive problems. (Robertson et al., 2015). These individuals were also more likely to report psychological symptoms of stress, including irritability, anxiety, and depression. (Cramer et al., 2015).

Similarly, a review by Chida and Steptoe (2009) found that individuals with lower levels of mental health were more likely to experience physiological symptoms of stress, such as increased heart rate and cortisol levels. These authors also found that low mental health was associated with an increased risk of cardiovascular disease and other health problems.

Another, study by Walburn et al. (2009) found that individuals with lower levels of mental health were more likely to report experiencing symptoms of work-related stress, including fatigue, burnout, and emotional exhaustion.

2.10.2 Stress Coping Ability

Stress coping ability has been studied extensively about mental health outcomes, both in India and internationally. One Indian study by Singh et al., (2016) found that active coping strategies, such as problem-solving and seeking social support, were associated with better mental health outcomes, while avoidant coping strategies were associated with poorer mental health outcomes among university students. The transactional model of stress and coping developed by Lazarus and Folkman (1984) has been widely used in the study of stress-coping ability and mental health outcomes. This model suggests that an individual's appraisal of a stressor and their coping resources can determine their psychological and physiological response to stress. In another Indian study by Jaiswal and Dhar (2019), nurses with better stress-coping abilities had lower levels of psychological distress. Similarly, a study by Prakash et al., (2017) found that

adolescents with better stress-coping abilities had lower levels of anxiety and depression. An international study by Park et al., (2014) investigated the relationship between coping strategies and mental health outcomes among Korean and American college students and found that active coping strategies, such as problem-solving and seeking social support, were associated with better mental health outcomes in both samples. Overall, these studies highlight the importance of stress-coping ability in promoting better mental health outcomes and suggest that active coping strategies may be particularly beneficial in managing stress and promoting well-being.

There is a growing body of literature suggesting that low levels of mental health are associated with increased physiological and psychological symptoms of stress. The individuals with low levels of mental health were more likely to report experiencing physical symptoms of stress, such as headaches, muscle tension, and digestive problems. (Robertson et al., 2015). These individuals were also more likely to report psychological symptoms of stress, including irritability, anxiety, and depression. (Cramer et al., 2015).

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2.11 LITERATURE REVIEW

Satcher, D. (2000), aimed to increase public awareness of the prevalence and impact of mental illnesses and the importance of prevention, treatment, and recovery. It highlighted the need for mental health services to be integrated into the overall healthcare system and for greater public and professional education about mental health issues. The report also addressed the issues of stigma and discrimination faced by people with mental illness and called for increased research funding to improve the understanding and treatment of mental disorders. Overall, the report emphasized the importance of mental health as a critical component of overall health and well-being, and called for a national commitment to address mental health needs.

Huppert, Abbott, Ploubidis, Richards, & Kuh, (2010), argued that psychosocial factors play a crucial role in ageing well, and that engagement in meaningful activities, positive social relationships, and effective coping mechanisms can all contribute to successful ageing. Using data from the MRC National Survey of Health and Development, a longitudinal study of ageing in the UK, the authors found that participants who were engaged in a range of activities, had positive social relationships, and employed effective coping strategies were more likely to age successfully. The study highlights the importance of psychosocial factors in successful ageing and underscores the need for interventions that promote engagement, positive relationships, and effective coping strategies to support healthy ageing.

Sato, T., Shimai, S., & Ishii, S. (2005), investigates the effects of stress on the physical and mental health of Japanese workers. The authors used the General Health Questionnaire and the Self-Rating Depression Scale to measure psychological distress and depression among participants. The study found that workers who reported higher levels of stress had significantly higher scores on both measures of psychological distress and depression. The results suggest that stress has a significant negative impact on both physical and mental health and underscore the need for interventions to reduce stress in the workplace to promote worker well-being. The

study also highlights the importance of addressing stress as a public health issue, given its potential impact on overall health and quality of life.

Ryff, C. D., Singer, B. H., & Love, G. D. (2019), argued that the traditional biomedical approach to health has limitations and that a more comprehensive view of health should include psychological and social factors. The article reviews current research on the connections between positive psychological states and biological processes, such as inflammation, cardiovascular function, and gene expression. The authors conclude that positive health offers a new perspective on health and well-being that integrates psychological, social, and biological factors. They suggest that future research should explore the mechanisms underlying the connections between positive psychological states and biology, as well as the potential benefits of interventions aimed at promoting positive health.

Kim, E. S., Park, N., Sun, J. K., Smith, J., & Peterson, C. (2017), aimed to provide implications for practitioners on how to improve patient health and well-being. The participants were 1,939 adults from the United States, and they completed surveys that assessed their life satisfaction and the frequency of their doctor visits. The results of the study showed that individuals with higher levels of life satisfaction tended to visit the doctor less frequently than those with lower levels of life satisfaction. The researchers suggest that this finding may be due to several reasons, such as individuals with higher life satisfaction may have better coping skills and healthier behaviours, leading to better health outcomes and fewer health concerns.

Rai, Kumar, and Singh (2017), aimed to examine the effectiveness of positive psychology interventions (PPIs) in enhancing athletes' mental states and performance outcomes. The study involved athletes from various sports disciplines who received PPIs during their training, including techniques such as goal setting, mindfulness, positive self-talk, and visualization. The findings of the study suggest that PPIs were effective in improving athletes' mental states and performance outcomes. Athletes who received these interventions reported increased levels of confidence, motivation, and focus, which contributed to their overall performance. The study recommends

that coaches and trainers incorporate PPIs into their training programs to promote athletes' positive mental states and improve their performance outcomes.

Srinivasan and Raguram (2018), conducted a study to assess the level of mental health literacy (MHL) among college students in Mumbai, India. The study involved 600 students from different colleges who completed a questionnaire on mental health knowledge, attitudes, and behaviours. The findings of the study indicated that the overall MHL level among college students in Mumbai was low. The students had poor knowledge of mental illnesses, and many held negative attitudes towards those with mental health issues. However, the study also found that students who had prior exposure to mental illness through personal or family experiences had higher MHL levels than those who did not. The study highlights the need for increased awareness and education on mental health issues among college students in India. The authors recommend the implementation of mental health education programs in colleges to improve MHL levels and reduce the stigma associated with mental illness.

Sivakumar, A. (2018), aimed to investigate the relationship between mental health and success among postgraduate students at Bharathiar University, India. The objectives were to assess mental health and success levels and compare them based on gender. A survey method was used with a sample of 300 postgraduate students. Two scales were developed to measure mental health and success, with five factors for mental health and four factors for success. Results showed a significant difference between male and female students in sense of humour, with females having higher scores. Positive correlations were found between success and all mental health factors except the sense of humour. Personal happiness, emotional balance, perception of life, and perception of self were identified as significant predictors of success.

Snyder (2002), argued that hope is a fundamental human attribute that can be developed and nurtured over time. He suggests that individuals who possess high levels of hope are more resilient, more likely to achieve their goals, and better able to cope with adversity. Additionally, Snyder posits that hope is positively associated with

a range of positive outcomes, including academic achievement, physical health, and overall well-being.

Feldman, D. C., & Dreher, G. F. (2012), investigated the relationship between psychological wellness and job performance, with a focus on subjective well-being, self-esteem, and optimism. Data was collected from 340 participants across different occupations using self-report surveys. Results showed that subjective well-being, self-esteem, and optimism were positively related to job performance. The authors conclude that promoting psychological wellness, such as work-life balance and mental health support, could improve job performance in organizations.

Gallagher, M. W., & Lopez, S. J. (2008), examined the role of hope and optimism in mental health, arguing that they are related constructs but have distinct contributions. A study of 193 participants found that both hope and optimism are positively related to mental health, with hope more strongly linked to positive affect and life satisfaction, and optimism more strongly related to positive coping strategies and perceived social support. The authors suggest that interventions aimed at improving mental health should target both hope and optimism and consider their unique contributions.

Moradian, S., Yahya, S., Zarei, E., & Ziaei, T. (2016), investigated the relationship between hope and mental health among college students. The study was conducted in Iran and involved a sample of 400 students from various faculties at a university. The participants completed two questionnaires: the Snyder Hope Scale and the General Health Questionnaire. The results of the study showed a significant positive correlation between hope and mental health among college students. This means that higher levels of hope were associated with better mental health. The study also found that students who had higher levels of hope reported fewer mental health problems, such as anxiety and depression.

Pandey, A., & Srivastava, A. (2015), aimed to investigate the relationship between hope and mental health among Indian adolescents. The study involved 200

participants aged between 15 and 18 years from two schools in a northern Indian city. The participants completed two questionnaires: the Children's Hope Scale and the Strengths and Difficulties Questionnaire (SDQ). The study's findings revealed that hope was a significant predictor of mental health among Indian adolescents, with higher levels of hope associated with better mental health outcomes, such as lower levels of emotional and behavioural problems. Furthermore, hope was a stronger predictor of mental health than other factors such as gender, age, and family background.

Rao, K., & Mani, M. (2017), found that hope therapy, consisting of six sessions aimed at increasing hope and reducing suicidal ideation, was effective in improving hope and reducing depression and suicidal ideation among suicidal youth. The study involved 60 participants aged between 18 and 25 years in south India. The results suggest that hope therapy can be a promising intervention for suicidal youth, but further research is needed to validate these findings.

Masten and Narayan (2012), discussed the impact of disasters, war, and terrorism on child development. They identify different risk and protective factors that can affect children's outcomes and highlight the importance of resilience in helping children to adapt and overcome adversity. The article emphasizes the need to understand these pathways to inform interventions and policies that promote positive outcomes for children facing adversity.

Windle, Bennett, and Noyes (2011), reviewed 25 resilience measurement scales and evaluate their psychometric properties and conceptual basis. They find that many scales lack adequate psychometric testing and that the conceptual basis of some scales is unclear. The authors recommend the development of reliable and valid measures of resilience based on clear theoretical models. The article emphasizes the importance of better understanding resilience to promote health and well-being.

Garcia-Dia, DiNitto, Garcia-Ona, and Jakupcak (2013), explored the role of resilience in the context of stigma and social barriers to mental health care among Latinos. The

authors propose a model of resilience in mental health care access and utilization among Latinos, emphasizing the importance of individual, family, and community-level factors in promoting resilience. The article highlights the impact of stigma and social barriers on mental health care access and utilization among Latinos and suggests that resilience can help individuals overcome these barriers. The authors propose that interventions aimed at promoting resilience can help to reduce the impact of stigma and social barriers on mental health care access and utilization among Latinos.

Li, Wang, and Yu (2015), explored the pathways to resilience among Chinese prostate cancer patients and the mediating role of perceived social support. The study examines the relationship between resilience, perceived social support, and psychological distress among Chinese prostate cancer patients. The authors found that perceived social support partially mediated the relationship between resilience and psychological distress. They also found that age, education, and disease stage were associated with resilience among Chinese prostate cancer patients. The study highlights the importance of social support in promoting resilience and reducing psychological distress among prostate cancer patients in China. The authors suggest that interventions aimed at promoting social support may help to improve resilience and reduce psychological distress among this population.

Rao and Mani's (2017), explored the concept of resilience and its relationship to mental health outcomes. They discuss various factors that contribute to resilience, including personal characteristics, social support, and coping strategies. The article also examines the relationship between resilience and mental health disorders, such as depression and anxiety. The authors highlight the importance of resilience in promoting positive mental health outcomes and reducing the risk of mental health disorders. They suggest that interventions aimed at promoting resilience can be effective in improving mental health outcomes. Overall, the article provides valuable insights into the relationship between resilience and mental health, and the potential implications for mental health interventions.

Krishnan, Kumar, and D'Souza's (2019) explored the relationship between resilience and mental health among Indian students in a pilot study. The authors collected data from 300 undergraduate students using a resilience scale and a mental health questionnaire. The study found a significant positive correlation between resilience and mental health among the participants. The authors suggest that promoting resilience among students may be a useful approach to improving mental health outcomes. Overall, the study provides initial insights into the relationship between resilience and mental health among Indian students, and the potential implications for mental health interventions in this context.

Bhattacharyya, M. R., Chakraborty, S., & Bhattacharjee, S. (2015), aimed to investigate the relationship between resilience and mental health among adolescents. The study was conducted with a sample of 100 adolescents, and data was collected through two standardized tools, the Resilience Scale and the General Health Questionnaire. The findings showed that higher resilience was significantly associated with better mental health among adolescents. The study highlights the importance of resilience in promoting mental health among adolescents.

Keyes (2005), investigated the axioms of the complete state model of health, which posits that mental health and mental illness are separate dimensions. He argues that this model better captures the complexity of mental health than traditional models that focus solely on mental illness.

Stephoe, A., Deaton, A., & Stone, A. A. (2015), explored the relationship between subjective well-being (SWB), health, and ageing. The authors argue that SWB is a valuable indicator of successful ageing, and they review evidence suggesting that SWB is associated with better physical health outcomes, lower risk of disease, and greater longevity. They also highlight the importance of interventions aimed at promoting SWB in older adults and suggest that such interventions may lead to improvements in both mental and physical health.

Koivumaa-Honkanen et al. (2001), investigated the relationship between self-reported life satisfaction and mortality among Finnish adults. The participants were healthy adults aged 25-74 years who were followed up for 20 years. The results showed that those who reported low life satisfaction had a significantly higher risk of all-cause mortality compared to those with high life satisfaction. The study concluded that life satisfaction may be an important predictor of long-term health outcomes.

Steptoe, Dockray, and Wardle (2015), examined the relationship between positive affect and various psychobiological processes that are relevant to health. The authors review the literature on the effects of positive affect on physiological systems such as the immune, cardiovascular, and neuroendocrine systems. They also discuss the potential mechanisms through which positive affect may influence these systems, including changes in behaviour, cognitive processes, and neurophysiology. The article concludes that there is significant evidence suggesting that positive affect has a beneficial impact on health outcomes and that further research is needed to understand the underlying mechanisms. The authors argue that the promotion of positive affect may be a useful strategy for improving health and well-being.

Rajappa, T., & Singh, N. N. (2013), aimed to investigate the relationship between life satisfaction and depression among undergraduate students in India. Participants were 100 students (50 males, 50 females) aged between 18 and 24 years. The study found a significant negative correlation between life satisfaction and depression, indicating that higher levels of life satisfaction are associated with lower levels of depression. The study highlights the importance of promoting life satisfaction as a potential strategy for preventing depression among undergraduate students.

Nagendra, H. R., Nagarathna, R., Majumdar, V., Mohan, S., & Arasappa, R. (2019), aimed to evaluate the effect of integrated yoga practices on the psychological health and positive effect of individuals with type 2 diabetes mellitus. The participants were randomly assigned to either the yoga intervention group or the control group. The yoga intervention consisted of integrated yoga practices such as asanas, pranayama, relaxation techniques, and meditation. The study found that the participants in the

yoga intervention group showed significant improvements in their psychological health, including reduced levels of anxiety, depression, and perceived stress, and increased levels of positive affect, compared to the control group. The study concluded that integrated yoga practices could be a useful adjunct to the standard treatment of type 2 diabetes mellitus to improve psychological health and promote positive affect.

Moller, L., Kristensen, T. S., & Bonde, J. P. E. (2019), aimed to investigate the association between locus of control and mental health among employees in Denmark. The researchers conducted a cross-sectional study among 3,429 employees and used the Copenhagen Psychosocial Questionnaire to assess the locus of control and the Mental Health Inventory-5 to measure mental health. The results indicated that employees with an internal locus of control had better mental health compared to those with an external locus of control. The findings suggest that locus of control may play a role in the development and maintenance of mental health among employees.

Singh, S., & Jha, S. (2020), aimed to investigate the relationship between locus of control and mental health outcomes among college students in India. The sample included 400 college students, and data was collected using the Locus of Control Scale and the General Health Questionnaire. The results showed a significant negative correlation between external locus of control and mental health, indicating that individuals with an external locus of control tend to experience more mental health issues. Additionally, a significant positive correlation was found between internal locus of control and mental health, suggesting that individuals with an internal locus of control tend to have better mental health outcomes.

Luszczynska, A., Schwarzer, R., & Jerusalem, M. (2013), reports on the development and validation of a Polish version of the Generalized Self-Efficacy Scale (GSES). The GSES is a widely used measure of self-efficacy, which refers to one's belief in their ability to perform tasks and achieve goals. The authors adapted the GSES for use in a Polish sample and conducted a series of analyses to assess its reliability and validity.

The results indicated that the Polish version of the GSES had good psychometric properties and could be a useful tool for assessing self-efficacy in Polish populations.

Orth, U., & Robins, R. W. (2014), discussed the theoretical and empirical issues related to the concept of self-esteem, as well as the psychological and social factors that contribute to its development. They argue that self-esteem is a multifaceted construct that can be influenced by a variety of factors, including genetic and environmental influences, social experiences, and cognitive and motivational processes. The authors also examine the role of self-esteem in various domains of life, such as academic achievement, interpersonal relationships, and mental health. They conclude by suggesting that future research should focus on understanding the processes underlying the development of self-esteem across the lifespan and how these processes can be targeted to improve individuals' self-esteem and overall well-being.

Cheng, H., & Furnham, A. (2014), aimed to investigate the predictive value of personality traits, self-esteem, and demographic factors on happiness and depression. The study was conducted on 246 participants who completed measures of personality, self-esteem, happiness, and depression. Results showed that higher levels of extraversion, emotional stability, and self-esteem were associated with greater happiness and lower levels of depression. In contrast, higher levels of neuroticism and lower levels of conscientiousness were associated with higher levels of depression and lower levels of happiness. Age and gender were not significant predictors of happiness or depression. The findings highlight the importance of personality and self-esteem in predicting mental health outcomes.

Tavakolizadeh, J., & Rezaei, A. M. (2019), aimed to examine the relationship between self-esteem and mental health among university students. A total of 400 students from two universities in Iran participated in the study. The results showed that there was a significant positive relationship between self-esteem and mental health. Additionally, self-esteem was found to be a significant predictor of mental health. The study suggests that interventions aimed at enhancing self-esteem could potentially improve the mental health of university students.

Tavakolizadeh, J., & Rezaei, A. M. (2019), investigated the relationship between self-esteem and mental health among university students. A sample of 334 students completed the Rosenberg Self-esteem Scale and the General Health Questionnaire-28. The results showed that there was a significant negative correlation between self-esteem and mental health problems. Specifically, higher levels of self-esteem were associated with lower levels of anxiety, depression, somatic symptoms, and social dysfunction. The findings suggest that enhancing self-esteem may have positive effects on the mental health of university students.

Bandura and Adams' (1977), described self-efficacy as an individual's belief in their ability to perform a specific task or behaviour to achieve a desired outcome. The article discusses the sources of self-efficacy beliefs, the cognitive and affective processes involved in self-efficacy, and the role of self-efficacy in behavioural change. The authors also review empirical studies that support the role of self-efficacy in various domains such as health, education, and work performance. The article concludes by emphasizing the importance of self-efficacy in promoting adaptive behaviour change and suggesting strategies for enhancing self-efficacy.

Scholz, U., Doña, B. G., Sud, S., & Schwarzer, R. (2017), investigated the psychometric properties of the General Self-Efficacy Scale (GSE) in 25 countries. The GSE is a widely used measure of perceived self-efficacy, which refers to people's beliefs about their ability to perform various tasks and cope with difficult situations. The study found that the GSE had high reliability and validity across all 25 countries, supporting the idea that self-efficacy is a universal construct. However, some minor differences in factor structure and item loadings were observed across different cultural and linguistic groups. Overall, the study provides strong evidence for the cross-cultural applicability of the GSE as a measure of general self-efficacy.

Jena, S. K., & Meher, S. (2021), investigated the relationship between self-efficacy, resilience, and mental health among college students in India, and explore the mediating role of resilience in the relationship between self-efficacy and mental health. A sample of 200 college students completed measures of self-efficacy,

resilience, and mental health. The results showed that self-efficacy and resilience were positively related to mental health, and resilience partially mediated the relationship between self-efficacy and mental health. The authors suggest that interventions aimed at improving college students' self-efficacy and resilience may help promote their mental health.

Gaur, H., & Sharma, V. (2020), aimed to investigate the relationship between self-efficacy, resilience, and mental health among university students in India. A total of 220 undergraduate students from various disciplines were surveyed using standardized measures of self-efficacy, resilience, and mental health. The results showed that both self-efficacy and resilience were positively correlated with mental health. Moreover, resilience partially mediated the relationship between self-efficacy and mental health. The study suggests that promoting self-efficacy and resilience may be beneficial for improving the mental health of university students.

Extremera, N., Rey, L., Sánchez-Álvarez, N., & Valencia, J. F. (2019), aimed to examine the potential mediating effect of perceived social support on the relationship between emotional intelligence and depression. The sample comprised 432 Spanish adults, and the data were collected using standardized scales for measuring emotional intelligence, perceived social support, and depression. Structural equation modelling (SEM) was used to analyze the data. The results showed that emotional intelligence had a significant negative relationship with depression, and perceived social support had a significant negative relationship with depression. Moreover, perceived social support partially mediated the relationship between emotional intelligence and depression. The study highlights the importance of social support in buffering against the negative effects of depression and suggests that enhancing emotional intelligence may indirectly lead to improved social support and reduced depression.

Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., & Dornheim, L. (2018), aimed to develop and validate a measure of emotional intelligence (EI). The authors developed a 33-item measure of EI, called the Schutte Emotional Intelligence Scale (SEIS), and administered it to over 800 participants to

examine its psychometric properties. Results of the study indicated that the SEIS has strong internal consistency and test-retest reliability. The authors also found evidence for the convergent validity of the SEIS, as it was positively correlated with measures of social skills and empathy, and negatively correlated with measures of depression and anxiety. The SEIS was found to have good discriminant validity, as it was not significantly related to measures of cognitive ability or personality traits. The authors concluded that the SEIS is a reliable and valid measure of emotional intelligence.

Verma, R., Balhara, Y. P. S., Gupta, C. S., & Kishore, J. (2020), aimed to investigate the relationship between emotional intelligence (EI) and mental health outcomes among healthcare professionals. A total of 276 healthcare professionals participated in the study and completed self-report measures of EI and mental health outcomes. The results showed that there was a positive correlation between EI and mental health outcomes. Specifically, higher levels of EI were associated with better mental health outcomes. The findings suggest that EI is an important factor that may protect healthcare professionals from experiencing negative mental health outcomes, and interventions that aim to improve EI may have positive effects on mental health outcomes among healthcare professionals.

Kaur, J., & Singh, K. (2018), aimed to assess the emotional intelligence of university students in India using the Trait Emotional Intelligence Questionnaire (TEIQue). A cross-sectional study was conducted with a sample of 300 undergraduate students. The results showed that the mean emotional intelligence score was higher for female students compared to male students. Additionally, students who participated in extracurricular activities had higher emotional intelligence scores compared to those who did not. The authors concluded that emotional intelligence plays an important role in the personal and social development of university students.

Sanjai, K. S., & Kumari, K. (2019), investigated the relationship between emotional intelligence and stress-coping strategies among nurses in India. The sample consisted of 150 nurses from two hospitals in Kerala. The study used a self-report questionnaire to measure emotional intelligence and stress-coping strategies. The results indicated

that emotional intelligence was positively associated with adaptive coping strategies, such as positive reappraisal and problem-solving, and negatively associated with maladaptive coping strategies, such as self-blame and wishful thinking. The study suggests that emotional intelligence may be an important factor in helping nurses develop effective stress-coping strategies.

Liu, Y., Chen, X., & Chen, Y. (2018), conducted a meta-analysis of 58 studies involving 43,590 participants to investigate the relationship between social competence and mental health. Social competence was defined as the ability to use social skills to establish and maintain social relationships. Mental health was measured using a range of outcomes, including depression, anxiety, and overall psychological well-being. The results of the analysis showed that social competence was positively associated with mental health outcomes. The effect size of the relationship was moderate, suggesting that social competence is an important factor in promoting mental health. The authors discuss the implications of these findings for interventions aimed at improving social competence and mental health.

Hardy, L. F., Dissanayake, C., Downing, G. M., & Hayes, M. J. (2017), aimed to examine the associations between social competence, depressive symptoms, and anxiety in early adolescence. The participants were 226 adolescents aged 11-14 years, and data were collected using self-report measures. Results showed that social competence was negatively associated with both depressive symptoms and anxiety. Additionally, social competence was found to moderate the relationship between anxiety and depressive symptoms, suggesting that higher levels of social competence may buffer the negative effects of anxiety on depressive symptoms. These findings highlight the importance of social competence in promoting mental health in early adolescence.

Mitte, Krahé, and Schaumborg (2021), examined the longitudinal association between social competence and mental health in adolescence using a large-scale sample in Germany. The study utilized data from a national panel study of adolescents (N = 1,926) aged 11-17 years at baseline and followed up for three years. The findings

suggest that social competence is an important protective factor for mental health in adolescence and that interventions aimed at promoting social competence may have important implications for preventing mental health problems in this population.

Guilamo-Ramos, S. J. T., Dittus, P., Jaccard, J., & Collins, S. (2017), found that social competence is negatively associated with peer victimization and depression in adolescents. Social competence also acted as a protective factor against the negative effects of peer victimization on depression. The findings suggest that interventions aimed at promoting social competence may be useful in preventing or mitigating the negative effects of peer victimization on adolescent mental health.

Boham, M. J., Benson, M. J., Lerner, R. M., & Phelps, E. (2020), investigated the association between social competence and mental health in early adulthood. The study used data from a sample of 279 young adults aged 18-25 years in the United States. The study found that social competence was positively associated with mental health outcomes, including lower levels of depressive symptoms, anxiety, and stress, and higher levels of life satisfaction. The study also found that social competence was positively associated with a sense of purpose and meaning in life.

Mankar, S. M., & Subramanyam, A. V. (2020), investigated the relationship between social competence and mental health among 400 adolescents in urban India. The results indicate a positive association between social competence and mental health. Girls and older adolescents had higher social competence, and those with higher social competence had better mental health outcomes. The study highlights the need to focus on developing social competence skills to improve mental health among adolescents in India.

D'Souza, P. K., & Shanbhag, D. N. (2019), examined the relationship between social competence, academic stress, and mental health among 400 college students in India. The results suggest that social competence is negatively associated with academic stress and positively associated with better mental health outcomes. Academic stress was found to be a predictor of poorer mental health outcomes. The study highlights

the need to focus on developing social competence skills to reduce academic stress and improve mental health among college students in India.

Poreddi, V., Ramamurthy, P., & Math, S. B. (2017), aimed to investigate the relationship between social competence and mental health among 120 individuals with intellectual disabilities in South India. The results suggest that social competence is positively associated with better mental health outcomes. Age and severity of intellectual disability were predictors of social competence, and severity of intellectual disability was a predictor of mental health outcomes. The study emphasizes the importance of developing social competence skills to improve mental health outcomes among individuals with intellectual disabilities in South India.

Ehsan, A. M., De Silva, M. J., & Social Capital and Health Network Collaborative Group. (2015), conducted a systematic review of 25 studies to investigate the relationship between social capital and common mental disorders, finding that higher levels of social capital were associated with lower levels of depression and anxiety. The study also found that women exhibited a stronger relationship between social capital and mental health outcomes. The study highlights the importance of social capital in promoting better mental health outcomes and emphasizes the need to focus on developing social capital to improve mental health in populations.

Kim, E. S., & Smith, J. (2015), conducted a meta-analytic review of 100 studies to examine the relationship between social support networks and mortality risk. The analysis of 148 independent samples revealed that social support networks are associated with a 50% increased likelihood of survival. This relationship was consistent across gender, length of follow-up, and world region (i.e., Europe, and North America). However, the authors note that significant heterogeneity existed among effect sizes, indicating that the relationship between social support and mortality risk varies depending on the operationalization and measurement of social support. The authors discuss the implications of these findings for theory and practice and suggest future directions for research.

Kumar, M., Mohanty, S., Singh, A., & Singh, T. (2014), investigated the association between social trust and self-rated health and psychological distress among urban elderly in India. The study used a cross-sectional survey design and a sample of 680 elderly individuals aged 60 years and above. The study found that social trust was significantly associated with both self-rated health and psychological distress. Higher levels of social trust were associated with better self-rated health and lower levels of psychological distress. The study highlights the importance of social trust in promoting the health and well-being of the elderly population in India.

Yamagishi, T., & Yamagishi, M. (1994), investigated the cultural differences in trust and commitment between the United States and Japan. The study used a survey method to collect data from undergraduate students in both countries. The results showed that Americans tend to have higher levels of trust and lower levels of commitment compared to the Japanese. The study also found that trust and commitment are positively related in both cultures, but the strength of the relationship was stronger in Japan than in the United States. The authors suggest that these differences may be due to the different cultural values and norms in the two countries and that understanding these differences is important for cross-cultural communication and collaboration.

Ehsan, A., De Silva, M. J., & Social Capital and Health Network Collaborative Group. (2015), conducted a meta-analysis of 21 studies that investigated the relationship between social capital and common mental disorders such as depression and anxiety. The study found that social capital, including social networks, social support, and trust, was associated with better mental health outcomes. Higher levels of social capital were linked to a lower risk of developing common mental disorders, as well as improved symptom management and recovery. However, the authors noted that the quality of the studies varied and more rigorous research is needed to establish a causal relationship between social capital and mental health.

Turner, R. J., & Marino, F. (1994), examined the relationship between social support and social structure in epidemiology, using data from the 1985 National Health

Interview Survey and the 1986 Supplement on Aging. The authors find significant disparities in social support across demographic groups, with women, older adults, and those with lower socioeconomic status reporting lower levels of social support. The article emphasizes the importance of considering social support and social structure in promoting health and reducing health disparities.

Bailey, E., Erbacher, T., Vella-Brodrick, D., & Hoare, P. (2013), examined the relationship between social support, communication, and mental health in Australian adults. The study shows that social support and communication are both strongly associated with mental health and that individuals with high levels of social support and good communication skills have better mental health outcomes. The article emphasizes the importance of these factors in promoting mental health and suggests that interventions aimed at improving them may be effective in preventing and treating mental health problems.

Koyama, A., Tsai, J. L., Chentsova-Dutton, Y. E., & Ryff, C. D. (2017), investigated the relationship between culture, social support, and emotional well-being in a cross-cultural context. The study shows that social support is strongly associated with emotional well-being across all cultural groups, but the types of social support that are most beneficial vary across cultures. Emotional support is more strongly associated with emotional well-being for European Americans, while practical support is more strongly associated with emotional well-being for Chinese Americans and Russian-speaking Americans. The article highlights the importance of considering cultural factors in designing interventions to promote emotional well-being.

Nayak, R. B., & Anith, M. G. (2015), examined the relationship between social support, social life satisfaction, and mental health among college students in India. The study finds that social support and social life satisfaction are significantly related to mental health, and social support is positively associated with social life satisfaction. The authors suggest that interventions aimed at improving mental health among college students in India should focus on increasing social support and enhancing social life satisfaction.

Elfering, A., Grebner, S., Gerber, H., & Müller, U. (2015), explored how supervisor-related job resources mediate the relationship between supervisor conflict and job attitudes in hospital employees. It finds that social support and feedback from supervisors are important resources that can positively impact job satisfaction and organizational commitment. The authors suggest that interventions to improve job attitudes among hospital employees should focus on providing such resources, especially in the context of supervisor conflict.

Holt, A., Gordon, S., Wang, B., & Lowe, S. (2020), reviewed coping strategies used by adults with mental illness and identify various strategies, including social support and self-care. The authors suggest that mental health professionals should incorporate various coping strategies into their interventions to better support individuals with mental illness.

Singh, S., & Chakrabarti, S. (2016), reports on a longitudinal study that investigates the impact of coping strategies on psychological outcomes in family caregivers of individuals with dementia. The study found that caregivers who used more problem-focused coping strategies had better psychological outcomes over time than those who used more emotion-focused coping strategies. The authors suggest that interventions aimed at improving coping strategies could be beneficial for caregivers and could help mitigate the negative psychological effects of caring for a loved one with dementia.

3 RESEARCH METHODOLOGY:

This chapter aims to describe methodology of the research. The chapter discusses research design, requirement of data and information for the purpose of the study, the source of data, methods and tools utilized for data collection, sampling plan and data analysis tools and techniques are discussed in detail.

On the basis of problem identification and research gap, objectives of the study were identified (see pg.4). For the purpose of achieving these objectives, quantitative research was opted. Quantitative research is the systematic empirical investigation of observable phenomena via statistical, mathematical, or computational techniques (Given, L., 2008). For the present study the mental health of graduands was examined using quantitative techniques. The following sub-section discusses research methodology for use of quantitative techniques for the present study.

3.1 RESEARCH DESIGN

Descriptive research design helps find out who, what, where, when or how much a particular unit of study (Kothari, 2004). This research aims to study the mental health of graduands at VNSGU. The central research question “What is the level of mental health of graduands at VNSGU?” requires an accurate description of the level of mental health and its association with selected demographic variables. The accuracy and reliability were major consideration; thus, researcher has selected a descriptive research design.

3.2 DATA/INFORMATION REQUIRED

For the present study, information related to the mental health of graduands and factors affecting mental health of graduands is required. Further information related to various medium used to reduce stress (stress coping mechanism) is also needed. The information related to satisfaction from various aspects of life is also needed. Information related to anxiety level of graduands at various aspect of life also need to be collected. All the above-mentioned information was collected from the primary source.

3.3 SOURCES OF DATA

Data needed for the research were collected from primary data was used. The data were collected from Graduands of various colleges from the field of Commerce, Management, Science, Computer Science, Arts and Law field of Veer Narmad South Gujarat University.

3.4 DATA COLLECTION METHOD

A survey method was applied to collect the response of students. An online survey method was used to collect data from graduands.

3.5 DATA COLLECTION TOOL

A structured questionnaire has been prepared which was divided into two sections.

The first part of the questionnaire was for demographic data collection including age, income, gender, employment status and field of study.

The second part of questionnaire contains questions related to measuring the mental health of respondents as well as related to stress coping mechanism. The questionnaire was designed based on the literature. A five-point Likert Scale is used in the schedule ranging from 1 being highly unfavorable to 5 being highly favorable.

3.6 SAMPLING PLAN

3.6.1 Unit of Study:

For the purpose of the study the graduands of Veer Narmad South Gujarat University were selected as unit of the study. “Graduands”⁷ refer to the individuals who have successfully completed the academic requirements for a degree or diploma, but have not yet officially graduated. They have completed their studies and fulfilled all the requirements for their respective programs, but have not yet received their degree certificate.

Veer Narmad South Gujarat University scheduled a degree collection program where graduands from all the streams were invited to collect their degree, but all of them might not turn up due to any personal reason or have opted for the postal mode of receiving the degree. The graduands of March 2023 took admission for graduation in academic year 2020, when corona virus badly hit everyone in the country. So, the mental health of the graduands of the batch 2020-2023 is mostly affected by stress, anxiety, depression and other mental disorders due to death of family members, disturbed financial conditions and other corona related issues.

3.6.2 Sample of Study:

The graduands who have registered themselves for Convocation, March 2023, were selected as sampling unit. Graduands from all the faculties of VNSGU who have completed either undergraduate courses or post graduate courses were sampling unit of the present study. Approximately 29,000 students registered themselves for the degree certificate.

⁷ Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/graduand>. Accessed 17 Apr. 2023.

The following table represents day-wise sampling unit for present study is as followed:

Table 3.6.1 Day-Wise Sampling Unit for Present Study

Day	Faculty-Wise Degree Certificate	Number of Students Applied
1	Graduands from Architectural, Rural Studies, Management, Faculty of Education, Medical, Homeopathic, All the degrees of Law faculty, All the degree of Computer Science faculty	3495
2	All degrees of Science faculty	5780
3	All degrees of Management faculty	4938
4	All those who have completed Graduation in BBA. All those who have completed Post-Graduation in Commerce (M.Com)	2246
5	All those who have completed Graduation in Commerce (B.Com)	12490
Total		28,949

3.6.3 Sampling Technique:

Veer Narmad South Gujarat University scheduled a degree collection program for five days. During these five days, researcher approached majority of the graduands for their response through a structured questionnaire. The graduands were asked to scan the QR code and access the questionnaire in google form and submit their response. The trained students of Udhna College assisted the researcher and approached the graduands for data collection. As the responses were collected of the graduands who visited to collect the certificate, non-probability convenience sampling method is used.

3.6.4 Pilot Testing:

Initially, the researcher has done a pilot study. In the pilot study, the researcher has collected data from 30 students. After the pilot study, necessary changes are made in questionnaire and final questionnaire has been prepared.

3.6.5 Sample Size:

Non-Probability sampling method has been used to collect response from students. However, some of the students also denied giving response. The population for the present research is all those students who have registered themselves for convocation.

In case of social science research, the generally accepted significance level is 95 percent confident (Hair et al, 2009). Accordingly for the present study tolerance of 5% error was made. Thus, margin of error (d) was 0.05. The Sample size is as followed:

Table 3.6.2 Sample size across Stream

Stream	Sample
Commerce	824
Management	178
Science	282
Computer Science	10
Arts	179
Law	6
Total	1479

A total of 1479 survey has been done. The survey has been conducted by research scholars of TY BBA of UCCC&SPBCBA&SDHG College of BCA&IT. The sampling area for present study is Amphie Theatre (Parva Manch),VNSGU campus, VNSGU, Surat.

3.7 TOOLS AND TECHNIQUES OF DATA ANALYSIS

Data collected from various sources were organized in tabular format. Statistical techniques have been used in the present study to analyze the data. Descriptive statistics were used to describe the basic features of the data in the study. They provide simple summaries about sample and measures with simple graphical presentation of the observations. With the inferential statistics, the researcher tried to reach conclusions that extend beyond the immediate data alone. This includes different techniques viz. the Mann-Whitney Test, The Kruskal Wallis and Kendall's tau(b) Test were used for testing of hypothesis. The above mentioned are discussed in detail as under:

3.7.1 Weightage Average Mean

The weighted average mean is a statistical technique that assigns different weights to different values in a data set, based on their relative importance. This technique is useful in data analysis of research as it allows us to account for the impact of different factors that may have varying degrees of significance on the overall outcome. The weighted average mean is a useful tool in data analysis of research because it allows us to account for the relative importance of different factors.

3.7.2 Mann-Whitney U test

The Mann-Whitney U test is a nonparametric statistical test used to compare two independent samples. The test determines whether the two samples come from the same population or not, based on their ranks. The test statistic is the U statistic, which represents the sum of the ranks of one of the groups, and can be used to calculate a p-value to determine the statistical significance of the difference between the two groups. It is often used in research studies to compare the median or central tendency of two independent groups.

Null and alternative hypotheses

H_0 : There is no significant difference between the distributions of the two independent groups.

H_A : There is a significant difference between the distributions of the two independent groups.

Interpretation

The output of the Mann-Whitney U test typically includes the test statistic, U-value, and p-value. The test statistic represents the difference between the two groups, and the U-value represents the sum of the ranks of one of the groups. The p-value represents the probability of obtaining a test statistic as extreme as the one observed, assuming the null hypothesis is true.

The interpretation of the results is based on the p-value. If the p-value is less than the significance level (typically 0.05), we reject the null hypothesis and conclude that there is a significant difference between the distributions of the two independent groups.

3.7.3 Kruskal-Wallis test

The Kruskal-Wallis is a rank-based nonparametric test that can be used to determine if there are statistically significant differences between two or more groups of an independent variable on a continuous or ordinal dependent variable.

The Kruskal-Wallis test ranks all the observations in each group, calculates the sum of ranks for each group, and then compares the sums of ranks between groups. The test statistic used in the Kruskal-Wallis test is the H statistic, which is calculated by summing the squared deviations of each group's sum of ranks from the overall mean rank, and then dividing by a constant. The resulting H statistic follows a chi-square distribution with degrees of freedom equal to the number of groups minus one.

Null and alternative hypotheses

H_0 : There is no significant difference between the medians of the groups being compared.

H_A : There is a significant difference between the medians of at least two groups.

Interpretation

The interpretation of the Kruskal-Wallis test results is based on the p-value obtained from the test. If the p-value is less than the chosen significance level (usually 0.05), it indicates that there is sufficient evidence to reject the null hypothesis and conclude that there is a significant difference between the medians of at least two groups being compared. On the other hand, if the p-value is greater than the chosen significance level, we fail to reject the null hypothesis and conclude that there is not enough evidence to suggest a significant difference between the medians of the groups being compared. It is important to note that the Kruskal-Wallis test only tells us whether there is a significant difference between the groups, but it does not indicate which groups are different. Further post-hoc tests should be conducted to determine which groups differ significantly from each other.

3.7.4 Kendall's tau-b (τ_b) correlation coefficient

This coefficient is a non-parametric measure of the strength and direction of association that exists between two variables, which are measured on at least an ordinal scale. Kendall's tau-b is a widely-used measure of ordinal association that is based on concordant and discordant pairs. It assesses the degree to which there is a relationship between the two variables being studied. Kendall's tau-b is more sensitive to changes in ranks of the variable compared to Spearman's correlation which makes it more appropriate in measuring strength of the association.

Null and alternative hypotheses

H_0 : There is no association between the variables.

H_A : There is an association between the variables.

Interpretation

Kendall's tau-b can take values from +1 to -1, which indicates a perfect positive (+1) or negative (-1) association. A Kendall's tau-b of zero (0) indicates no monotonic association between the two variables. The closer Kendall's tau-b is to zero, the weaker the association, and the closer Kendall's tau-b is to +1 or -1, the stronger the association.

3.7.5 Method for Recording Variable

The purpose of this study was to assess the mental health of participants using three constructs: psychological functioning, social competence, and stress coping ability.

- The psychological functioning construct consisted of seven sub-variables, which included hope, resilience (flexibility), well-being perception, locus of control, self-esteem, self-efficacy, and emotional well-being.
- The social competence construct, on the other hand, was composed of five sub-variables, which were social trust, social support, social interaction, social dependence, and social life satisfaction.
- Thirdly, the stress coping ability construct was composed of two sub-variables, which were stress experience and stress coping mechanism.
- Finally, the score of overall mental health was recorded which included all the statements score under study.

To generate overall scores for each construct, the study utilized a weighted average mean approach, which involved giving different weights to each sub-variable based on their relative importance in the construct. The resulting scores provided a comprehensive measure of participants' psychological functioning, social competence, and stress coping ability.

4 MENTAL HEALTH OF GRADUANDS AT VNSGU

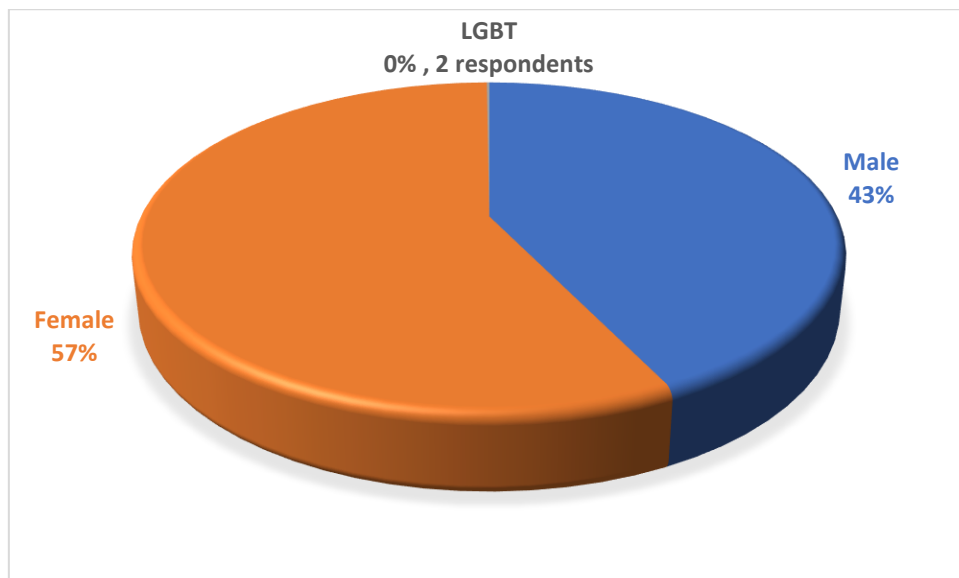
4.1 DEMOGRAPHIC PROFILE OF RESPONDENTS

4.1.1 Gender of Respondents

Table 4.1.1 Gender-Wise Frequency Distribution of Respondents

Gender	Response
Male	633
Female	844
LGBT	02
Total	1479

Figure 4.1.1 Gender-Wise Frequency Distribution of Respondents



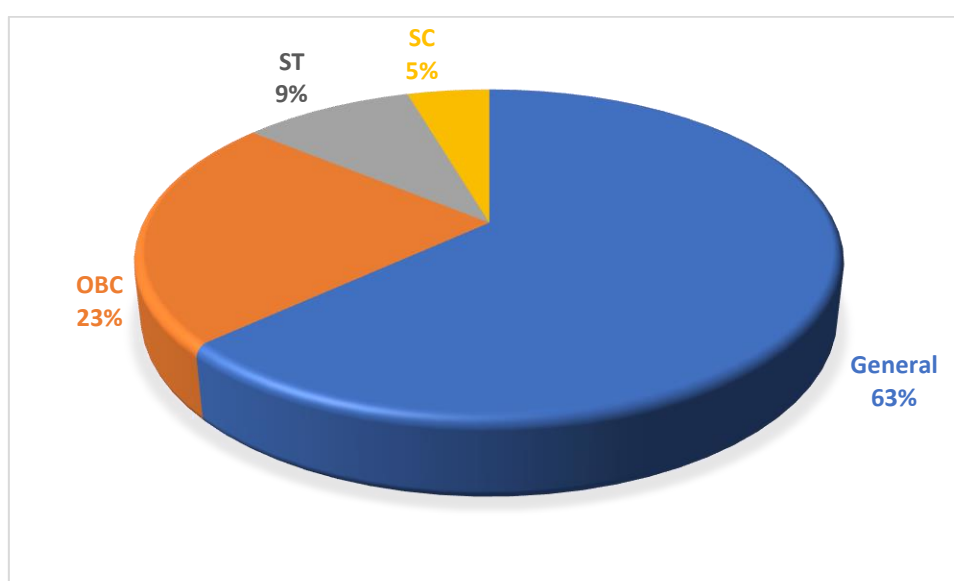
Interpretation: Out of the total 1479 respondents, 43 percent were male. The majority of the respondents, 57 percent individuals, were female. Only 2 respondents, or 0 percent of the total, identified as LGBT.

4.1.2 Caste of Respondents

Table 4.1.2 Cast-Wise Frequency Distribution of Respondents

Category	Frequency
General	934
OBC	338
SC	67
ST	140
Total	1479

Figure 4.1.2 Cast-Wise Frequency Distribution of Respondents



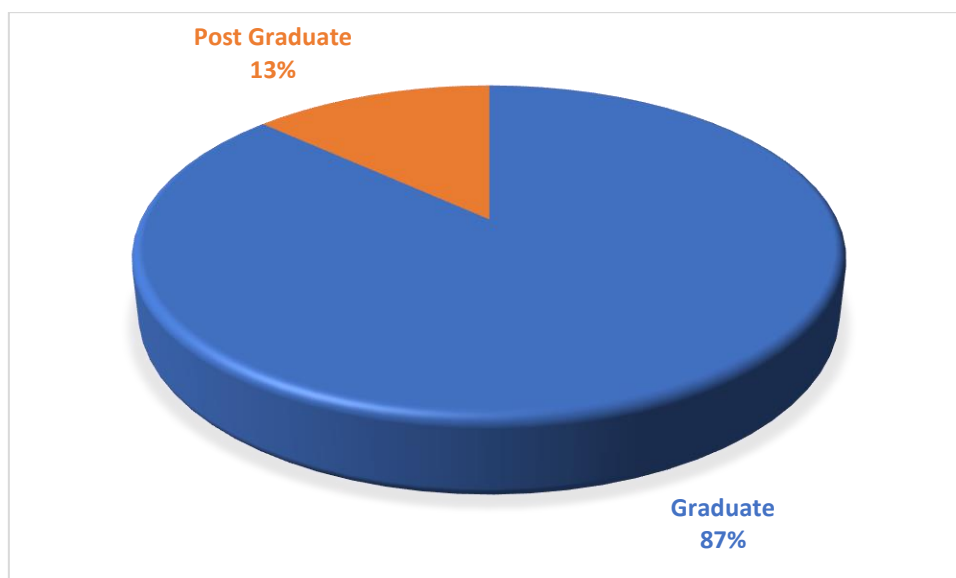
Interpretation: Out of 1479 respondents, 63 percent belong to the General category, The OBC category is the second largest category, with 23 percent of the total respondents. The SC category has a smaller percentage of respondents, with only 5 percent, while the ST category has 9 percent of the total respondents.

4.1.3 Education Profile of Respondents

Table 4.1.3 Education Profile of Respondents

Category	Frequency
Graduate	1284
Post Graduate	195
Total	1479

Figure 4.1.3 Education Profile of Respondents



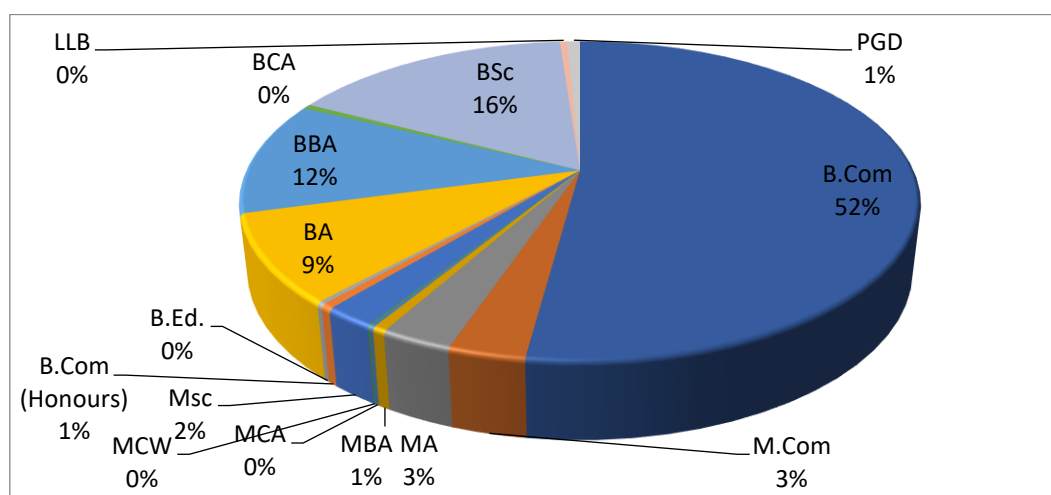
Interpretation: Out of the total of 1479 respondents, 1284 respondents are Graduates, which represents 87 percent of the total respondents. On the other hand, 195 respondents are Post Graduates, which represents 13 percent of the total respondents.

4.1.4 Discipline-Wise Frequency Distribution of Respondents

Table 4.1.4 Discipline-Wise Frequency Distribution of Respondents

Discipline	Frequency	Discipline	Frequency
B.Com.	771	B.Com. (Honors)	7
M.Com	46	B.Ed.	4
MA	43	BA	132
MBA	8	BBA	170
MCA	3	BCA	7
MCW	1	BSc	239
Msc	31	LLB	6
PGD	11	Total	1479

Figure 4.1.4 Discipline-Wise Frequency Distribution of Respondents



Interpretation: The majority of respondents, 52 percent, were from the B.Com. discipline. The second-largest group of respondents was from the BSc discipline, accounting for 16 percent of the total respondents. Other significant groups of respondents were from BA (9 percent), BBA (12 percent), and M.Sc. (2 percent) disciplines. Only a small number of respondents were from postgraduate programs, including M.Com. (3 percent), MA (3 percent), MBA (1 percent), B.Com. (Honours) (1 percent), and PGD (1 percent).

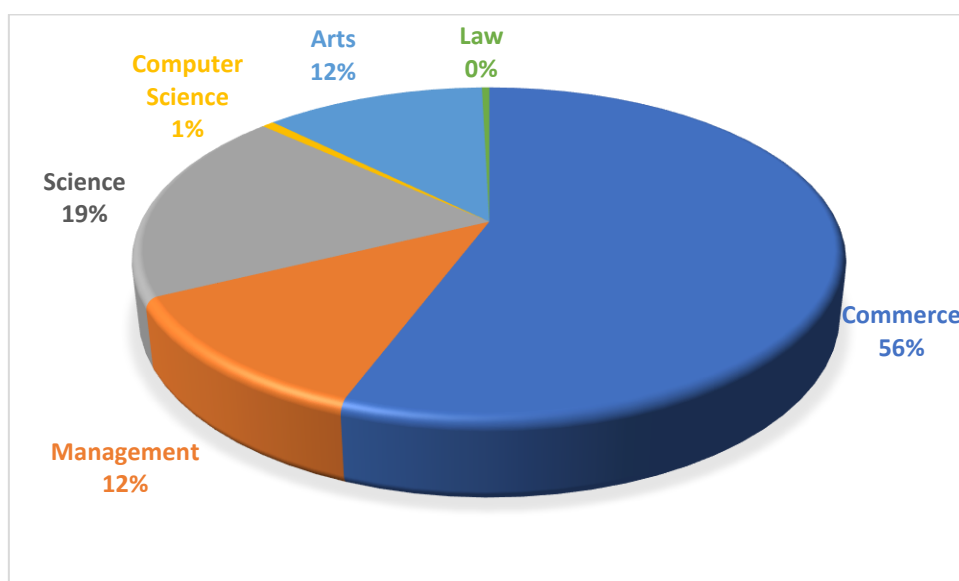
(1 percent), PGD (1 percent), MCA 3 respondents), MCW (1 respondent), and LLB (6 respondents). B.Ed. (4 respondents).

4.1.5 Stream -Wise Frequency Distribution of Respondents

Table 4.1.5 Stream -Wise Frequency Distribution of Respondents

Stream	Frequency
Commerce	824
Management	178
Science	282
Computer Science	10
Arts	179
Law	6
Total	1479

Figure 4.1.5 Stream -Wise Frequency Distribution of Respondents



Interpretation: The frequency distribution shows that Commerce has the highest 56 present respondents of the total respondents. Followed by Science with 19 percent. Third place was shared by Management and Arts 12 percent each. Computer Science and Law had the lowest numbers of respondents, representing only 1 percent and 0.4 percent of the total respondents.

4.2 STATEMENTS PERTAINING TO MENTAL HEALTH

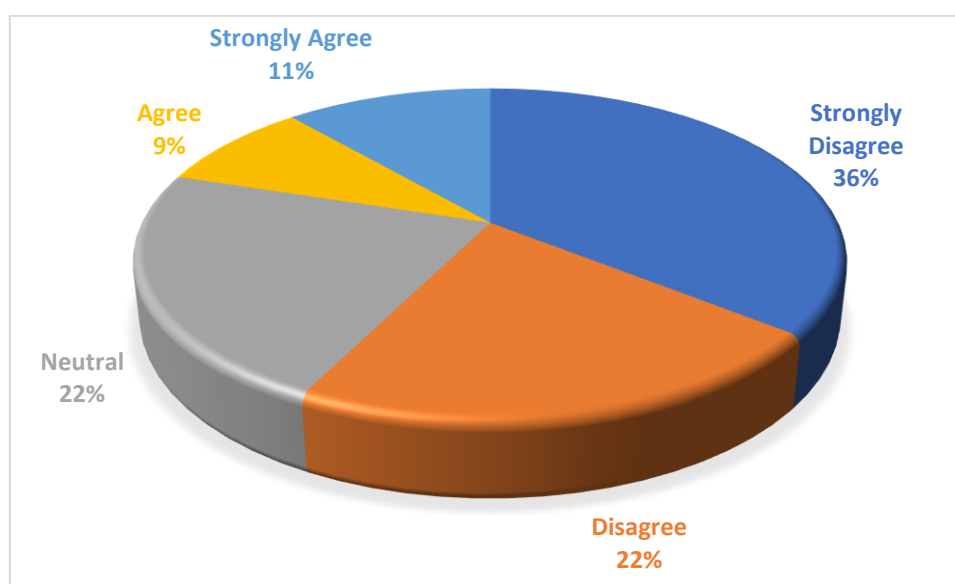
The respondents were asked to rate the statement on 5-point scale where 1 was equal to highly disagree and 5 equals to highly agree.

4.2.1 I can easily trust others.

Table 4.2.1 Frequency Distribution of Trusting Others Easily

Rating	Frequency	WAM
Strongly Disagree	528	2.38
Disagree	321	
Neutral	333	
Agree	129	
Strongly Agree	168	
Total	1479	

Figure 4.2.1 Distribution of Trusting Others Easily



Interpretation:

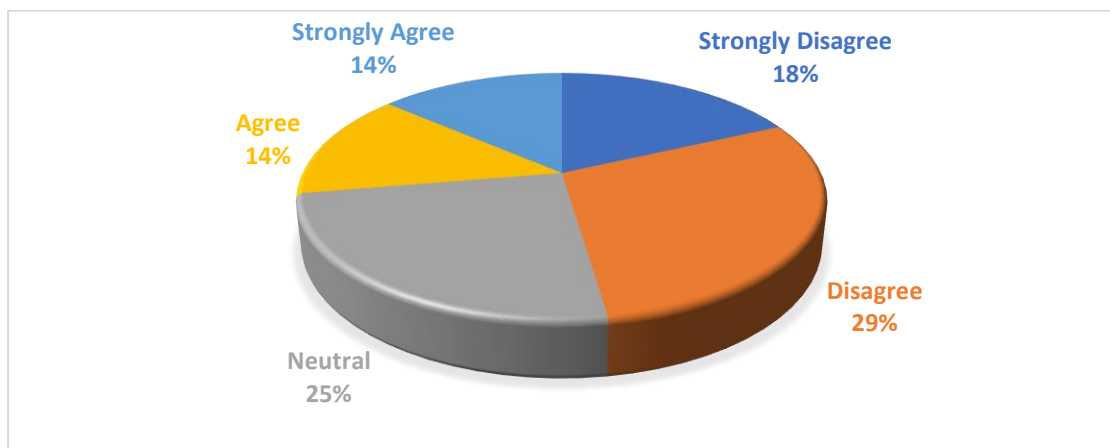
Out of total respondents, 58 percent respondents reported that they cannot easily trust others; out of which 36 percent of respondents find it very difficult to trust others. However, 20 percent of respondents reported that they can easily trust others.

4.2.2 I can easily and quickly adapt with the new situations.

Table 4.2.2 Frequency Distribution Related to Easily and Quickly Adoption of Situation

Rating	Frequency	WAM
Strongly Disagree	268	2.75
Disagree	437	
Neutral	365	
Agree	207	
Strongly Agree	202	
Total	1479	

Figure 4.2.2 Frequency Distribution Related to Easily and Quickly Adoption of Situation



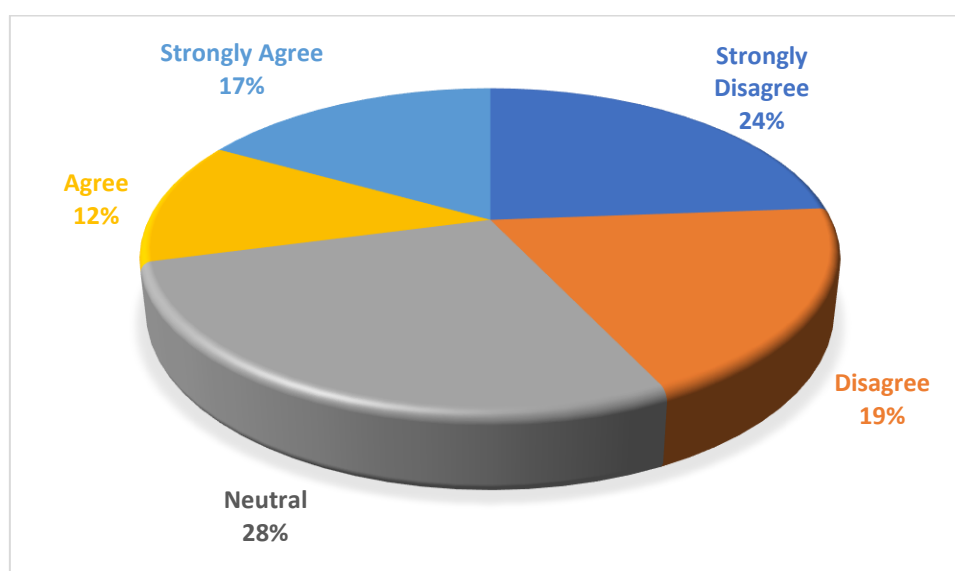
Interpretation: Out of total the respondent, 29 percent of the respondents strongly disagree with the statement that indicates that they had higher level of resilience. In total 47 percent of respondent exhibited resilience. While 28 percent of respondents showed significant amount of flexibility.

4.2.3 I am doing well in my life.

Table 4.2.3 Frequency Distribution of Respondent Doing Well in Life

Rating	Frequency	WAM
Strongly Disagree	352	2.79
Disagree	283	
Neutral	413	
Agree	182	
Strongly Agree	249	
Total	1479	

Figure 4.2.3 Distribution of Respondent Doing Well in Life



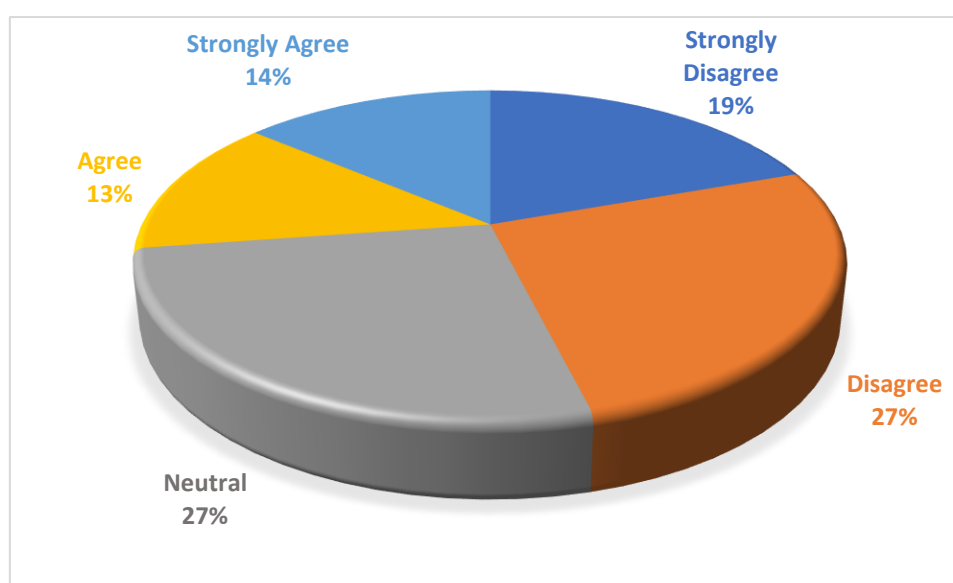
Interpretation: Out of total respondents only 17 percent of the respondents strongly agree that they were doing well in their life while 24 percent of the respondents affirm that they were not at all doing well in their life. Further 28 percent of respondents have neutral response related to statement.

4.2.4 I have control over course of events in my life.

Table 4.2.4 Frequency Distribution Related to Control Over Events of Life

Rating	Frequency	WAM
Strongly Disagree	289	2.75
Disagree	393	
Neutral	393	
Agree	200	
Strongly Agree	204	
Total	1479	

Figure 4.2.4 Distribution Related to Control Over Events of Life



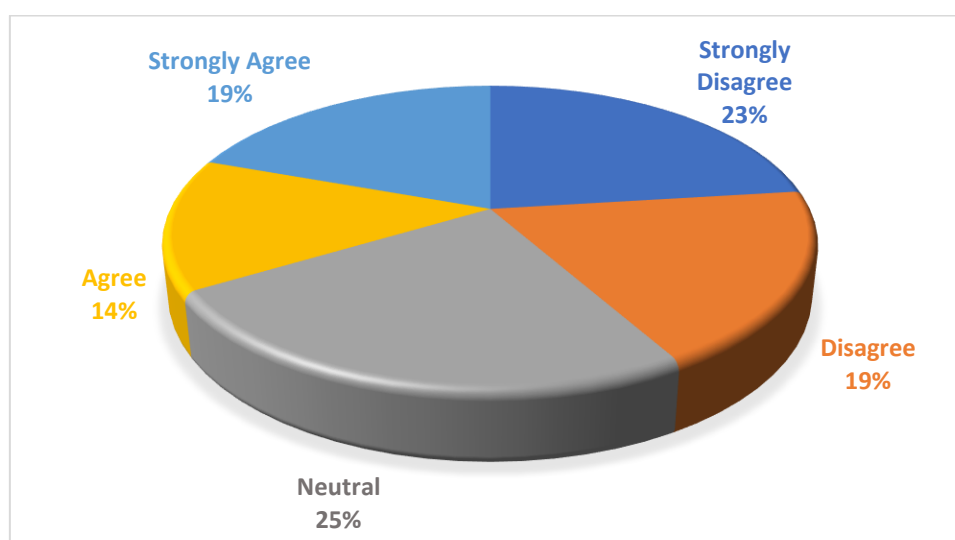
Interpretation: Out of total respondents, 46 percent of respondents reported that they did not had control over their life events. While only 27 percent respondent affirm that they had control over their life events. Out of these 27 percent respondent 14 percent respondent reported high level of control over their life events. With weighted average mean of 2.75 research can conclude that graduand experience moderate level of control over their life events.

4.2.5 I am extremely happy with the way I look.

Table 4.2.5 Frequency Distribution Related to Satisfaction from Physical Appearance

Rating	Frequency	WAM
Strongly Disagree	341	2.88
Disagree	277	
Neutral	364	
Agree	209	
Strongly Agree	288	
Total	1479	

Figure 4.2.5 Distribution Related to Satisfaction from Physical Appearance



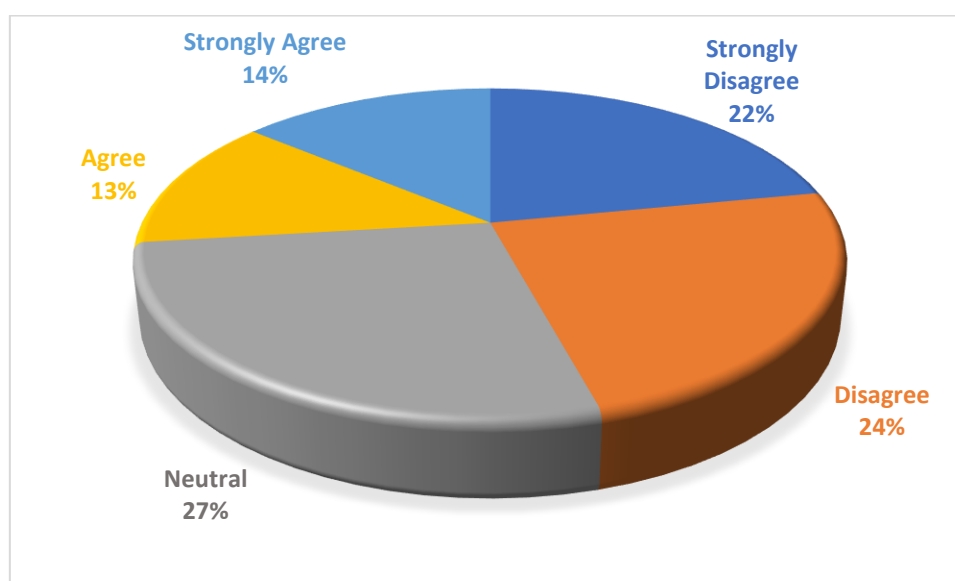
Interpretation: Out of total respondents, 23 percent of respondents were highly dissatisfied with their physical appearance and 19 percent were dissatisfied with their physical appearance. In other words, 42 percent of respondents were dissatisfied with their physical appearance. While 33 percent of the respondents were happy with the way they look, out of which 19 percent were extremely satisfied with their physical appearance. With weighted average mean of 2.88 research can conclude that the graduands were moderately satisfied with their physical appearance.

4.2.6 I spend good amount of time in grooming myself daily.

Table 4.2.6 Frequency Distribution Related to Spending Time to Groom Self

Rating	Frequency	WAM
Strongly Disagree	324	2.73
Disagree	353	
Neutral	404	
Agree	192	
Strongly Agree	206	
Total	1479	

Figure 4.2.6 Distribution Related to Spending Time to Groom Self



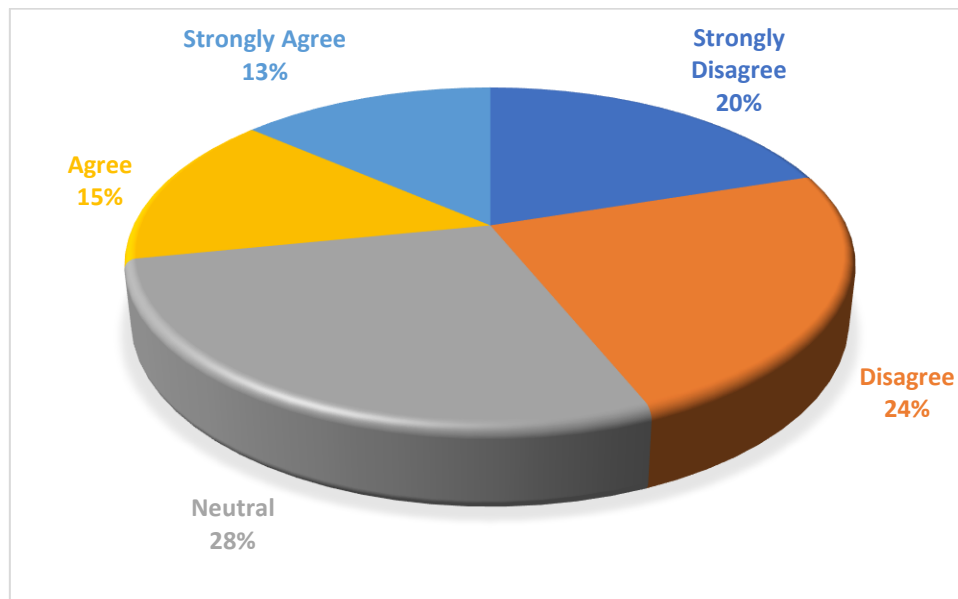
Interpretation: Out of total respondents, 46 percent (Disagree) of respondents do not spend good amount of time to groom themselves daily while only 27 percent of respondents affirmed with the statement that they spend time to groom themselves.

4.2.7 I can easily talk to people having different viewpoint without getting emotionally charged. (Emotionally Charged Talks)

Table 4.2.7 Frequency Distribution related to Emotionally Charged Talks

Rating	Frequency	WAM
Strongly Disagree	295	2.77
Disagree	354	
Neutral	413	
Agree	216	
Strongly Agree	201	
Total	1479	

Figure 4.2.7 Distribution Related to Emotionally Charged Talks



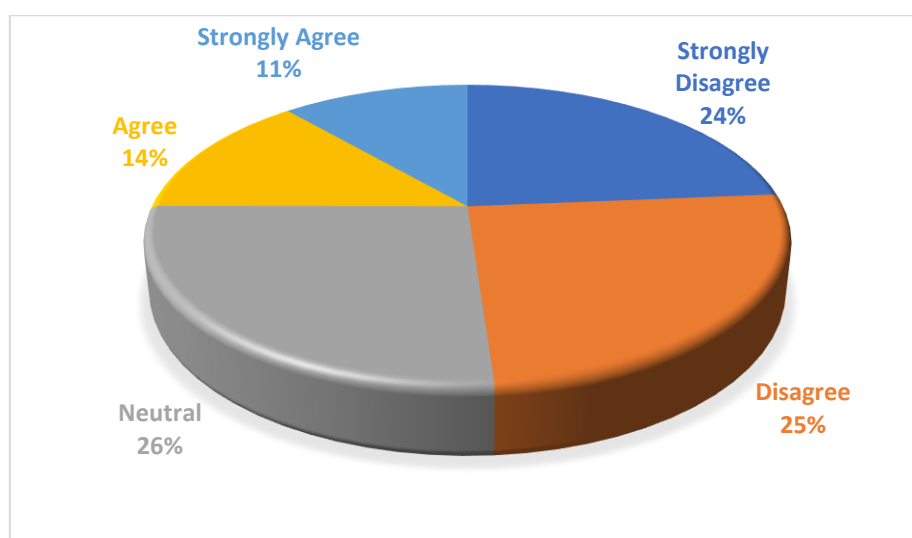
Interpretation: Out of total respondents, 20 percent of respondents strongly disagreed with the statement which indicates that they can easily talk to people having different viewpoint without getting emotionally charged, while only 28 percent of respondents accept that they cannot talk with others when there is difference of opinion without getting emotionally charged.

4.2.8 I always hesitate to ask question when having difficulty to understand or take decision.

Table 4.2.8 Frequency Distribution Related to Hesitation to Ask Questions When Having Difficulty

Rating	Frequency	WAM
Strongly Disagree	350	2.63
Disagree	373	
Neutral	387	
Agree	201	
Strongly Agree	168	
Total	1479	

Figure 4.2.8 Distribution Related to Hesitation to Ask Questions When Having Difficulty



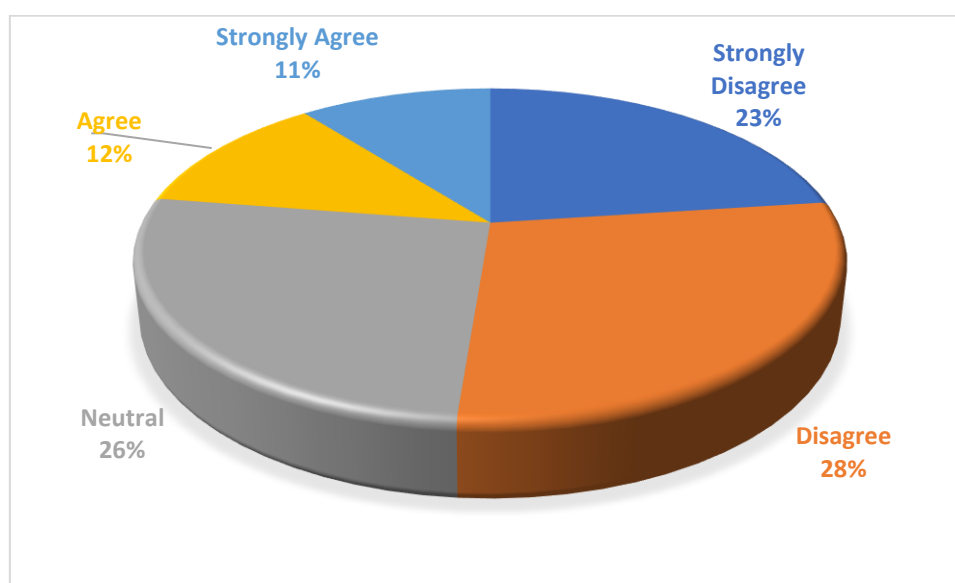
Interpretation: Out of total respondents, 24 percent of the respondents strongly disagree with statement that they are hesitant to ask questions when difficult to understand or take decision while only 11 percent of respondents strongly agree with the statement.

4.2.9 I always face difficulty in initiating conversation with others.

Table 4.2.9 Frequency Distribution Related to Facing Difficulty in Initiating Conversation with Others

Rating	Frequency	WAM
Strongly Disagree	339	2.58
Disagree	419	
Neutral	388	
Agree	177	
Strongly Agree	156	
Total	1479	

Figure 4.2.9 Distribution Related to Facing Difficulty in Initiating Conversation with Others



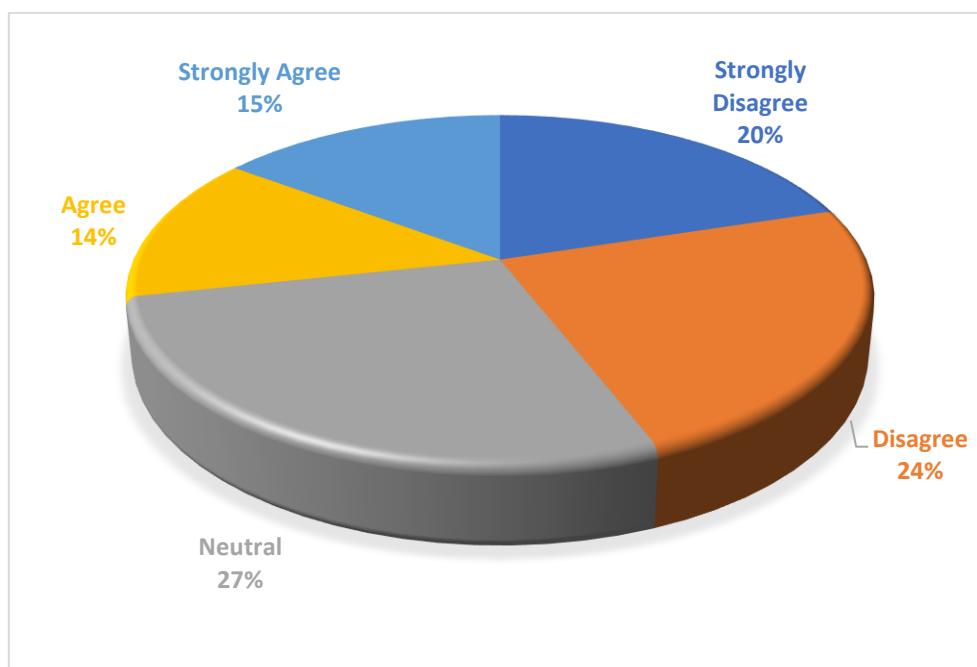
Interpretation: Out of total respondents, 23 percent of respondents strongly disagree with the statement which indicates that respondents are not facing difficulty in initiating conversations with others while only 11 percent of respondents are facing difficulty in initiating conversation with others.

4.2.10 My professor considered that I have good ability to lead.

Table 4.2.10 Frequency Distribution Related to Leading Ability from Professor Viewpoint

Rating	Frequency	WAM
Strongly Disagree	298	2.78
Disagree	354	
Neutral	407	
Agree	201	
Strongly Agree	219	
Total	1479	

Figure 4.2.10 : Distribution Related Leading Ability from Professor's Viewpoint



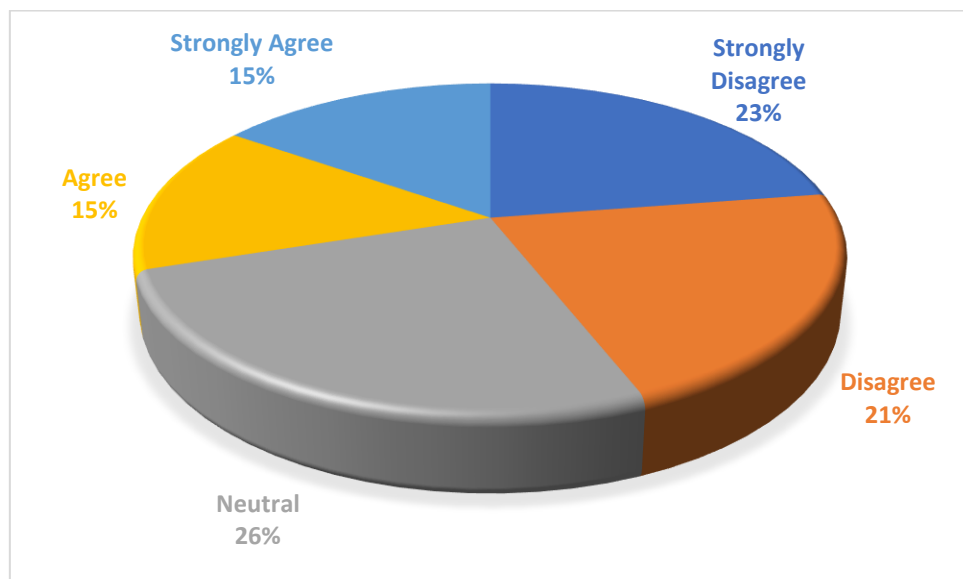
Interpretation: Out of total respondents, 20 percent of respondents are strongly disagreed with the statement their professor believes that they have good ability to lead. While only 15 percent of respondents strongly agree with the statement.

4.2.11 I am a good leader.

Table 4.2.11 Frequency Distribution Related to Leading Ability

Rating	Frequency	WAM
Strongly Disagree	334	2.78
Disagree	317	
Neutral	384	
Agree	218	
Strongly Agree	226	
Total	1479	

Figure 4.2.11 Distribution Related to Leading Ability



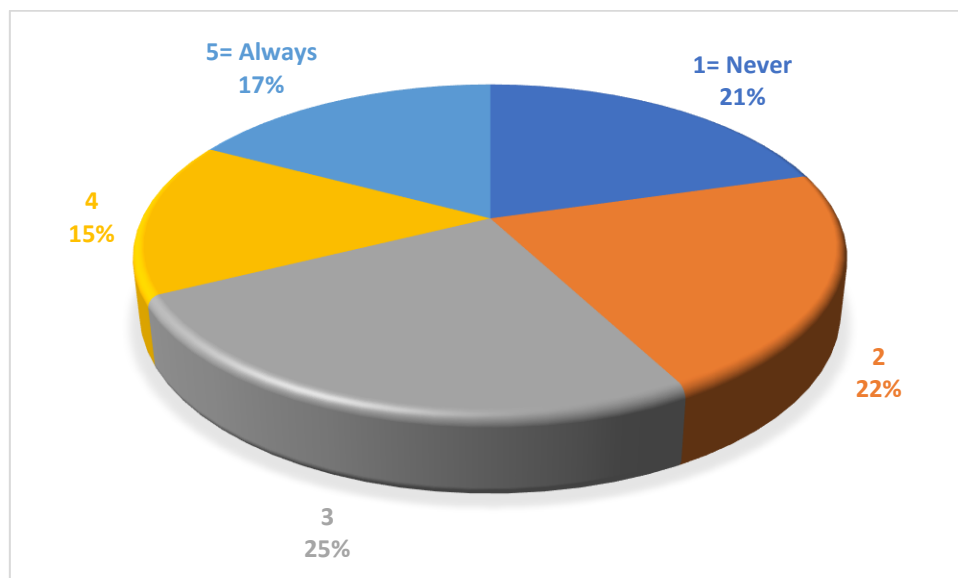
Interpretation: Out of total respondents, 23 percent of respondents are strongly disagreed with the statement that they are good leader while only 15 percent of respondents are strongly agreed with the statement and consider themselves as good leader.

4.2.12 Others find very easy to trust me.

Table 4.2.12 Frequency Distribution Related to Others Trusting Me Easily

Rating	Frequency	WAM
Strongly Disagree	303	2.86
Disagree	322	
Neutral	375	
Agree	225	
Strongly Agree	254	
Total	1479	

Figure 4.2.12 Distribution Related to Others Trusting Me Easily



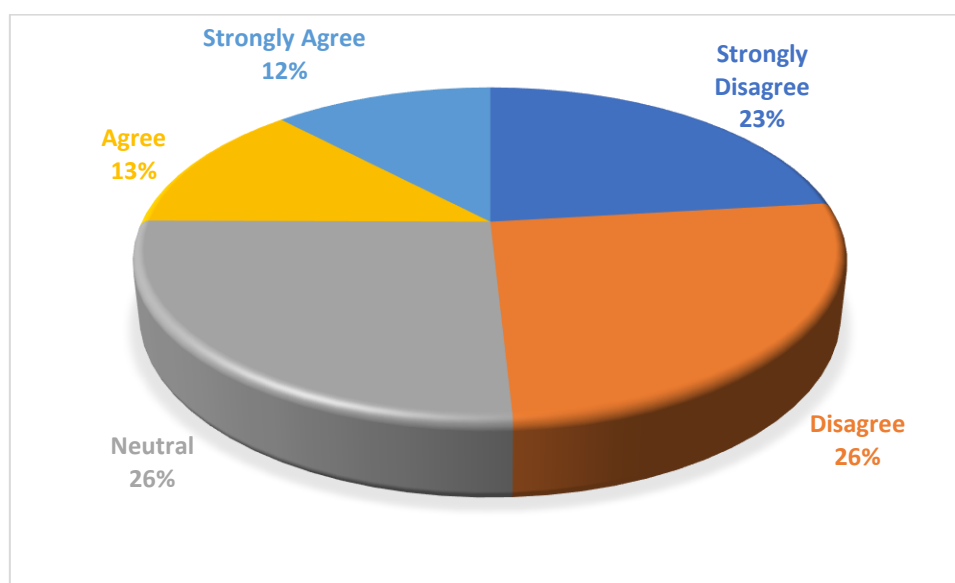
Interpretation: Out of total respondents, 21 percent of respondents strongly disagree with the statement that “Others find very easy to trust me” while 17 percent of respondents affirm that others can easily trust them.

4.2.13 I most of the time do things my friend want me to do so to please them.

Table 4.2.13 Frequency Distribution Related to Doing Things as Per Friend Wish to Please Them

Rating	Frequency	WAM
Strongly Disagree	342	2.64
Disagree	385	
Neutral	384	
Agree	190	
Strongly Agree	178	
Total	1479	

Figure 4.2.13 Distribution Related to Doing Things as Per Friend Wish to Please Them



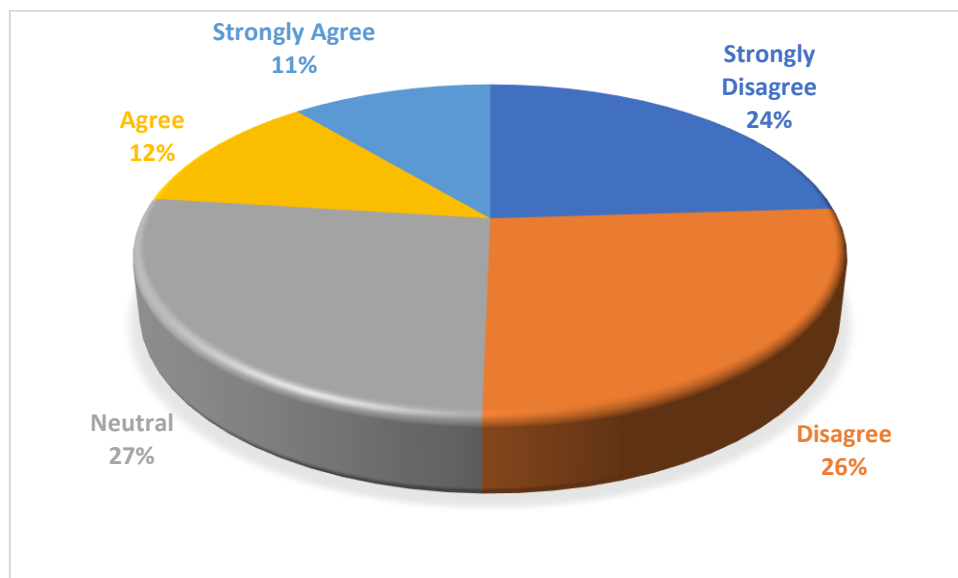
Interpretation: Out of total respondents, 23 percent of respondents are strongly disagreed with the statement which indicate that they do things as per their own wish while only 12 percent of respondents are having opinion that they do activities under the influence of their friends.

4.2.14 It is very difficult to be friend with others.

Table 4.2.14 Frequency Distribution Related to difficulty in being friend with others.

Rating	Frequency	WAM
Strongly Disagree	355	2.59
Disagree	389	
Neutral	395	
Agree	177	
Strongly Agree	163	
Total	1479	

Figure 4.2.14 Frequency Distribution Related to difficulty in being friend with others.



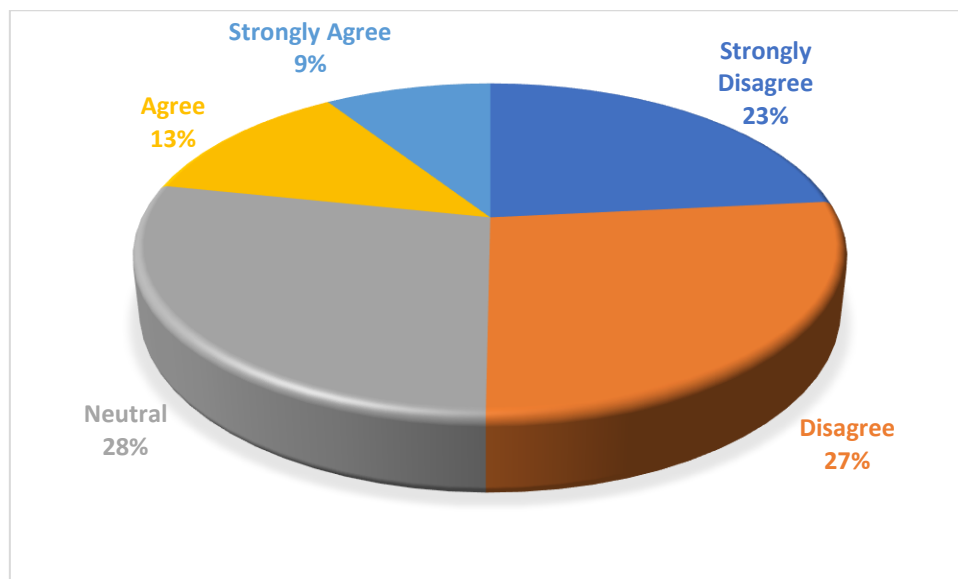
Interpretation: Out of total respondents, 24 percent of respondents strongly disagree with the statement which indicates that they are not doing things as per friend wish to please them while only 11 percent of respondents strongly agreed with the statement.

4.2.15 I usually lag behind in whatever I do due to lack of concentration.

Table 4.2.15 Frequency Distribution Related to Lack of Concentration

Rating	Frequency	WAM
Strongly Disagree	346	2.57
Disagree	396	
Neutral	416	
Agree	186	
Strongly Agree	135	
Total	1479	

Figure 4.2.15 Distribution Related to Lack of Concentration



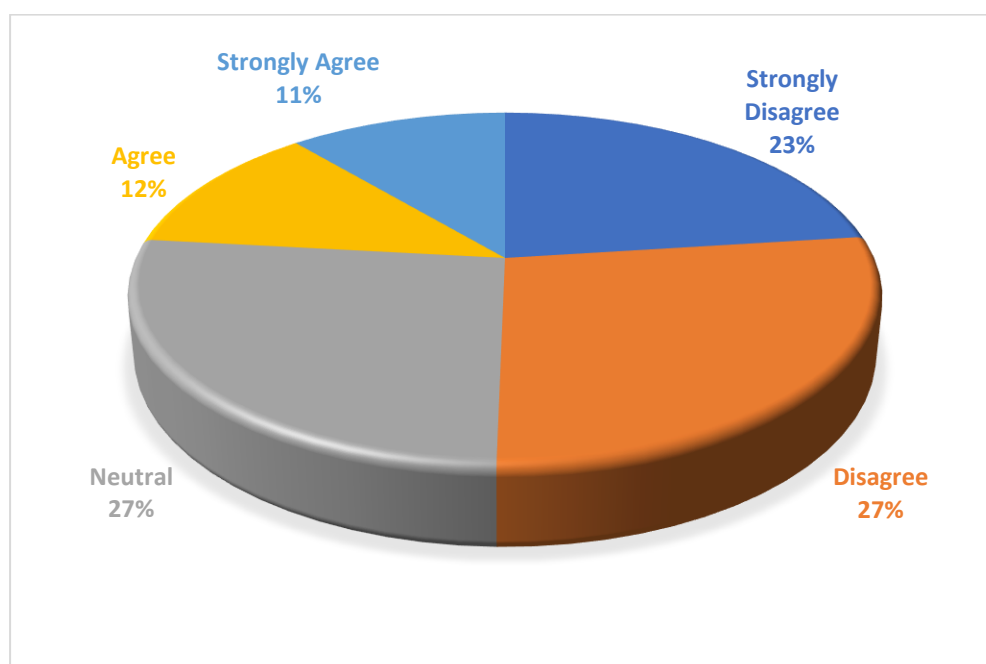
Interpretation: : Out of total respondents, 23 percent of respondents are strongly disagreed with the statement that they usually lag behind in whatever they do due to lack of concentration. While only 9 percent of respondents strongly agree with the statement.

4.2.16 I have always difficulty in managing my time productively.

Table 4.2.16 Frequency Distribution Related to Difficulty in Managing Time Productively

Rating	Frequency	WAM
Strongly Disagree	340	2.61
Disagree	404	
Neutral	391	
Agree	179	
Strongly Agree	165	
Total	1479	

Figure 4.2.16 Distribution Related to Difficulty in Managing Time Productively



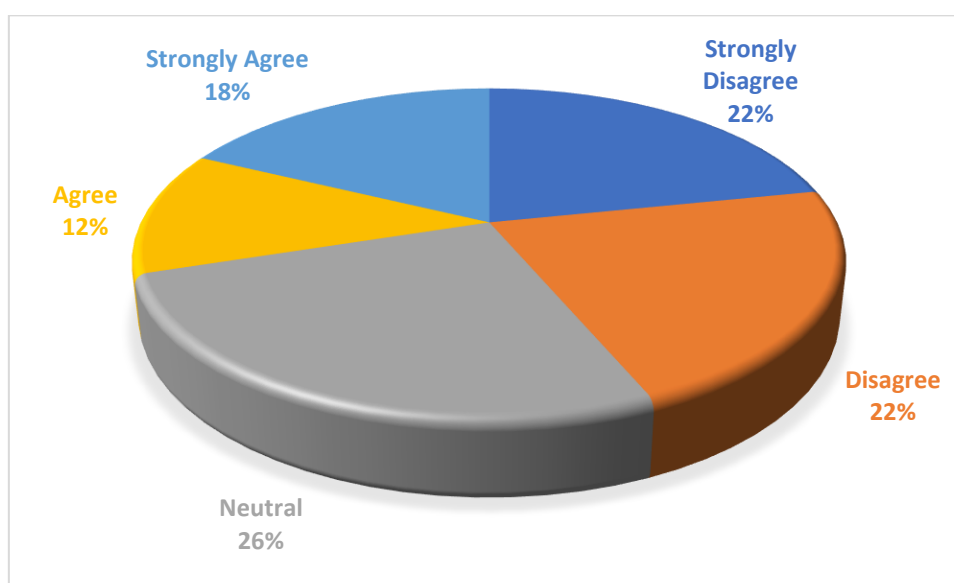
Interpretation: Out of total respondents, 23 percent of respondents strongly disagree with the statement that they can manage time productively. While only 11 percent of respondents strongly agree with the statement.

4.2.17 I have never missed deadline for assignment submissions.

Table 4.2.17 Frequency Distribution Related to Missing Deadline for Assignment Submission

Rating	Frequency	WAM
Strongly Disagree	322	2.82
Disagree	323	
Neutral	391	
Agree	180	
Strongly Agree	263	
Total	1479	

Figure 4.2.17 Distribution Related to Missing Deadline for Assignment Submission



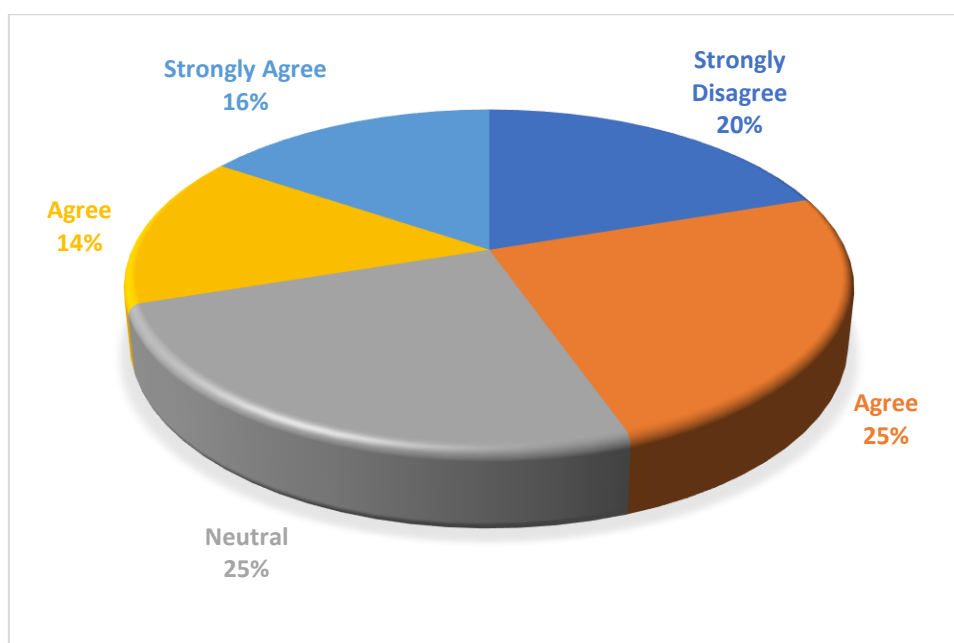
Interpretation: Out of total respondents, 22 percent of respondents strongly disagree with the statement that they have never missed the deadline for assignment submission. While 18 percent of respondents strongly agree with the statements.

4.2.18 It is very important for me that my loved ones validate my decision and actions

Table 4.2.18 Frequency Distribution Related to Loved Ones Validating My Decisions

Rating	Frequency	WAM
Strongly Disagree	293	2.81
Disagree	367	
Neutral	374	
Agree	215	
Strongly Agree	230	
Total	1479	

Figure 4.2.18 Distribution Related to Loved Ones Validating My Decisions



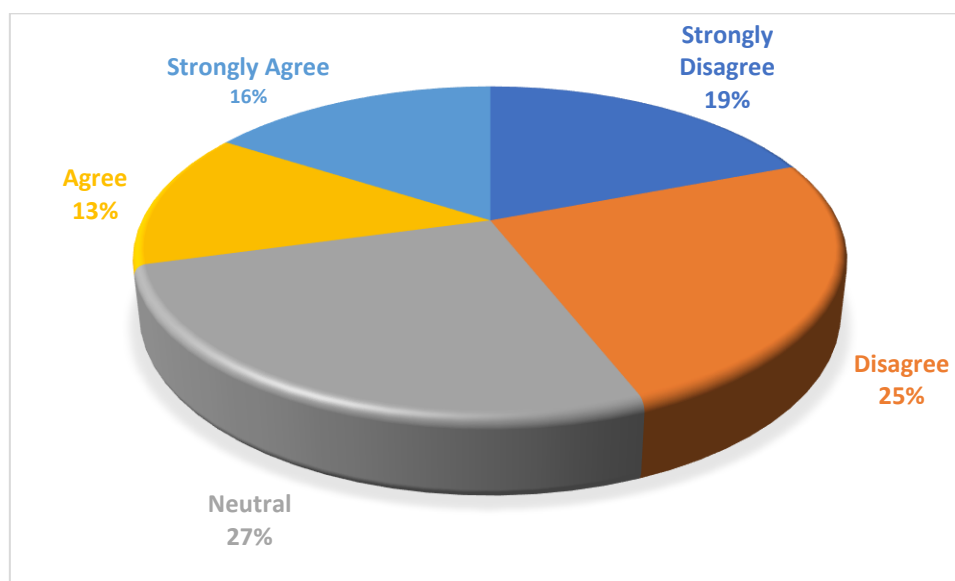
Interpretation: Out of total respondents, 20 percent of respondents strongly disagreed with the statement which indicates that it is not important for them that their loved ones validate their decisions while only 16 percent of respondents strongly agree with the statement.

4.2.19 I don't care what others have to say about me.

Table 4.2.19 Frequency Distribution Related to Not Caring About Others Opinion about Me

Rating	Frequency	WAM
Strongly Disagree	283	2.82
Disagree	368	
Neutral	394	
Agree	198	
Strongly Agree	235	
Total	1479	

Figure 4.2.19 Distribution Related to Not Caring About Others Opinion about Me



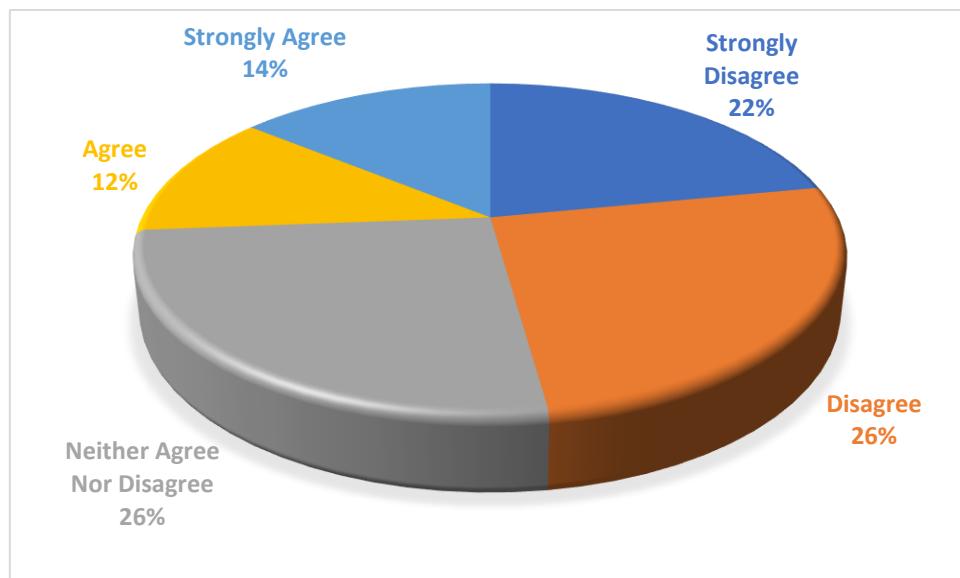
Interpretation: Out of total respondents, 19 percent of respondents are of the opinion that they care about what others have to say about them while 16 percent of respondents don't care about others opinion.

4.2.20 I usually feel strong mood swings. (Mood Swing)

Table 4.2.20. Frequency Distribution Related to Mood Swing

Rating	Frequency	WAM
Strongly Disagree	324	2.70
Disagree	383	
Neutral	384	
Agree	180	
Strongly Agree	208	
Total	1479	

Figure 4.2.20 Distribution Related to Mood Swing



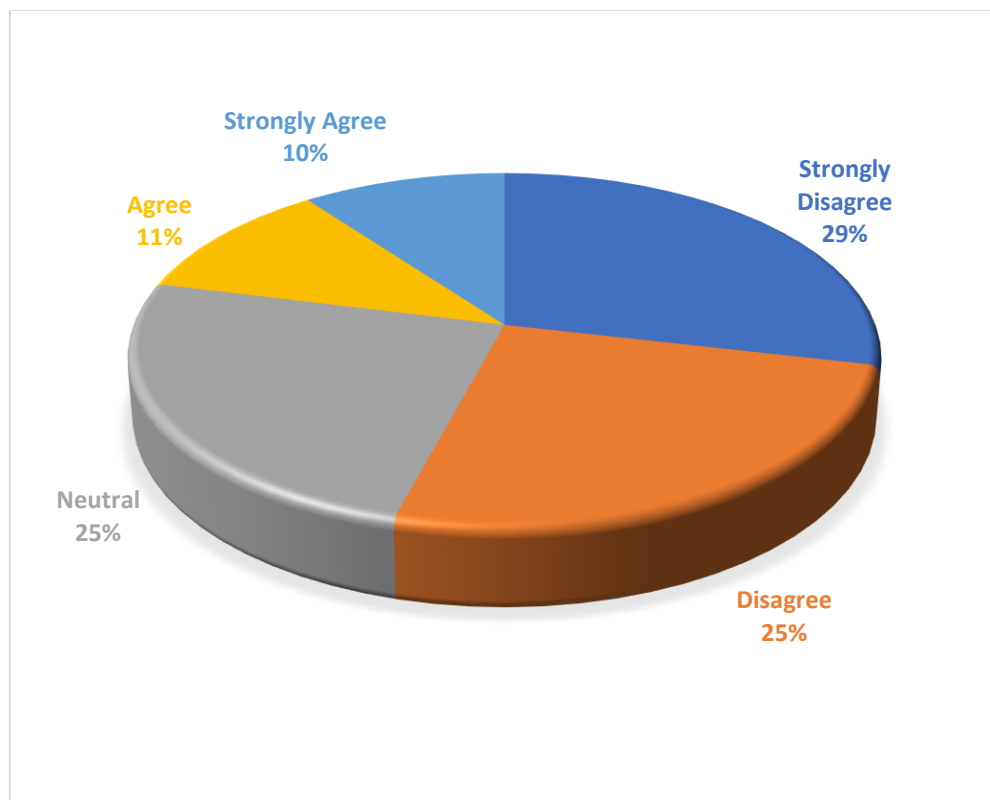
Interpretation: Out of total respondents, 26 percent of respondents experience strong mood swing while 48 percent of respondents didn't experience strong mood swing.

4.2.21 Sometimes I want to harm myself.

Table 4.2.21 Frequency Distribution Related to Harming Self

Rating	Frequency	WAM
Strongly Disagree	423	2.48
Disagree	378	
Neutral	366	
Agree	162	
Strongly Agree	150	
Total	1479	

Figure 4.2.21 Distribution Related to Harming Self



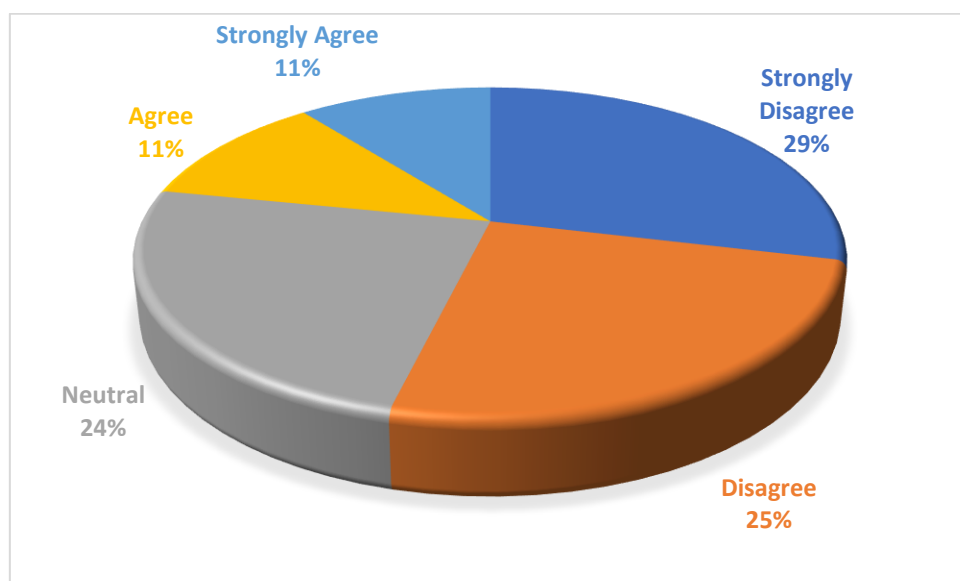
Interpretation: Out of total respondents, 29 percent of respondents strongly disagreed with the statement related to harming themselves while only 10 percent of respondents strongly agree with the statement.

4.2.22 I frequently experience panic attack.

Table 4.2.22 Frequency Distribution Related to Experiencing Panic Attacks

Rating	Frequency	WAM
Strongly Disagree	425	2.49
Disagree	371	
Neutral	360	
Agree	166	
Strongly Agree	157	
Total	1479	

Figure 4.2.22 Distribution related to Experiencing Panic Attacks



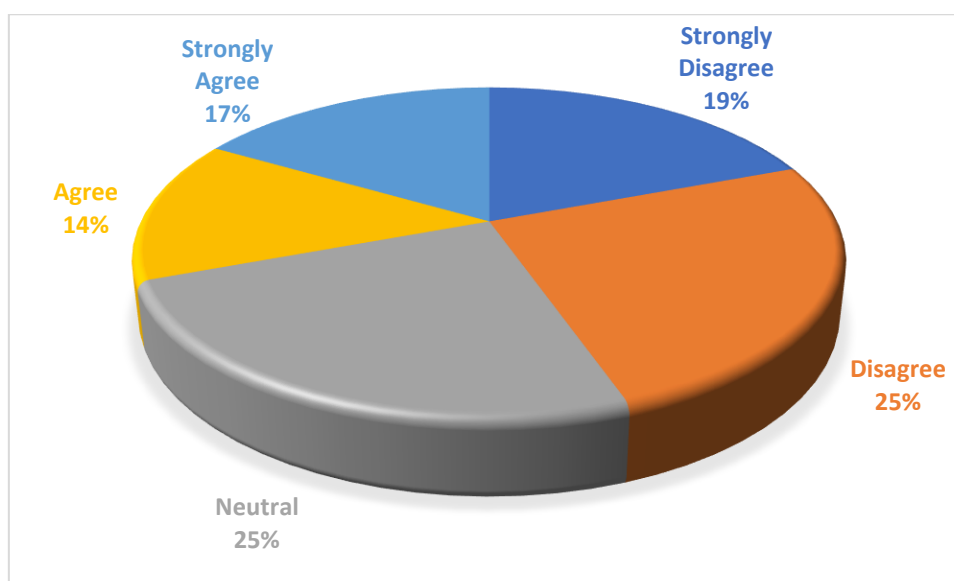
Interpretation: Out of total respondents, 29 percent of respondents strongly disagreed with the statement of experiencing panic attacks while only 11 percent of respondents strongly agree with the statement of experiencing panic attacks.

4.2.23 I believe that I will do extremely well in my personal life.

Table 4.2.23 Frequency Distribution Related to Doing Well in Personal Life

Rating	Frequency	WAM
Strongly Disagree	285	2.83
Disagree	375	
Neutral	365	
Agree	208	
Strongly Agree	246	
Total	1479	

Figure 4.2.23 Frequency Distribution Related to Doing Well in Personal Life



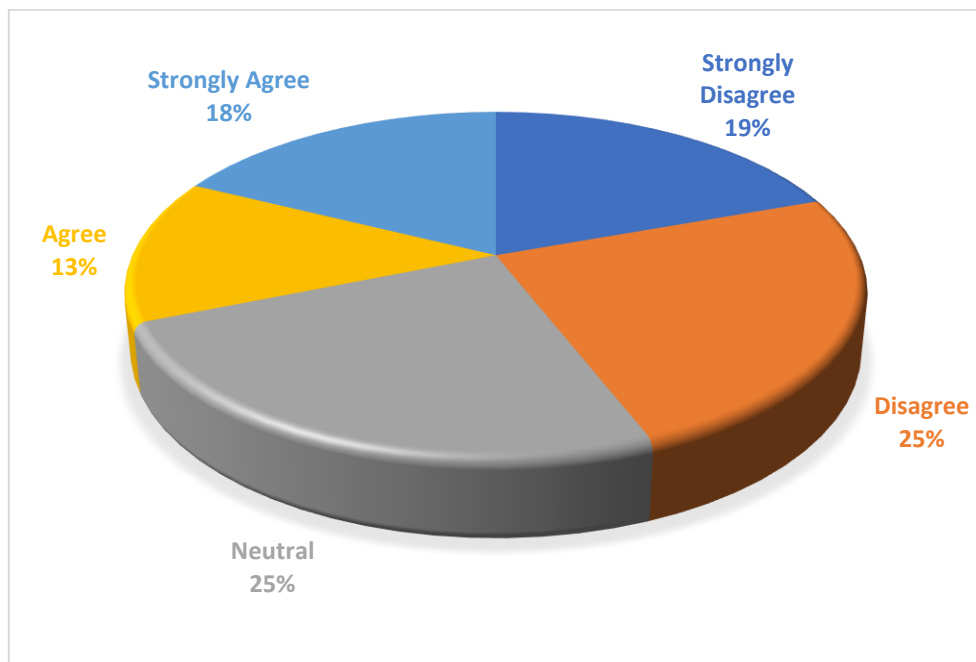
Interpretation: Out of total respondents, only 19 percent of respondents strongly disagree with the statement which indicates that they are not doing well in their personal life while only 17 percent of respondents strongly agree with the statement that they are doing well in their life.

4.2.24 I believe that I will do extremely well in my career.

Table 4.2.24 Frequency Distribution Related to Doing Extremely Well in Career

Rating	Frequency	WAM
Strongly Disagree	288	2.85
Disagree	364	
Neutral	366	
Agree	200	
Strongly Agree	261	
Total	1479	

Figure 4.2.24 Distribution Related to Doing Extremely Well in Career



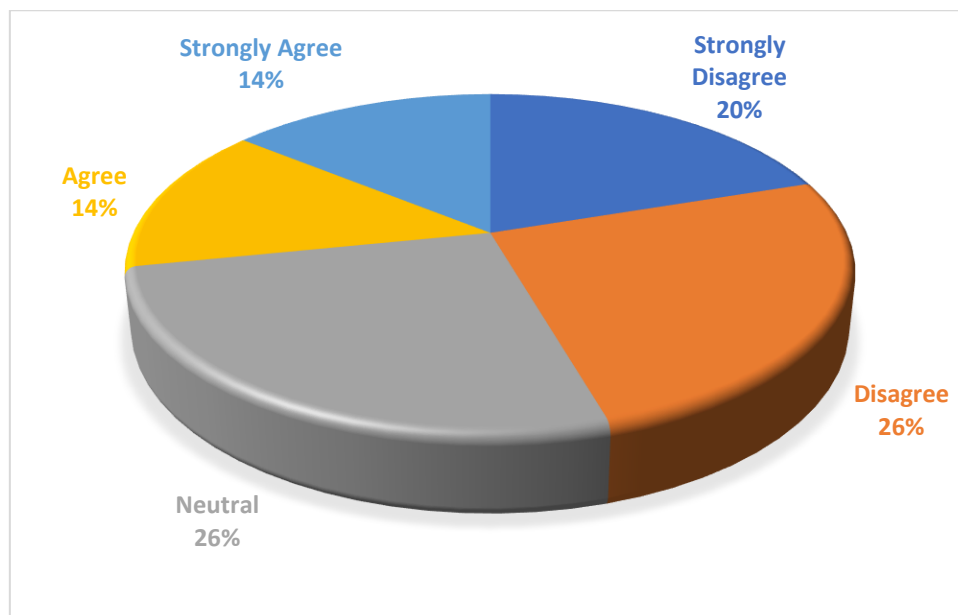
Interpretation: Out of total respondents, 18 percent of respondents strongly agree with the statement that they are doing extremely well in their career while 19 percent of respondents strongly disagreed with the statement.

4.2.25 I have healthy sleep patterns.

Table 4.2.25 Frequency Distribution Related to Healthy Sleep Patterns

Rating	Frequency	WAM
Strongly Disagree	294	2.76
Disagree	379	
Neutral	389	
Agree	208	
Strongly Agree	209	
Total	1479	

Figure 4.2.25 Distribution Related to Healthy Sleep Patterns



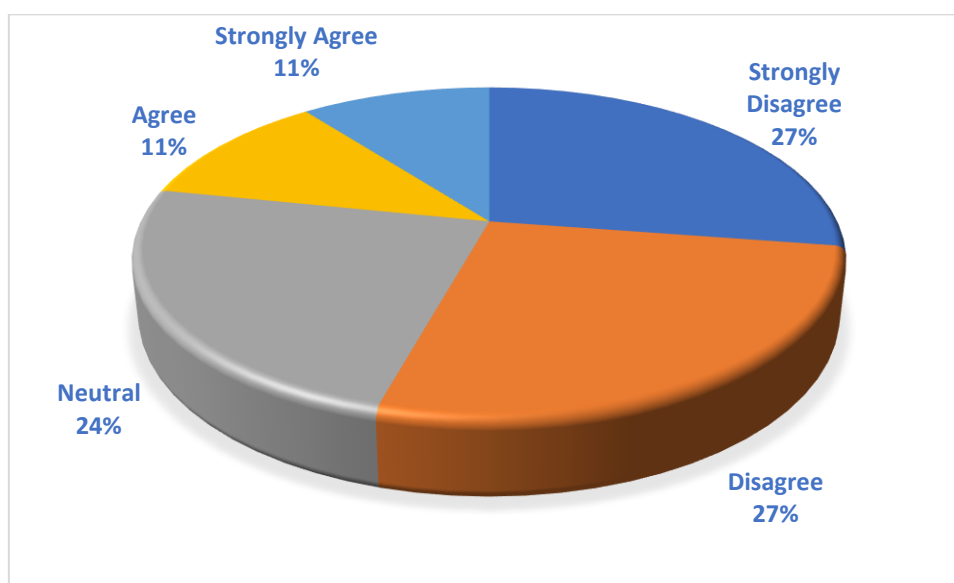
Interpretation: Out of total respondents, 20 percent of respondents strongly disagree with the statement of healthy sleep patterns while only 14 percent of respondents strongly agreed with the statement of experiencing healthy sleep patterns.

4.2.26 I frequently experience headache, nausea, hyper acidity or insomnia.

Table 4.2.26 Frequency Distribution Related to Experiencing Headache, Nausea, Hyper Acidity or Insomnia

Rating	Frequency	WAM
Strongly Disagree	405	2.50
Disagree	398	
Neutral	354	
Agree	168	
Strongly Agree	154	
Total	1479	

Figure 4.2.26 Distribution Related to Feeling Headache, Nausea, Hyper Acidity or Insomnia



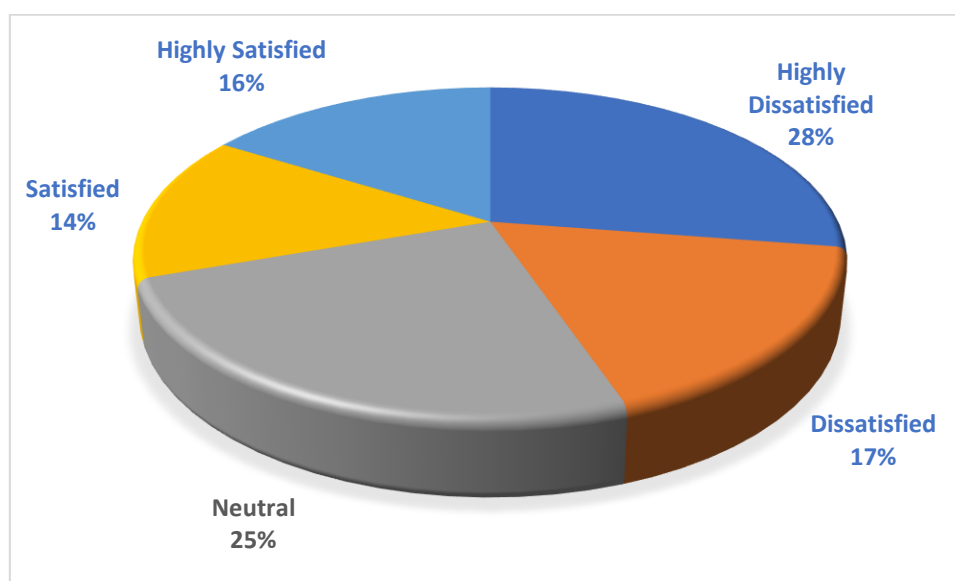
Interpretation: Out of total respondents, 27 percent of respondents strongly disagree with the statement that they are feeling headache or hyperacidity or insomnia while only 11 percent of respondents are strongly agree with the statement indicating that they are feeling headache, Hyper acidity etc.

4.2.27 Rate the level of Overall Life Satisfaction on 5-point scale, where 1= highly dissatisfied and 5= highly satisfied.

Table 4.2.27 Frequency Distribution Related to Overall Life Satisfaction of Respondents

Rating	Frequency	WAM
Highly Dissatisfied	406	2.74
Dissatisfied	256	
Neutral	367	
Satisfied	212	
Highly Satisfied	238	
Total	1479	

Figure 4.2.27 Distribution Related to Overall Life Satisfaction of Respondents



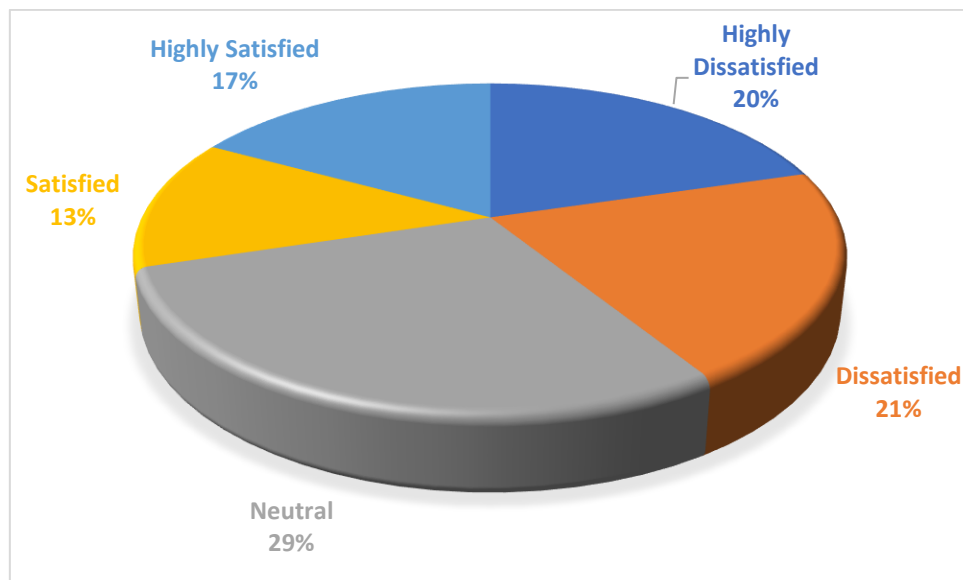
Interpretation: Out of total respondents, 45 percent respondents were dissatisfied with their life out of which 28 percent of respondents were highly dissatisfied. However, 30 percent of the respondents were satisfied with their life out of which 16 percent of respondents are highly satisfied with their life.

4.2.28 Rate the level of Satisfaction from College Life on 5-point scale, where 1= highly dissatisfied and 5= highly satisfied.

Table 4.2.28 Frequency Distribution Related to Satisfaction from College Life

Rating	Frequency	WAM
Highly Dissatisfied	301	2.85
Dissatisfied	307	
Neutral	430	
Satisfied	190	
Highly Satisfied	251	
Total	1479	

Figure 4.2.28 Frequency Distribution Related to Satisfaction from College Life



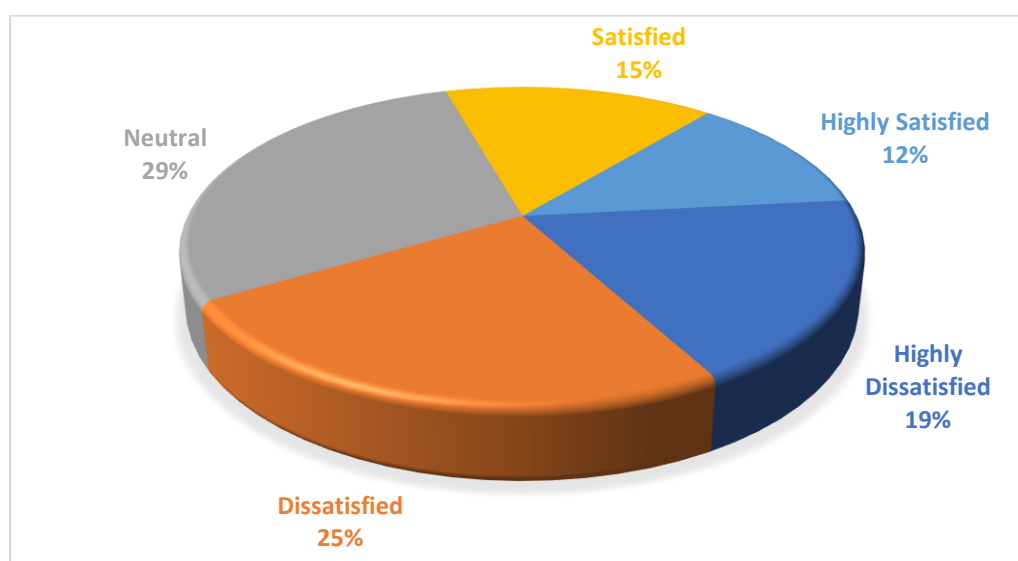
Interpretation: Out of total respondents, 41 percent of respondents strongly disagree with the statement which indicates that these respondents were not satisfied with their college life. While only 17 percent of respondents feel that they were overall satisfied with their college life.

4.2.29 Rate the level of Financial Condition of Family on 5-point scale, where 1= highly dissatisfied and 5= highly satisfied.

Table 4.2.29 Frequency Distribution related to Financial Condition of Family

Rating	Frequency	WAM
Highly Dissatisfied	276	2.78
Dissatisfied	363	
Neutral	430	
Satisfied	228	
Highly Satisfied	182	
Total	1479	

Figure 4.2.29 Frequency Distribution related to Financial Condition of Family



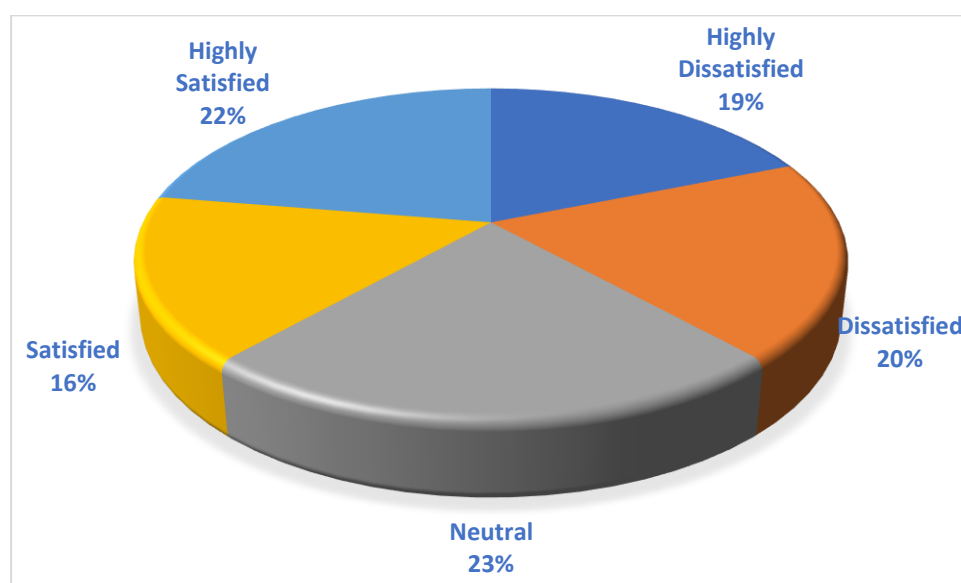
Interpretation: Out of total respondents, 44 percent of respondents were dissatisfied with the statement which indicates that these respondents were not satisfied with the financial condition of their family, out of which 19 percent were highly dissatisfied. While only 15 percent of respondents feel that they were overall satisfied with the financial condition of their family.

4.2.30 Rate the level of Kind of Family you have on 5-point scale, where 1= highly dissatisfied and 5= highly satisfied.

Table 4.2.30 Frequency Distribution Related to Satisfaction from Kind of Family

Rating	Frequency	WAM
Highly Dissatisfied	278	3.03
Dissatisfied	289	
Neutral	343	
Satisfied	238	
Highly Satisfied	331	
Total	1479	

Figure 4.2.30 Distribution Related to Satisfaction from Kind of Family



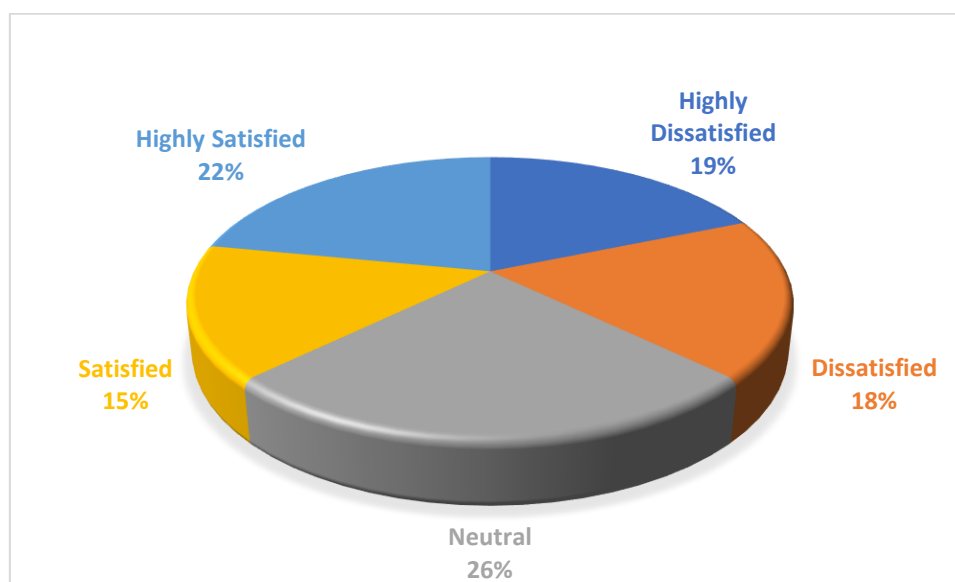
Interpretation: Out of total respondents, 38 percent of respondents are satisfied with the kind of family they have while 19 percent of respondents are not satisfied with the kind of family they have.

4.2.31 Rate the level of Kind of Friends you have on 5-point scale, where 1= highly dissatisfied and 5= highly satisfied.

Table 4.2.31 Frequency Distribution Related to Satisfaction from Kind of Friends

Rating	Frequency	WAM
Highly Dissatisfied	277	3.03
Dissatisfied	273	
Neutral	378	
Satisfied	227	
Highly Satisfied	324	
Total	1479	

Figure 4.2.31 Distribution Related to Satisfaction from Kind of Friends



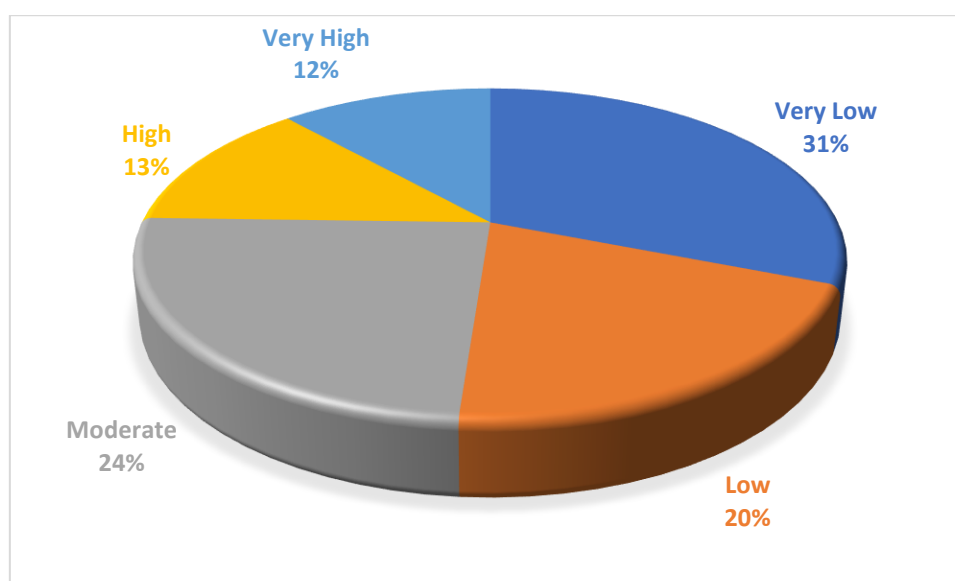
Interpretation: Out of total respondents, 19 percent of respondents are of the opinion that they are highly dissatisfied with the kind of friends they have while 22 percent of respondents are highly dissatisfied with the friends they have.

4.2.32 Rate the level of anxiety experience during Examination on scale of 1 to 5, where 1= Very Low and 5= Very High..

Table 4.2.32 Frequency Distribution Related to Level of Anxiety Experienced during Examination

Rating	Frequency	WAM
Very Low	458	2.54
Low	299	
Moderate	359	
High	191	
Very High	172	
Total	1479	

Figure 4.2.32 Distribution Related to Level of Anxiety Experienced during Examination



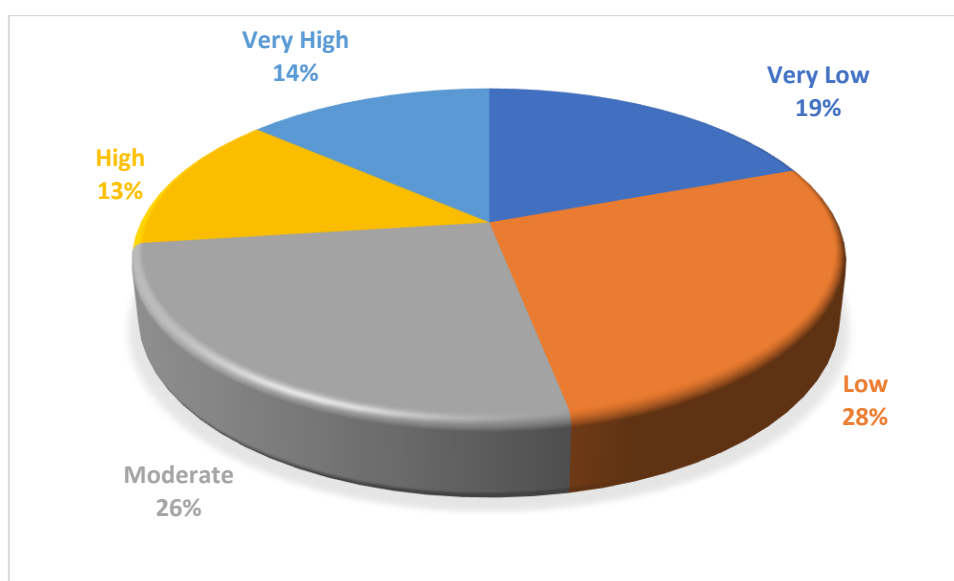
Interpretation: Out of total respondents, 31 percent of respondents are experiencing lowest level of anxiety during examination while only 12 percent of respondents are experiencing highest level of anxiety during examination.

4.2.33 Rate the level of anxiety experienced during Result on scale of 1 to 5, where 1= Very Low and 5= Very High.

Table 4.2.33 Frequency Distribution Related to Level of Anxiety Experienced During Result

Rating	Frequency	WAM
Very Low	286	2.74
Low	408	
Moderate	385	
High	199	
Very High	201	
Total	1479	

Figure 4.2.33 Distribution Related to Level of Anxiety Experienced During Result



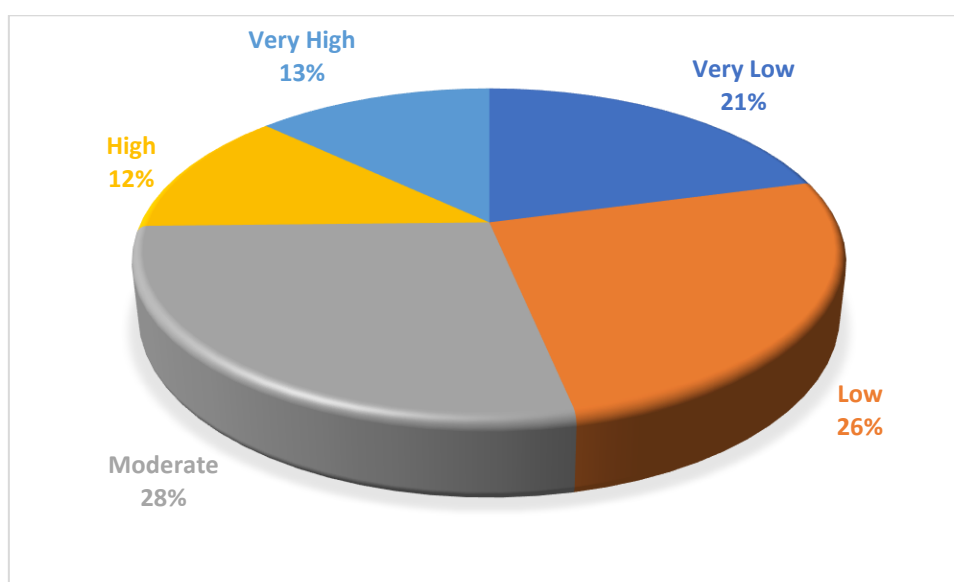
Interpretation: Out of total respondents, 47 percent of the respondents experience low level of anxiety during result, out of which 19 percent of respondents experience lowest level of anxiety during result while 14 percent of respondents are experiencing highest level of anxiety during result.

4.2.34 Rate the level of anxiety experience during Public Speaking on scale of 1 to 5, where 1= Very Low and 5= Very High.

Table 4.2.34 Distribution Related to Level of Anxiety Experienced During Public Speaking

Rating	Frequency	WAM
Very Low	308	2.70
Low	383	
Moderate	413	
High	183	
Very High	192	
Total	1479	

Figure 4.2.34 Distribution Related to Level of Anxiety Experienced During Public Speaking



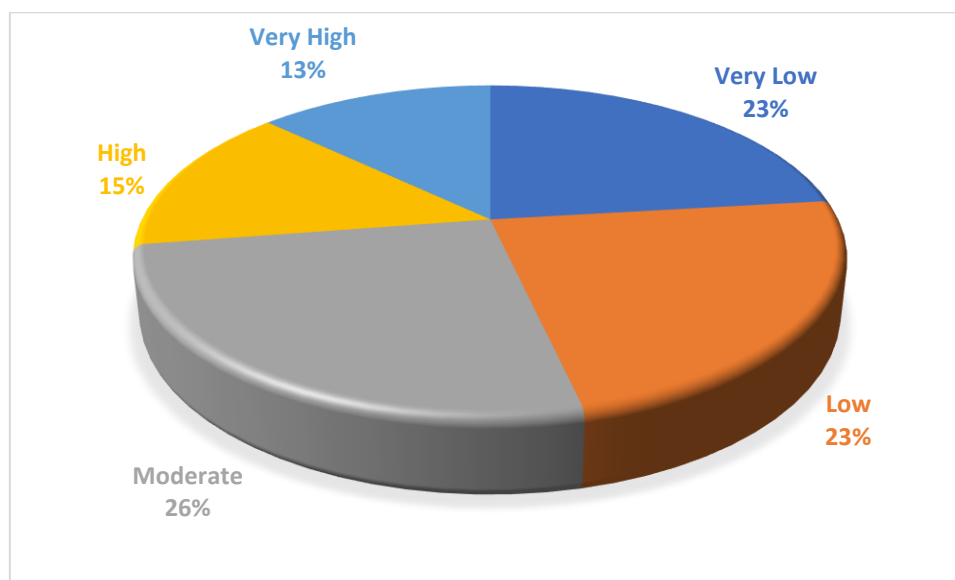
Interpretation: Out of total respondents, 21 percent of respondents experienced lowest level of anxiety during public speaking while only 13 percent of respondents experienced highest level of anxiety during public speaking.

4.2.35 Rate the level of anxiety experience during anxiety related to career on scale of 1 to 5, where 1= Very Low and 5= Very High.

Table 4.2.35 Frequency Distribution Related to Anxiety Related to Career

Rating	Frequency	WAM
Very Low	342	2.70
Low	345	
Moderate	386	
High	215	
Very High	191	
Total	1479	

Figure 4.2.35 Distribution Related to Anxiety Related to Career



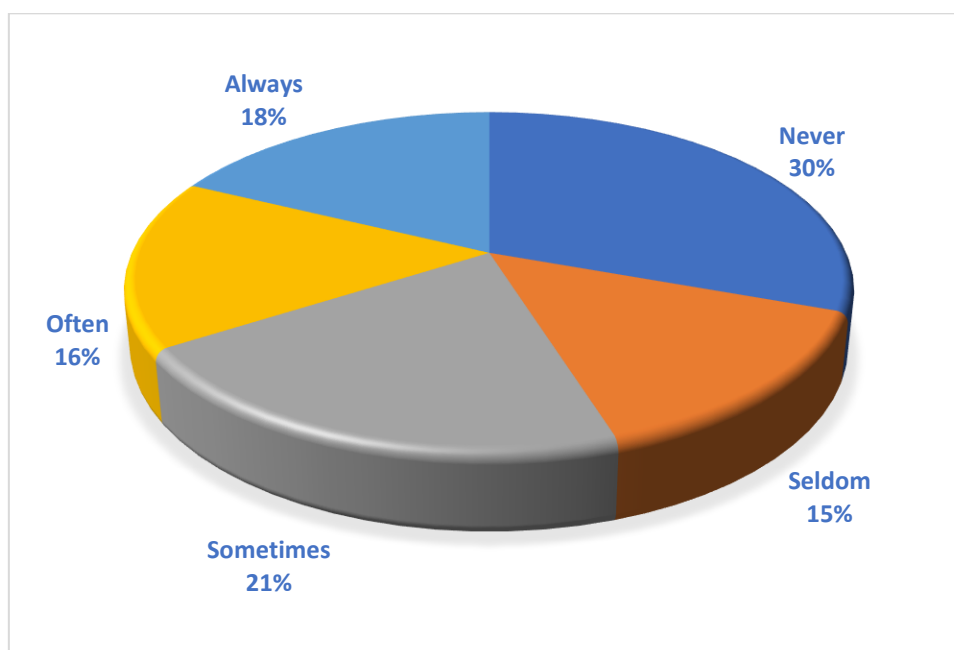
Interpretation: Out of total respondents, 23 percent of respondents were experiencing lowest level of anxiety related to their career while 13 percent of respondents experienced highest level of anxiety for their career.

4.2.36 Rate the level of Happiness on the basis of your experience during last one year on scale of 1 to 5, where 1= Never and 5= Always.

Table 4.2.36 Frequency Distribution Related to Happiness of Respondents

Rating	Frequency	WAM
Never	451	2.76
Seldom	216	
Sometimes	309	
Often	240	
Always	263	
Total	1479	

Figure 4.2.36 Distribution Related to Happiness of Respondents



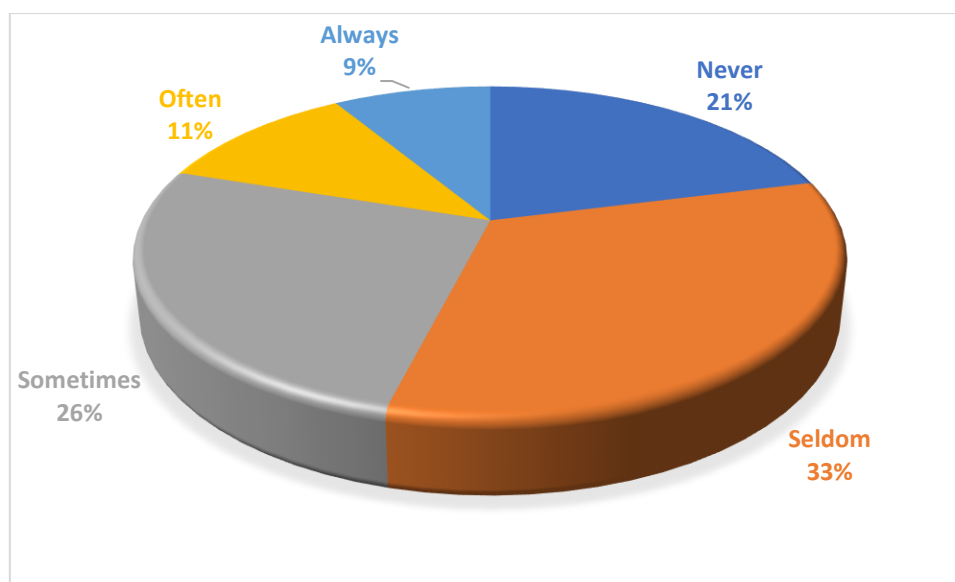
Interpretation: Out of total respondents, 30 percent of respondents never experienced happiness. While only 18 percent of respondents always experienced happiness.

4.2.37 Rate the level of Sadness on the basis of your experience during last one year on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.37 Frequency Distribution Related to Sadness of Respondents

Rating	Frequency	WAM
Never	311	2.53
Seldom	487	
Sometimes	387	
Often	166	
Always	128	
Total	1479	

Figure 4.2.37 Distribution Related to Sadness of Respondents



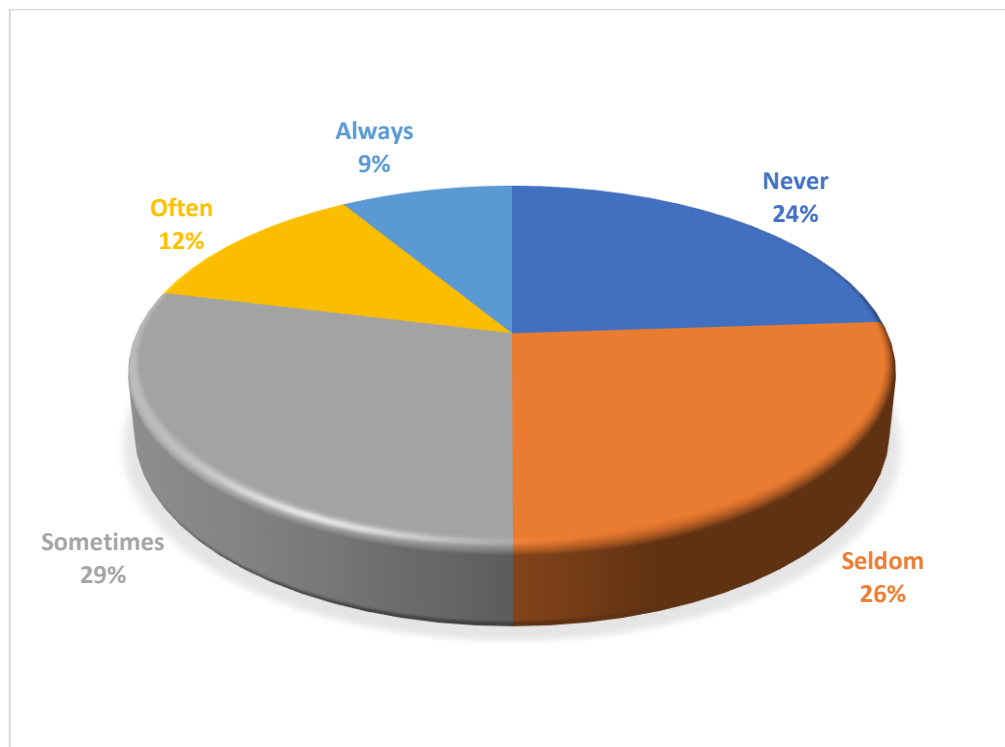
Interpretation: Out of total respondents, 21 percent of respondents never experienced sadness. While only 09 percent of respondents always experienced sadness. That means level of sadness is lower among respondents.

4.2.38 Rate the level of Anxiety on the basis of your experience during last one year on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.38 Frequency Distribution Related to Anxiety of Respondents

Rating	Frequency	WAM
Never	354	2.55
Seldom	385	
Sometimes	428	
Often	184	
Always	128	
Total	1479	

Figure 4.2.38 Frequency Distribution Related to Anxiety of Respondents



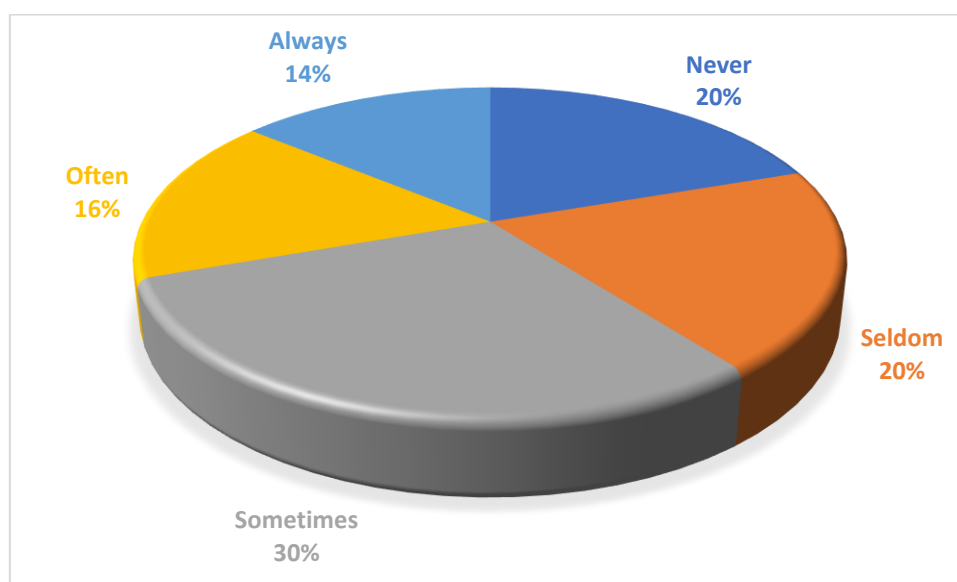
Interpretation: Out of total respondents, 24 percent of respondents never experienced anxiety while only 9 percent of respondents always experienced of anxiety.

4.2.39 Rate the level of Satisfaction on the basis of your experience during last one year on scale of 1 to 5, where 1= Never and 5= Always.

Table 4.2.39 Frequency Distribution Related to Satisfaction of Respondents

Rating	Frequency	WAM
Never	292	2.85
Seldom	292	
Sometimes	445	
Often	243	
Always	207	
Total	1479	

Figure 4.2.39 Distribution Related to Satisfaction of Respondents



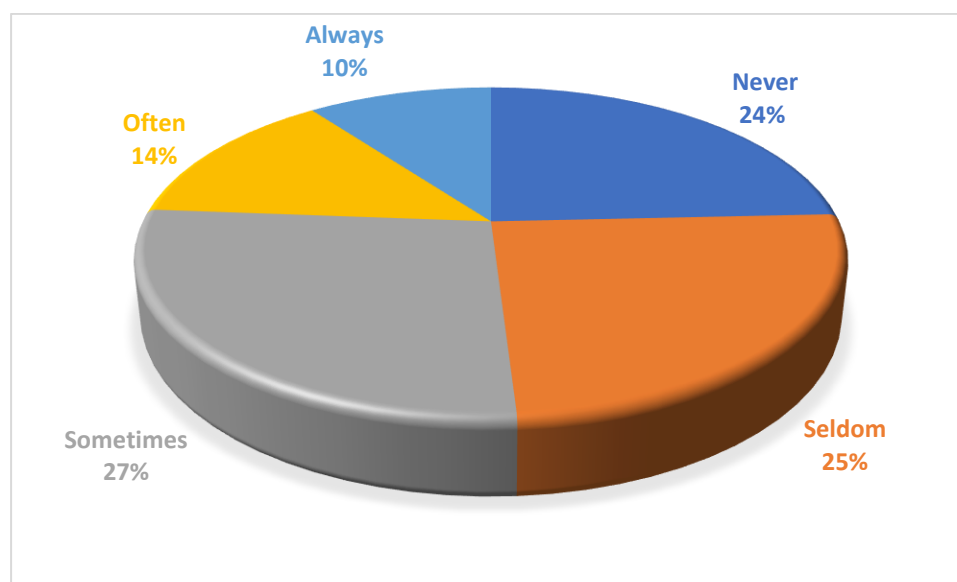
Interpretation: Out of total respondents, only 14 percent of respondents were always satisfied while 20 percent of respondents were never satisfied.

4.2.40 Rate the level of Loneliness on the basis of with your experience during last one year on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.40 Frequency Distribution Related to Loneliness of Respondents

Rating	Frequency	WAM
Never	359	2.60
Seldom	366	
Sometimes	402	
Often	202	
Always	150	
Total	1479	

Figure 4.2.40 Distribution Related to Loneliness of Respondents



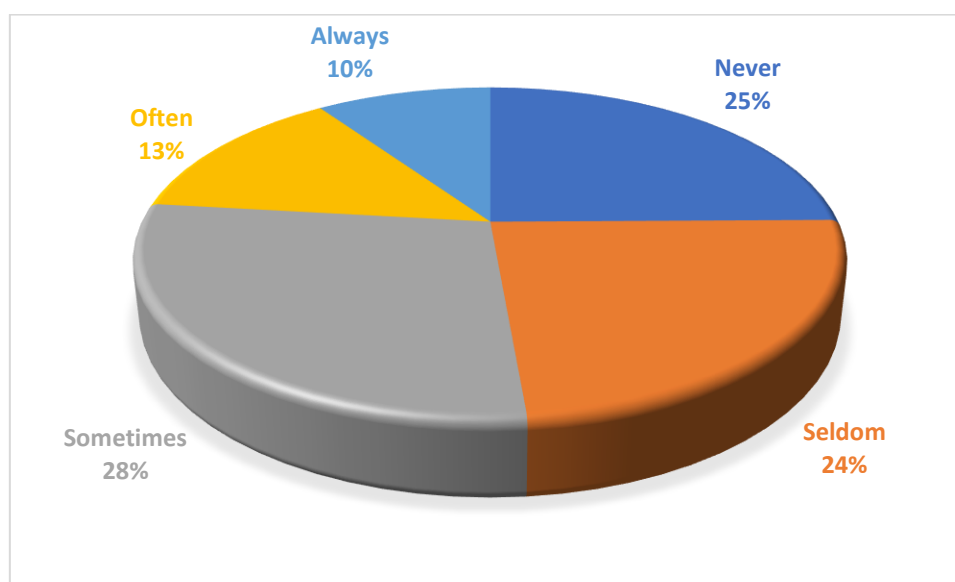
Interpretation: Out of total respondents, only 10 percent of respondents always experienced loneliness while 24 percent of respondents never experienced loneliness. This indicates that loneliness among respondents is less.

4.2.41 Rate the level of Anger on the basis of your experience during last one year on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.41 Frequency Distribution Related to Anger of Respondents

Rating	Frequency	WAM
Never	367	2.59
Seldom	352	
Sometimes	417	
Often	201	
Always	142	
Total	1479	

Figure 4.2.41 Distribution Related to Anger of Respondents



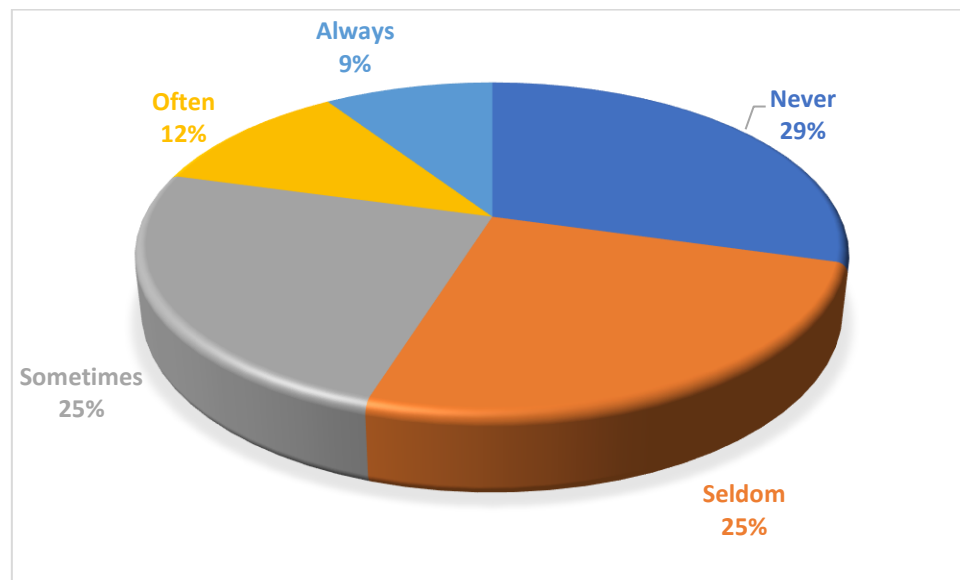
Interpretation: Out of total respondents, only 10 percent of respondents always experienced anger while 25 percent of respondents never experienced anger.

4.2.42 Rate the level of Rejection on the basis of with your experience during last one year on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.42 Frequency Distribution Related to Rejection

Rating	Frequency	WAM
Never	435	2.45
Seldom	376	
Sometimes	362	
Often	169	
Always	137	
Total	1479	

Figure 4.2.42 Distribution Related to Rejection



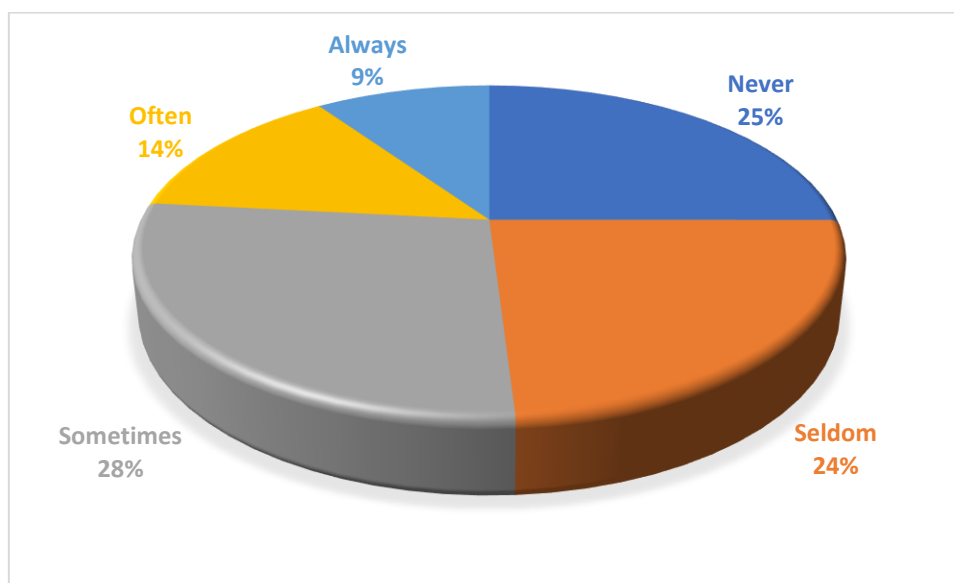
Interpretation: Out of total respondents, only 09 percent of respondents experienced highest level of rejection which means that they feel that they were facing rejection while 29 percent of respondents experienced lowest level of rejection.

4.2.43 Rate the level of Frustration on the basis of with your experience during last one year on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.43 Frequency Distribution Related to Frustration from Respondents

Rating	Frequency	WAM
Never	370	2.58
Seldom	355	
Sometimes	409	
Often	203	
Always	142	
Total	1479	

Figure 4.2.43 Distribution Related to Frustration from Respondents



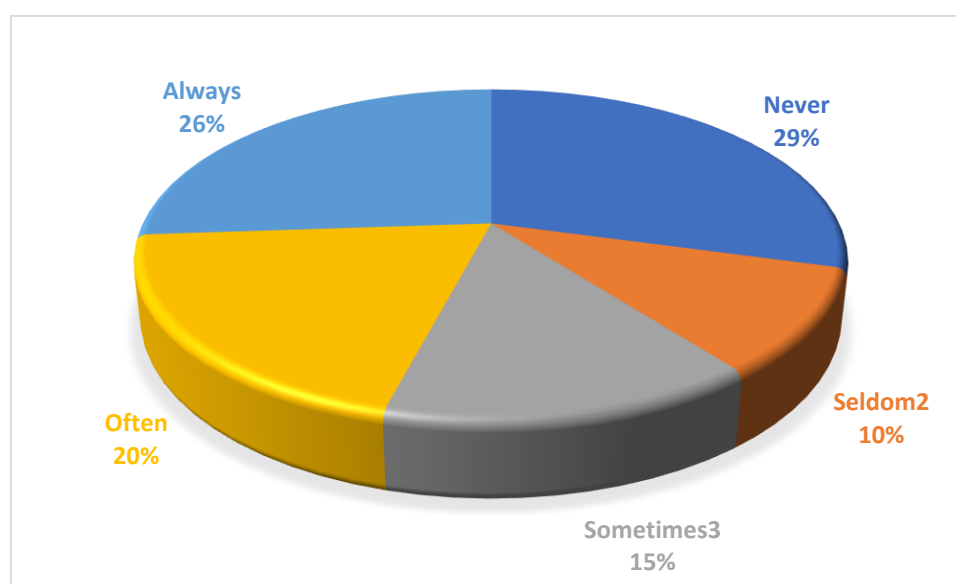
Interpretation: Out of total respondents, only 09 percent of respondents always experienced frustration while 25 percent of respondents never experienced frustration.

4.2.44 Rate the level of the social support you receive from Family on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.44 Frequency Distribution Related to Social Support from Family

Rating	Frequency	WAM
Never	433	3.03
Rarely	152	
3	215	
4	293	
5= Always	386	
Total	1479	

Figure 4.2.44 Distribution Related to Social Support from Family



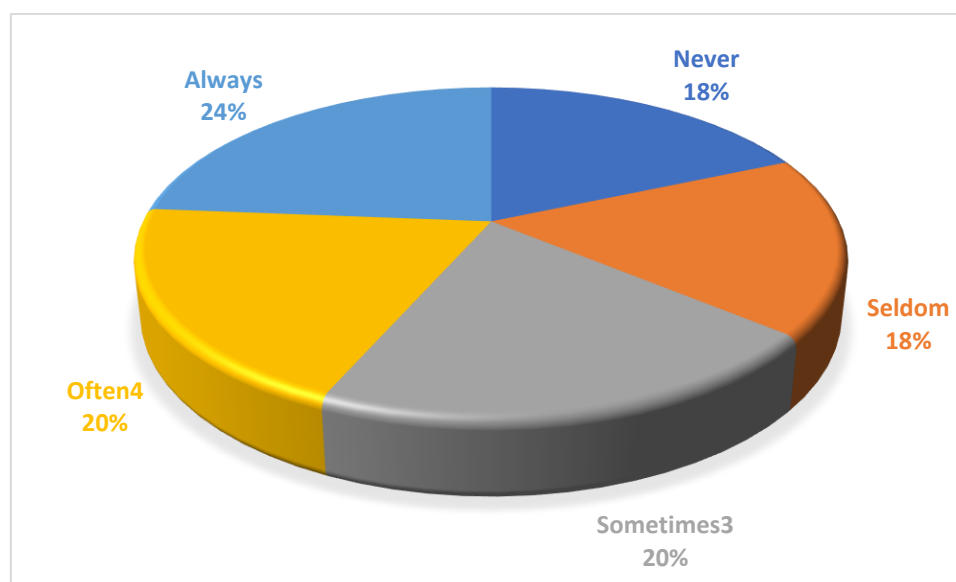
Interpretation: Out of total respondents, 39 percent of respondents reported that they never or seldom received social support from their family. There are 46 percent of respondents who received social support from their family either often or always.

4.2.45 Rate the level of the social support you receive from Friends on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.45 Frequency Distribution Related to Social Support from Friends

Rating	Frequency	WAM
1= Never	273	3.13
2	260	
3	304	
4	291	
5= Always	351	
Total	1479	

Figure 4.2.45 Distribution Related to Social Support from Friends



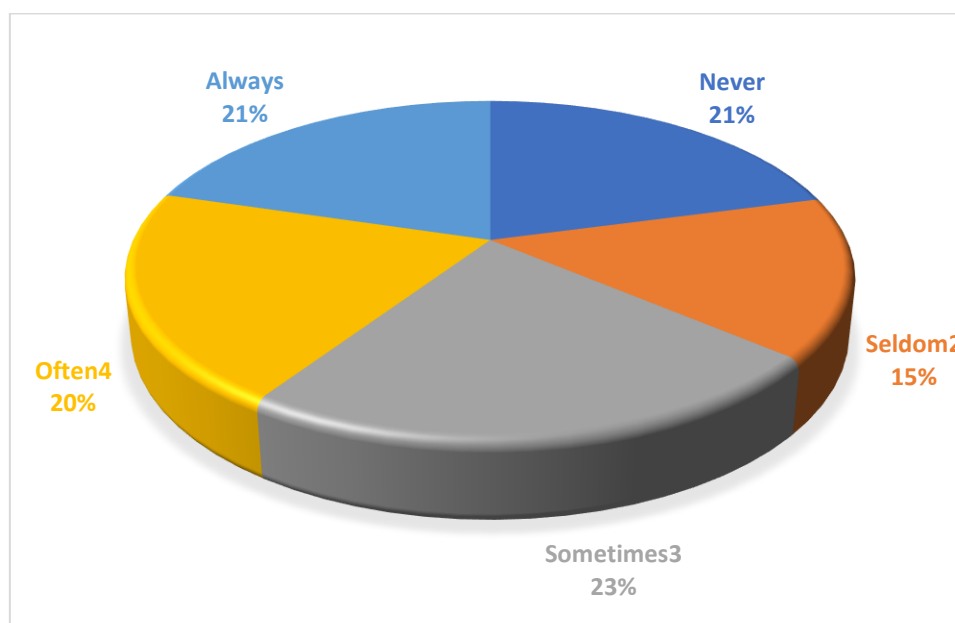
Interpretation: Out of total respondents, 44 percent of respondents reported that they received social support from friends often and always, while 36 percent of respondent reported that they never or seldom received support from friends.

4.2.46 Rate the level of the social support you receive from teacher on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.46 Frequency Distribution Related to Social Support Received from Teacher

Rating	Frequency	WAM
1= Never	308	3.04
2	227	
3	343	
4	300	
5= Always	301	
Total	1479	

Figure 4.2.46 Distribution Related to Social Support Received from Teacher



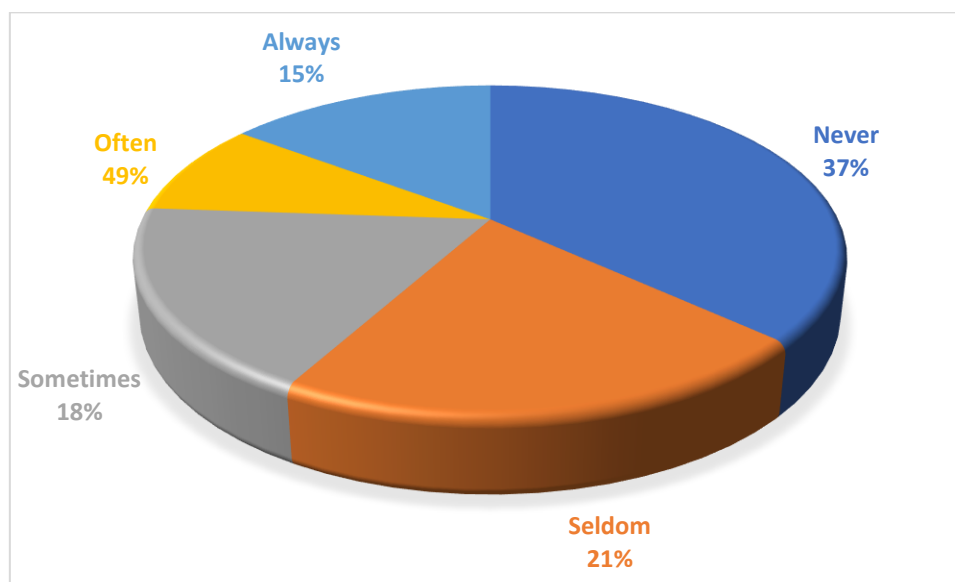
Interpretation: Out of total respondents, 41 percent of the respondents reported that they received social support from teacher either often or always. However, there were 21 percent of respondents reported that they have never received social support from teacher.

4.2.47 Rate the level of Reading Books you usually do in your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.47 Frequency Distribution Related to Reading Books During Free Time

Rating	Frequency	WAM
Never	544	2.44
Seldom	315	
Sometimes	267	
Often	135	
Always	218	
Total	1479	

Figure 4.2.47 Distribution Related to Reading Books During Free Time



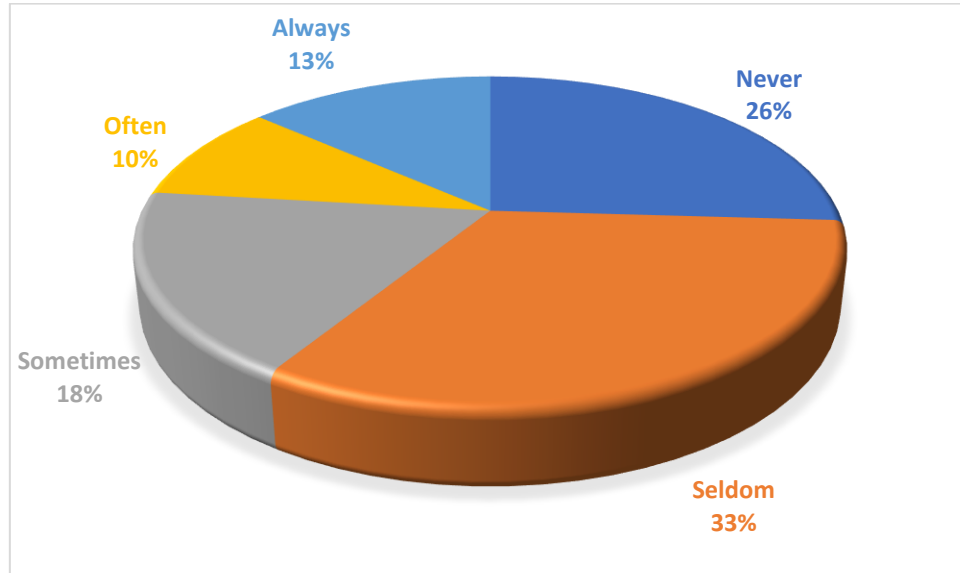
Interpretation: Out of total respondents, 37 percent never read books during their free time. While only 15 percent of respondents preferred to read books during their free time.

4.2.48 Rate the level of Watching Reels/ Shorts/ mems you usually do in your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.48 Frequency Distribution Related to Watching Meme/Reel During Free Time

Rating	Frequency	WAM
Never	399	2.62
Seldom	507	
Sometimes	277	
Often	148	
Always	208	
Total	1479	

Figure 4.2.48 Distribution Related to Watching Meme/Reel During Free Time



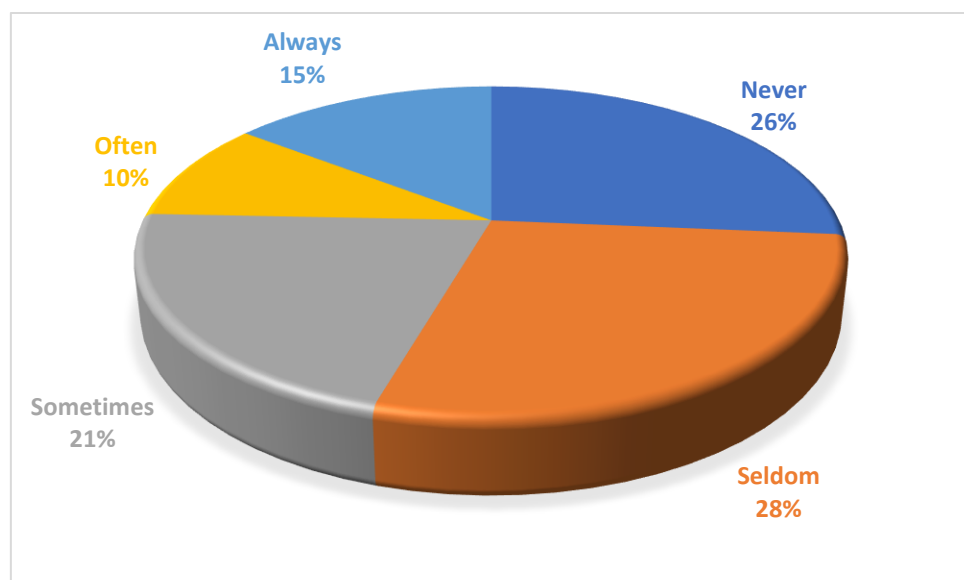
Interpretation: Out of total respondents, 26 percent of respondents indicate that they don't prefer to watch reels/memes during their free time while only 13 percent of respondents of respondents always prefer to watch reels/memes during their free time.

4.2.49 Rate the level of Watching or TV you usually do in your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.49 Frequency Distribution Related to Watching Movie or TV During Free Time

Rating	Frequency	WAM
Never	390	2.58
Seldom	416	
Sometimes	313	
Often	145	
Always	215	
Total	1479	

Figure 4.2.49 Distribution Related to Watching Movie or TV During Free Time



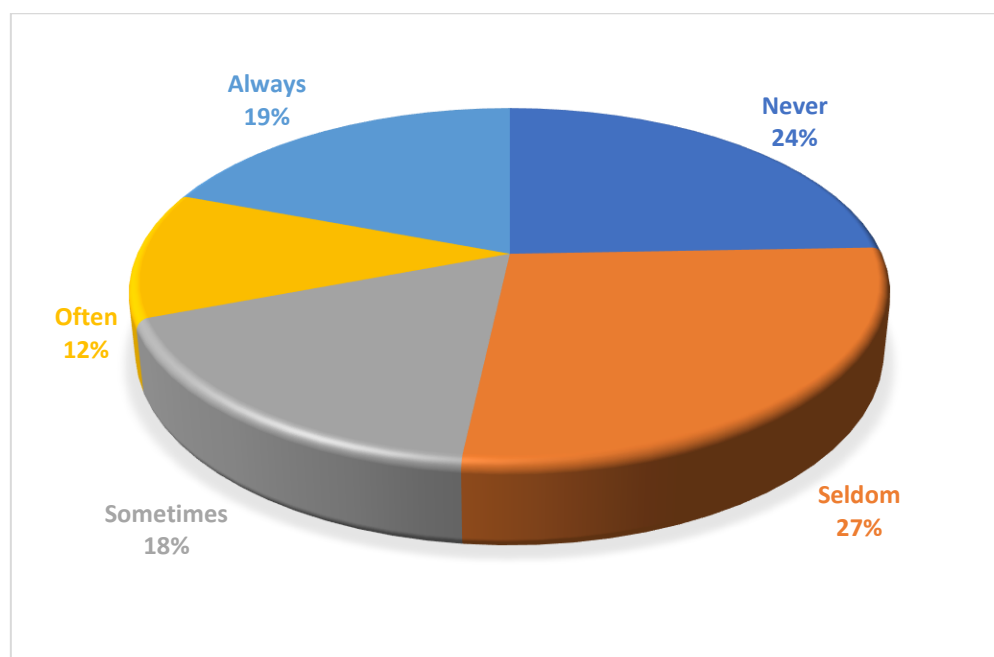
Interpretation: Out of total respondents, 26 percent of respondents always never prefer to watch movie or TV during their free time while 15 percent of respondents always prefer to watch movie or TV during their free time.

4.2.50 Rate the level of listening to music you usually do in your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.50 Frequency Distribution Related to Listening Music During Free Time

Rating	Frequency	WAM
Never	361	2.74
Seldom	404	
Sometimes	258	
Often	172	
Always	284	
Total	1479	

Figure 4.2.50 Distribution Related to Listening Music During Free Time



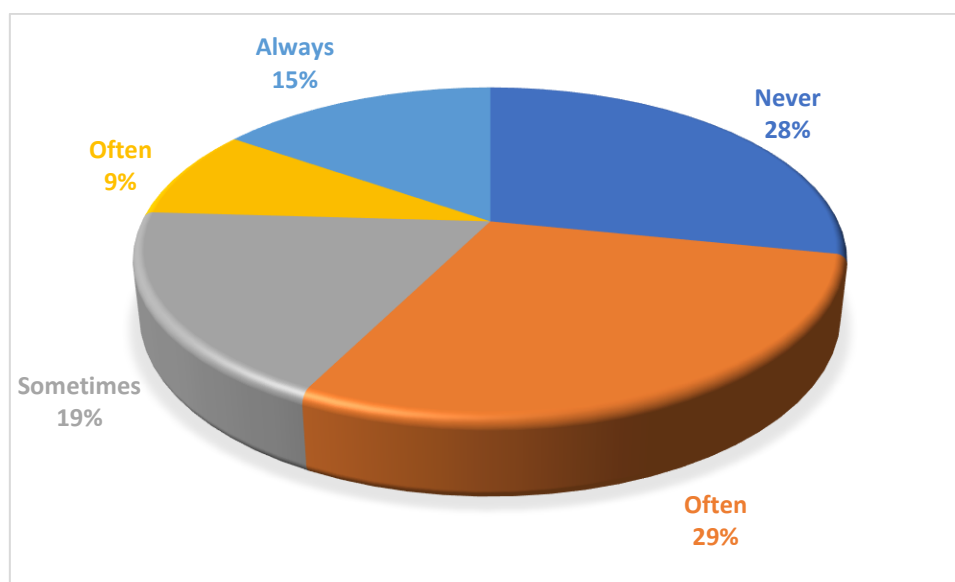
Interpretation: Out of total respondents, 24 percent of respondents never preferred to listen music during their free time while only 19 percent of respondents always preferred to listen music during their free time.

4.2.51 Rate the level of Playing games you usually do in your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.51 Frequency Distribution Related to Playing Games During Free Time

Rating	Frequency	WAM
Never	417	2.54
Seldom	432	
Sometimes	274	
Often	130	
Always	226	
Total	1479	

Figure 4.2.51 Distribution Related to Playing Games During Free Time



Interpretation:

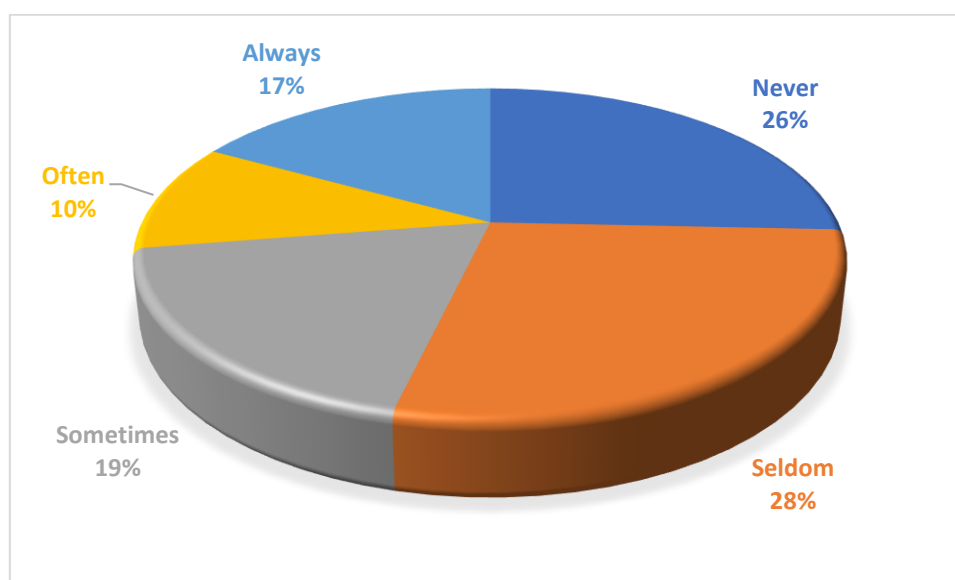
Out of total respondents, 28 percent of respondents never played game during their free time while 15 percent of respondents always played games during their free time.

4.2.52 Rate the level of Hanging Out with friends you usually do in your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.52 Frequency Distribution Related to Hanging Out with Friends During Free Time

Rating	Frequency	WAM
Never	380	2.65
Seldom	414	
Sometimes	278	
Often	157	
Always	250	
Total	1479	

Figure 4.2.52 Distribution Related to Hanging Out with Friends During Free Time



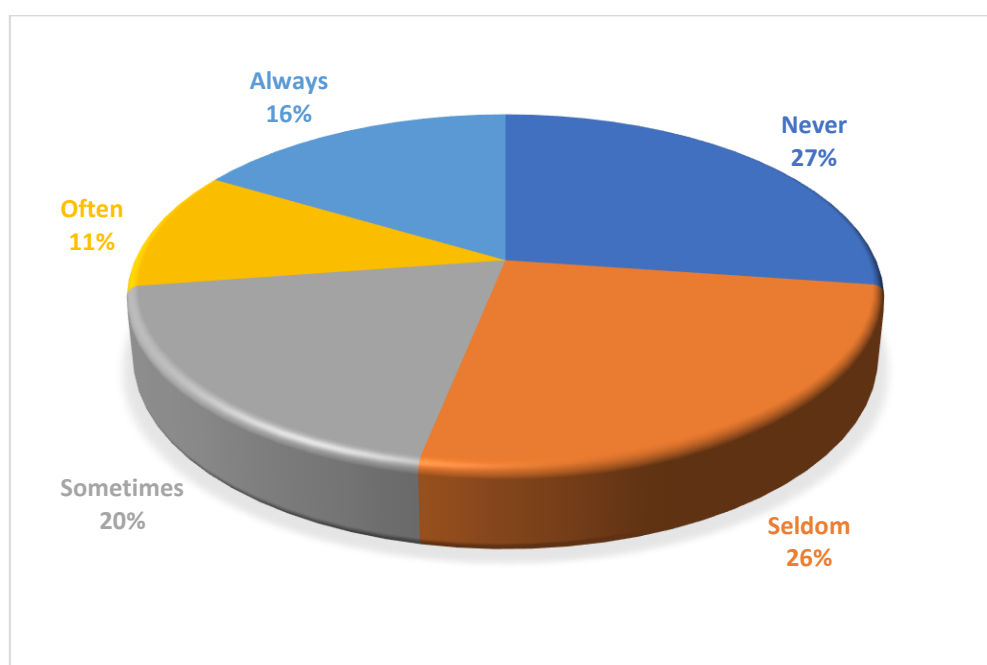
Interpretation: Out of total respondents, 26 percent of respondents never hangout with their friends during their free time while only 17 percent of respondents always preferred to hang out with their friends during their free time.

4.2.53 Rate the level of Pursuing Hobbies with friends you usually do in your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.53 Frequency Distribution Related to Pursuing Hobbies During Free Time

Rating	Frequency	WAM
Never	403	2.63
Seldom	383	
Sometimes	288	
Often	162	
Always	243	
Total	1479	

Figure 4.2.53 Distribution Related to Pursuing Hobbies During Free Time



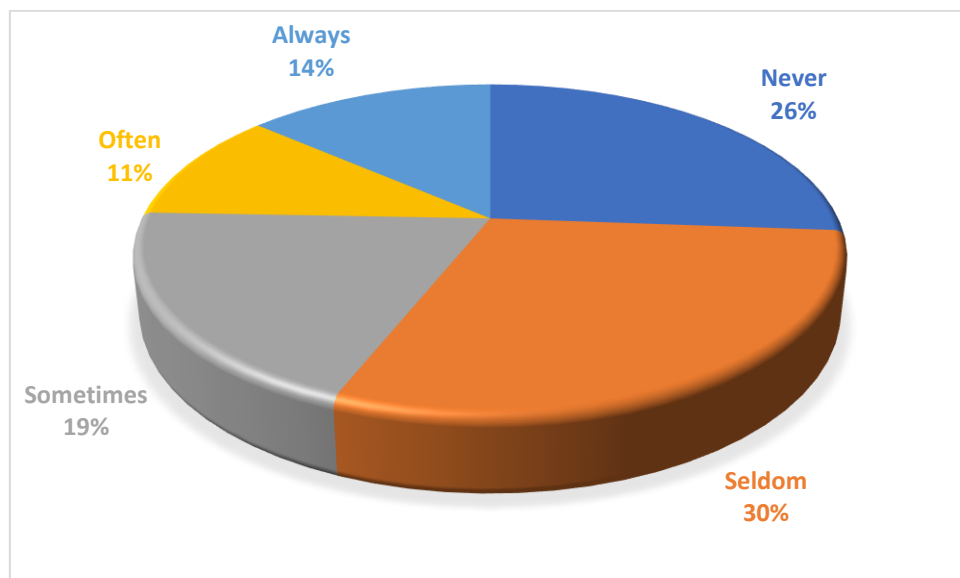
Interpretation: Out of total respondents, 27 percent of respondents never pursued their hobbies during their free time while only 16 percent of respondents always pursued their hobbies during their free time.

4.2.54 Rate the level of Exercising you usually do in your free time on scale of 1 to 5.

Table 4.2.54 Frequency Distribution of Respondents Exercising During Free Time

Rating	Frequency	WAM
Never	387	2.63
Seldom	442	
Sometimes	289	
Often	160	
Always	201	
Total	1479	

Figure 4.2.54 Distribution of Respondents Exercising During Free Time



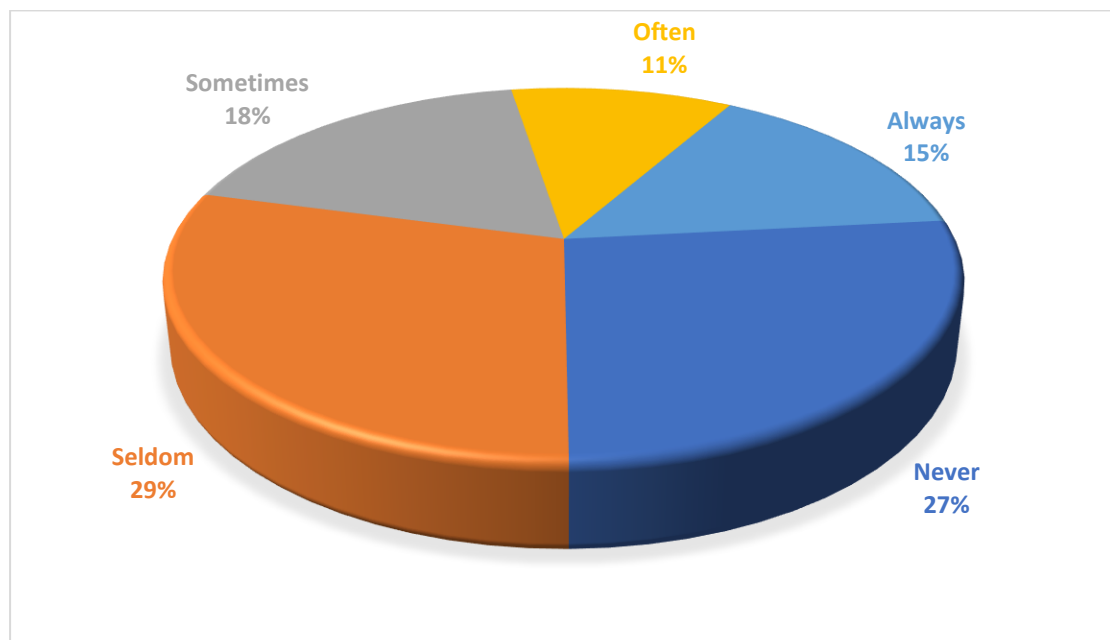
Interpretation: Out of total respondents, 26 percent of respondents never exercise during their free time while only 14 percent of respondents always exercise during their free time.

4.2.55 Rate the frequency of travelling you usually do in your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.55 Frequency Distribution of Respondents Travelling in Free Time

Rating	Frequency	WAM
Never	392	2.58
Seldom	434	
Sometimes	270	
Often	160	
Always	223	
Total	1479	

Figure 4.2.55 Distribution of Respondents Travelling in Free Time



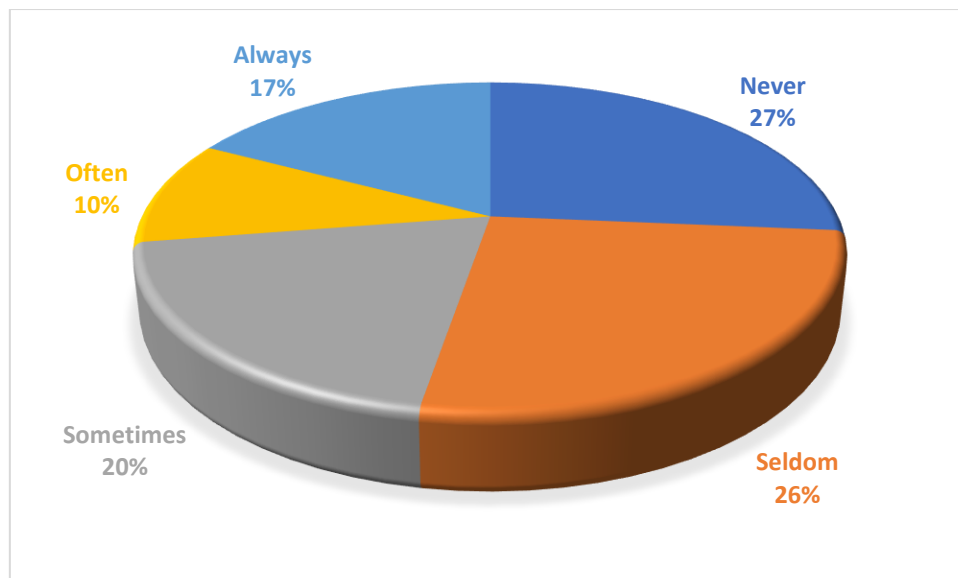
Interpretation: Out of total respondents, 27 percent of respondents never travelled during their free time while only 15 percent of respondents always travelled during their free time.

4.2.56 Rate the level of simply Relaxing and Enjoying during your free time on scale of 1 to 5, where 1= Never and 5= Always

Table 4.2.56 Frequency Distribution Related to Relaxing and Enjoying Some Downtime During Free Time

Rating	Frequency	WAM
Never	390	2.66
Seldom	389	
Sometimes	293	
Often	152	
Always	255	
Total	1479	

Figure 4.2.56 Distribution Related to Relaxing and Enjoying Some Downtime During Free Time



Interpretation: Interpretation: Out of total respondents, 27 percent of respondents never relaxed and enjoyed some downtime during free time while only 17 percent of respondents always preferred to relax and enjoy some downtime during free time.

4.3 STATEMENT-WISE ANALYSIS OF MENTAL HEALTH ACROSS GENDER

This section aims to do statement wise analysis of all the aspects of mental health across gender, stream and level of education.

H_0 : There is no difference between gender and aspects of mental health (medians are equal)

H_A : There is a difference between gender and aspects of mental health (medians are not equal)

Table 4.3.1 Test Statistics for Aspects of Mental Health across Gender

Statements of Mental Health	Mean Ranks		Mann Whitney Test		Result
	Male	Female	Z	p-value	
I can easily trust others.	773.24	713.32	-2.769	.006	Reject H_0
I can easily and quickly adapt with the new situations	804.25	690.06	-5.230	.000	Reject H_0
I am doing well in my life.	792.98	698.52	-4.319	.000	Reject H_0
I have control over course of events in my life.	788.97	701.52	-4.001	.000	Reject H_0
I am extremely happy with the way I look.	779.41	708.69	-3.225	.001	Reject H_0
I spend good amount of time in grooming myself daily.	786.68	703.24	-3.816	.000	Reject H_0
I can easily talk to people having different viewpoint without getting emotionally charged.	781.14	707.39	-3.372	.001	Reject H_0
I always hesitate to ask question when having difficulty to understand or take decision.	773.44	713.17	-2.759	.006	Reject H_0
I always face difficulty in initiating conversations with others.	771.97	714.27	-2.648	.008	Reject H_0
My professor considered that I have good ability to lead.	784.76	704.69	-3.660	.000	Reject H_0
I am a good leader.	789.55	701.09	-4.038	.000	Reject H_0
Others find very easy to trust me.	788.91	701.57	-3.983	.000	Reject H_0

Statements of Mental Health	Mean Ranks		Mann Whitney Test		Result
	Male	Female	Z	p-value	
I most of the time do things my friend want me to do so to please them.	788.92	701.56	-3.999	.000	Reject H ₀
It is very difficult to be friends with others	771.75	714.44	-2.628	.009	Reject H ₀
I usually lag behind in whatever I do due to lack of concentration.	769.12	716.41	-2.420	.016	Reject H ₀
I have always difficulty in managing my time productively.	780.08	708.19	-3.296	.001	Reject H ₀
I have never missed deadline for assignment submissions.	786.07	703.70	-3.762	.000	Reject H ₀
It is very important for me that my love ones validate my decisions and action	773.38	713.22	-2.747	.006	Reject H ₀
I do not care what others have to say about me.	781.02	707.49	-3.360	.001	Reject H ₀
I usually feel strong mood swings	777.68	709.99	-3.097	.002	Reject H ₀
Sometimes I want to harm myself	762.42	721.43	-1.883	.060	Reject H ₀
I frequently experience panic attacks	741.42	737.18	-.194	.846	Fail to Reject H ₀
I believe that I will do extremely well in my personal life	788.04	702.22	-3.918	.000	Reject H ₀
I believe that I will do extremely well in my career	793.05	698.46	-4.317	.000	Reject H ₀
I have healthy sleep patterns	789.56	701.08	-4.045	.000	Reject H ₀
I frequently experience headache, nausea, hyper acidity or insomnia.	769.45	716.16	-2.446	.014	Reject H ₀
Overall life satisfaction	791.39	699.71	-4.191	.000	Reject H ₀
Satisfaction from College	778.08	709.69	-3.127	.002	Reject H ₀
Satisfaction from College life	785.64	704.02	-3.732	.000	Reject H ₀

Statements of Mental Health	Mean Ranks		Mann Whitney Test		Result
	Male	Female	Z	p-value	
Satisfaction from University	791.93	699.30	-4.226	.000	Reject H ₀
Satisfaction related to Financial condition of family	782.22	706.58	-3.463	.001	Reject H ₀
Satisfaction related to Kind of family you have	790.56	700.33	-4.111	.000	Reject H ₀
Satisfaction related to Kind of friends you have	784.25	705.06	-3.611	.000	Reject H ₀
Level of Anxiety during Examination	776.55	710.84	-3.016	.003	Reject H ₀
Level of Anxiety during Result	775.00	712.00	-2.884	.004	Reject H ₀
While on Stage/public speaking	782.63	706.28	-3.497	.000	Reject H ₀
Anxiety related to career	789.99	700.76	-4.078	.000	Reject H ₀
Experience of Happiness	804.86	689.61	-5.274	.000	Reject H ₀
Experience of Sadness	755.86	726.36	-1.360	.174	Fail t Reject H ₀
Experience of Anxiety	765.12	719.41	-2.101	.036	Reject H ₀
Experience of Satisfied	785.49	704.13	-3.722	.000	Reject H ₀
Experience of Lonely	781.53	707.10	-3.411	.001	Reject H ₀
Experience of Angry	757.29	725.28	-1.468	.142	Fail to Reject H ₀
Experience of Rejected	759.69	723.49	-1.664	.096	Reject H ₀
Experience of Frustrated	755.09	726.94	-1.291	.197	Fail to Reject H ₀
Social Support From Family	811.25	684.81	-5.799	.000	Reject H ₀
Social Support From Friends	794.08	697.69	-4.390	.000	Reject H ₀
Social Support From Teacher	798.87	694.10	-4.773	.000	Reject H ₀

Statements of Mental Health	Mean Ranks		Mann Whitney Test		
	Male	Female	Z	p-value	Result
Reading books in Free Time	794.48	697.39	-4.487	.000	Reject H ₀
Watching reels/shorts/mems in Free Time	780.57	707.82	-3.350	.001	Reject H ₀
Watching movies or TV in Free Time	789.11	701.42	-4.020	.000	Reject H ₀
Listening to music in Free Time	802.38	691.47	-5.071	.000	Reject H ₀
Playing games in Free Time	804.18	690.11	-5.240	.000	Reject H ₀
Hanging out with friends in Free Time	798.29	694.54	-4.750	.000	Reject H ₀
Pursuing hobbies or interests (like dancing, painting, singing, playing cricket, etc.) in Free Time	792.53	698.85	-4.287	.000	Reject H ₀
Exercising during Free Time	807.33	687.75	-5.487	.000	Reject H ₀
Travelling during Free Time	803.26	690.80	-5.157	.000	Reject H ₀
Simply relaxing and enjoying some downtime during Free Time	800.47	692.90	-4.922	.000	Reject H ₀

Interpretation

- With mean rank of 773.24, male graduands significantly trust others more easily compared to female graduands with mean rank of 713.32.
- With mean rank of 804.25, male graduands significantly adapt to new situation easily and quickly compared to female graduands.
- With mean rank of 792.98, male graduands are significantly doing well in their life compared to female graduands.
- With mean rank of 788.97, male graduands significantly have more control over course of events in their life compared to female graduands.
- With mean rank of 779.41, male graduands are significantly more happy with the way they look compared to female graduands.

- With mean rank of 786.68, male graduands significantly spend good amount of time in grooming themselves compared to female graduands.
- With mean rank of 781.14, male graduands can significantly talk to people more easily having different viewpoint without getting emotionally charged compared to female graduands.
- With mean rank of 773.44, male graduands significantly hesitate more to ask question when having difficulty to understand or take decision compared to female graduands.
- With mean rank of 771.97, male graduands significantly face more difficulty in initiating conversations with others compared to female graduands.
- With mean rank of 789.55, male graduands can significantly lead others compared to female graduands.
- With mean rank of 788.91, others can significantly trust males easily compared to female graduands.
- With mean rank of 788.92, male graduands significantly do things their friends wanted them to do compared to female graduands.
- With mean rank of 771.75, it is significantly very difficult for male graduands to be friends with others compared to female graduands.
- With mean rank of 780.08, male graduands significantly face more difficulty in managing their time productivity compared to female graduands.
- With mean rank of 786.07, male graduands significantly never missed deadline for assignment submission.
- With mean rank of 773.38, it is significantly very important for male graduands that their loved ones validate their decisions and actions compared to female graduands.
- With mean rank of 782.01, it is significant that male graduands don't care what others say about them compared to female graduands.
- With mean rank of 777.68, it is significant that male graduands feel strong mood swing compared to female graduands.
- With mean rank of 762.42, it is significant that male graduands tend to harm themselves more compared to female graduands.

- **With respect to panic attack, there is no statistical significance between gender.**
- With mean rank of 788.04, it is significant that male graduands are more confident about doing extremely well compared to female graduands in their personal life.
- With mean rank of 793.05, it is significant that male graduands will do extremely well in their career compared to female graduands.
- With mean rank of 789.56, it is significant that male graduands have healthy sleep patterns compared to female graduands.
- With mean rank of 769.45, male graduands significantly experience headache, hyper acidity and insomnia frequently compared to female graduands..
- With mean rank of 791.39, it is significant that male graduands have higher life satisfaction compared to female graduands.
- With mean rank of 778.08, it is significant that male graduands have higher satisfaction from college compared to female graduands.
- With mean rank of 785.64, it is significant that male graduands have higher satisfaction from college life compared to female graduands.
- With mean rank of 791.93, it is significant that male graduands have higher satisfaction from university compared to female graduands.
- With mean rank of 782.22, it is significant that male graduands have better financial condition of family compared to female graduands.
- With mean rank of 790.56, it is significant that male graduands have higher satisfaction from kind of family they have compared to female graduands.
- With mean rank of 784.25, it is significant that male graduands have higher satisfaction from kind of friends they have compared to female graduands.
- On the basis of mean rank related to anxiety, the researcher concludes that male graduands have higher level of anxiety during examination, during result, during public speaking and related to career compared to female graduands.
- With mean rank of 804.86, it is significant that male graduands have higher level of happiness compared to female graduands.
- Related to sadness, there is no statistical significance across gender.

- With mean rank of 765.12, it is significant that male graduands experience more anxiety compared to female graduands.
- With mean rank of 785.49, it is significant that male graduands experience more satisfaction compared to female graduands.
- With mean rank of 781.53, it is significant that male graduands experience more loneliness compared to female graduands.
- Related to Anger, there is no statistical significance across gender.
- With mean rank of 759.69, it is significant that male graduands feel more rejected compared to female graduands.
- Related to frustration, there is no statistical significance across gender.
- The researcher can conclude significantly that male graduands receive more support from Family, friends and teachers compared to female graduands.
- Related to stress coping mechanism, (on the basis of mean rank) it is significant that male graduands prefer to reading books, watching reels, movies, listening music, playing games, hanging out with friends, pursuing their hobbies, doing exercise, traveling , simply relaxing and enjoying downtime compared to female graduands.

4.4 STATEMENT-WISE ANALYSIS OF MENTAL HEALTH ACROSS STREAM

Table 4.4.1 Test Statistics for Statements of Aspects of Mental Health across Stream

Statements of Mental Health	Chi-Square	p-value	Result
I can easily trust others.	19.873	.001	Reject H ₀
I can easily and quickly adapt with the new situations	14.917	.011	Reject H ₀
I am doing well in my life.	27.080	.000	Reject H ₀
I have control over course of events in my life.	21.726	.001	Reject H ₀
I am extremely happy with the way I look.	23.000	.000	Reject H ₀
I spend good amount of time in grooming myself daily.	19.245	.002	Reject H ₀

Statements of Mental Health	Chi-Square	p-value	Result
I can easily talk to people having different viewpoint without getting emotionally charged.	24.217	.000	Reject H ₀
I always hesitate to ask question when having difficulty to understand or take decision.	6.844	.233	Fail to Reject H ₀
I always face difficulty in initiating conversations with others.	6.623	.250	Fail to Reject H ₀
My professor considered that I have good ability to lead.	39.648	.000	Reject H ₀
I am a good leader.	22.294	.000	Reject H ₀
Others find very easy to trust me.	31.754	.000	Reject H ₀
I most of the time do things my friend want me to do so to please them.	17.726	.003	Reject H ₀
It is very difficult to be friends with others	11.312	.046	Reject H ₀
I usually lag behind in whatever I do due to lack of concentration.	14.226	.014	Reject H ₀
I have always difficulty in managing my time productively.	22.373	.000	Reject H ₀
I have never missed deadline for assignment submissions.	32.306	.000	Reject H ₀
It is very important for me that my love ones validate my decisions and action	30.725	.000	Reject H ₀
I do not care what others have to say about me.	30.065	.000	Reject H ₀
I usually feel strong mood swings	23.265	.000	Reject H ₀
Sometimes I want to harm myself	13.228	.021	Reject H ₀
I frequently experience panic attacks	4.595	.467	Fail to Reject H ₀
I believe that I will do extremely well in my personal life	21.350	.001	Reject H ₀
I believe that I will do extremely well in my career	34.777	.000	Reject H ₀

Statements of Mental Health	Chi-Square	p-value	Result
I have healthy sleep patterns	22.793	.000	Reject H ₀
I frequently experience headache, nausea, hyper acidity or insomnia.	8.020	.155	Fail to Reject H ₀
I always believe happiness is something that is primarily determined by internal factors (such as mindset or personality)	30.624	.000	Reject H ₀
I always believe happiness is something that is primarily determined by external circumstances (such as wealth or social status)	18.685	.002	Reject H ₀
Overall life satisfaction	38.827	.000	Reject H ₀
Satisfaction from College	38.290	.000	Reject H ₀
Satisfaction from College life	26.267	.000	Reject H ₀
Satisfaction from University	25.850	.000	Reject H ₀
Satisfaction related to financial condition of family	17.775	.003	Reject H ₀
Satisfaction related to Kind of family you have	36.211	.000	Reject H ₀
Satisfaction related to Kind of friends you have	33.084	.000	Reject H ₀
Level of Anxiety during Examination	29.277	.000	Reject H ₀
Level of Anxiety during Result	22.608	.000	Reject H ₀
While on Stage/public speaking	30.696	.000	Reject H ₀
Anxiety related to career	17.144	.004	Reject H ₀
Experience of Happiness	48.619	.000	Reject H ₀
Experience of Sadness	3.871	.568	Fail to Reject H ₀
Experience of Anxiety	6.984	.222	Fail to Reject H ₀

Statements of Mental Health	Chi-Square	p-value	Result
Experience of Satisfied	27.845	.000	Reject H ₀
Experience of Lonely	2.693	.747	Fail to Reject H ₀
Experience of Angry	9.398	.094	Reject H ₀
Experience of Rejected	3.505	.623	Fail to Reject H ₀
Experience of Frustrated	.921	.969	Fail to Reject H ₀
Social Support from Family	40.701	.000	Reject H ₀
Social Support from Friends	42.887	.000	Reject H ₀
Social Support from Teacher	35.331	.000	Reject H ₀
Reading books in Free Time	37.126	.000	Reject H ₀
Watching reels/shorts/mems in Free Time	27.202	.000	Reject H ₀
Watching movies or TV in Free Time	29.333	.000	Reject H ₀
Listening to music in Free Time	40.364	.000	Reject H ₀
Playing games in Free Time	23.522	.000	Reject H ₀
Hanging out with friends in Free Time	32.534	.000	Reject H ₀
Pursuing hobbies or interests (like dancing, painting, singing, playing cricket, etc.) in Free Time	28.256	.000	Reject H ₀
Exercising during Free Time	27.267	.000	Reject H ₀
Travelling during Free Time	28.197	.000	Reject H ₀
Simply relaxing and enjoying some downtime during Free Time	24.255	.000	Reject H ₀

Interpretation

The null hypothesis was rejected as p-value is less than or equal to 0.05. Thus, it can be inferred that there is significant difference between certain aspects of mental health of graduands across the streams.

Post Hoc Test

To identify the streams among whom the mental health is significantly different statement wise post hoc test was conducted applying Mann Whitney.

Hypothesis Testing

H_0 : There is no significant difference between certain aspects of mental health across i^{th} and j^{th} stream of study.

H_A : There is significant difference between certain aspects of mental health across i^{th} and j^{th} stream of study.

Table 4.4.2 Post Hoc Test Statistics for "I am a Good leader"

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
I am a good leader.					
Commerce	Management	506.82	476.89	0.20	Fail to Reject H ₀
Commerce	Science	558.44	539.07	0.369	Fail to Reject H ₀
Commerce	Computer Science	416.45	503.85	0.244	Fail to Reject H ₀
Commerce	Arts	520.55	416.62	0.000	Reject H ₀
Commerce	Law	415.72	385.50	0.75	Fail to Reject H ₀
Management	Science	227.27	232.54	0.67	Fail to Reject H ₀
Management	Computer Science	93.12	119.15	0.131	Fail to Reject H ₀
Management	Arts	193.22	164.86	0.007	Reject H ₀
Management	Law	92.49	92.83	0.987	Fail to Reject H ₀
Science	Computer Science	145.28	180.80	0.181	Fail to Reject H ₀

Science	Arts	246.44	206.68	0.001	Reject H_0
Science	Law	144.59	140.17	0.895	Fail to Reject H_0
Computer Science	Law	9.40	7.00	0.318	Fail to Reject H_0
Computer Science	Arts	131.70	92.95	0.024	Reject H_0
Arts	Law	92.53	107	0.49	Fail to Reject H_0

Interpretation:

From above table it can be inferred that Arts graduands significantly perceive themselves as less good leader compared to the graduands from all other streams but the same is not statistically significant in case of law graduands.

Table 4.4.3 Post Hoc Test Statistics for “Satisfaction from University”

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Satisfaction from university.					
Commerce	Management	506.30	479.26	0.24	Fail to Reject H ₀
Commerce	Science	568.99	508.24	0.005	Reject H ₀
Commerce	Computer Science	416.57	494.00	0.30	Fail to Reject H ₀
Commerce	Arts	520.23	418.08	0.000	Reject H ₀
Commerce	Law	416.24	313.50	0.285	Fail to Reject H ₀
Management	Science	238.83	225.24	0.27	Fail to Reject H ₀
Management	Computer Science	93.23	117.05	0.167	Fail to Reject H ₀

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Management	Arts	193.16	164.92	0.008	Reject H ₀
Management	Law	93.12	74.00	0.375	Fail to Reject H ₀
Science	Computer Science	144.95	190.10	0.08	Fail to Reject H ₀
Science	Arts	239.71	217.28	0.07	Fail to Reject H ₀
Science	Law	144.94	123.83	0.52	Fail to Reject H ₀
Computer Science	Law	9,90	6.17	0.11	Fail to Reject H ₀
Computer Science	Arts	132.30	92.92	0.022	Reject H ₀
Arts	Law	93.17	88.00	0.119	Fail to Reject H ₀

Interpretation:

From the above table it can be concluded that Arts graduands are significantly less satisfied with university as compared to the graduands from other stream but the same is not statistically significant in case of science stream.

Also, it can be inferred that commerce graduands are significantly more satisfied with university compared to science graduands.

Table 4.4.4 Post Hoc Statistics for “Anxiety During University Examination”

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Anxiety During University Examination					
Commerce	Management	511.69	454.31	0.014	Reject H ₀
Commerce	Science	568.57	509.46	0.006	Reject H ₀
Commerce	Computer Science	417.54	414.00	0.963	Fail to Reject H ₀
Commerce	Arts	522	409.96	0.000	Reject H ₀
Commerce	Law	416.09	333.83	0.391	Fail to Reject H ₀
Management	Science	229.49	231.13	0.894	Fail to Reject H ₀
Management	Computer Science	93.76	107.65	0.417	Fail to Reject H ₀
Management	Arts	190.17	167.89	0.03	Reject H ₀
Management	Law	92.68	87.08	0.793	Fail to Reject H ₀
Science	Computer Science	145.90	163.40	0.506	Fail to Reject H ₀
Science	Arts	242.22	213.32	0.018	Reject H ₀
Science	Law	144.74	133.17	0.728	Fail to Reject H ₀
Computer Science	Law	9.25	7.25	0.365	Fail to Reject H ₀
Computer Science	Arts	117.80	93.73	0.154	Fail to Reject H ₀
Arts	Law	92.80	99.00	0.768	Fail to Reject H ₀

Interpretation

From the above table it can be inferred that commerce graduands experience more anxiety during examination compared to graduands from management, science and arts. However the same is not statistically significant in case of graduands from computer science and law.

The graduands from management stream and science stream experience significantly more anxiety than arts graduands but the same is not statistically significant in case of computer science.

Among management, science, computer science and arts, commerce graduands experience highest level of anxiety and arts graduands experience lowest level of anxiety.

Table 4.4.5 Post Hoc Statistics for “Anxiety During Examination”

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Anxiety During Exam Result					
Commerce	Management	509.28	465.50	0.061	Fail to Reject H ₀
Commerce	Science	570.01	505.25	0.003	Reject H ₀
Commerce	Computer Science	416.60	491.30	0.318	Fail to Reject H ₀
Commerce	Arts	516.93	433.26	0.000	Reject H ₀
Commerce	Law	416.61	262.83	0.109	Fail to Reject H ₀
Management	Science	235.94	227.07	0.472	Fail to Reject H ₀
Management	Computer Science	93.21	117.50	0.155	Fail to Reject H ₀
Management	Arts	187.45	170.59	0.11	Fail to Reject H ₀
Management	Law	93.40	65.83	0.196	Fail to Reject H ₀
Science	Computer Science	145.13	185.05	0.13	Fail to Reject H ₀
Science	Arts	235.53	223.86	0.34	Fail to Reject H ₀
Science	Law	145.23	110.17	0.29	Fail to Reject H ₀
Computer Science	Law	10.00	6.00	0.096	Fail to Reject H ₀
Computer Science	Arts	122.80	93.45	0.08	Fail to Reject H ₀
Arts	Law	93.56	76.17	0.41	Fail to Reject H ₀

Interpretation:

With mean rank of 570.01, Commerce graduands have more anxiety during results compared to Science graduands (505.25).

With mean rank of 516.93, commerce graduands have more anxiety during result compare to Arts graduands (433.26).

From the above table it can be inferred that commerce graduands significantly experience more anxiety during exam result compared to Science graduands and Arts graduands.

Table 4.4.6 Post Hoc Statistics for “Happiness of Graduands”

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Happiness of Graduands					
Commerce	Management	513.07	447.95	0.005	Reject H ₀
Commerce	Science	566.29	516.12	0.020	Reject H ₀
Commerce	Computer Science	417.04	455.55	0.60	Fail to Reject H ₀
Commerce	Arts	529.32	376.24	0.000	Reject H ₀
Commerce	Law	415.41	428.33	0.893	Fail to Reject H ₀
Management	Science	223.92	234.65	0.386	Fail to Reject H ₀
Management	Computer Science	93.44	113.35	0.245	Fail to Reject H ₀
Management	Arts	195.08	163.01	0.002	Reject H ₀
Management	Law	91.94	109.17	0.42	Fail to Reject H ₀
Science	Computer Science	145.57	172.65	0.30	Fail to Reject H ₀
Science	Arts	253.02	197.87	0.00	Reject H ₀

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Science	Law	144.12	162.50	0.58	Fail to Reject H_0
Computer Science	Law	8.75	8,08	0.782	Fail to Reject H_0
Computer Science	Arts	127.60	93.18	0.039	Reject H_0
Arts	Law	91.76	130.08	0.067	Fail to Reject H_0

Interpretation

From the above table it can be inferred that happiness among commerce graduands is higher compared to graduands of management, Science and arts but the same is not statistically significant in case of computer science and law.

The result of hypothesis also concludes that happiness among arts graduands is lowest compared to graduands of other streams.

Table 4.4.7 Post Hoc Statistics for “Social Support Received from Teachers”

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Social Support Received from Teachers					
Commerce	Management	508.24	470.29	0.105	Fail to Reject H ₀
Commerce	Science	562.12	528.32	0.117	Fail to Reject H ₀
Commerce	Computer Science	416.54	496.70	0.285	Fail to Reject H ₀
Commerce	Arts	525.24	395.00	0.00	Reject H ₀
Commerce	Law	416.20	319.75	0.316	Fail to Reject H ₀
Management	Science	228.32	231.88	0.77	Fail to Reject H ₀
Management	Computer Science	92.96	121.95	0.092	Fail to Reject H ₀
Management	Arts	197.46	160.64	0.001	Reject H ₀
Management	Law	92.94	79.58	0.534	Fail to Reject H ₀
Science	Computer Science	145.14	184.95	0.134	Fail to Reject H ₀
Science	Arts	249.66	201.60	0.00	Reject H ₀
Science	Law	145.02	120.17	0.459	Fail to Reject H ₀
Computer Science	Law	139.65	92.51	0.006	Reject H ₀
Computer Science	Arts	10.25	5.58	0.041	Reject H ₀
Arts	Law	92.64	103.83	0.60	Fail to Reject H ₀

Interpretation

The result of above table shows that the graduands from Arts stream is receiving lowest support from teachers compared to the graduands from all the other streams.

Table 4.4.8 Post Hoc Statistics for “I am doing well in my life”

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
I am doing well in my life					
Commerce	Management	512.67	449.78	0.007	Reject H ₀
Commerce	Science	557.46	541.92	0.470	Fail to Reject H ₀
Commerce	Computer Science	416.93	464.75	0.523	Fail to Reject H ₀
Commerce	Arts	521.35	412.91	0.000	Reject H ₀
Commerce	Law	415.94	355.17	0.526	Fail to Reject H ₀
Management	Science	216.45	239.37	0.064	Fail to Reject H ₀
Management	Computer Science	93.32	115.45	0.198	Fail to Reject H ₀
Management	Arts	187.58	170.47	0.106	Fail to Reject H ₀
Management	Law	92.54	91.25	0.952	Fail to Reject H ₀
Science	Computer Science	145.78	166.90	0.424	Fail to Reject H ₀
Science	Arts	248.55	203.35	0.00	Reject H ₀
Science	Law	144.83	128.92	0.634	Fail to Reject H ₀
Computer Science	Law	9.30	7.17	0.367	Fail to Reject H ₀
Computer Science	Arts	123.35	93.42	0.082	Fail to Reject H ₀

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Arts	Law	92.72	101.25	0.691	Fail to Reject H_0

Interpretation

From the result of above table, it can be concluded significantly that graduands from commerce stream are doing well in life compared to graduands from the stream of management and arts. Further it can be concluded that graduands from science stream are doing well compared to graduands from arts stream.

Table 4.4.9 Post Hoc Test for “Satisfaction From College”

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Satisfaction From College					
Commerce	Management	506.43	478.67	0.235	Fail to Reject H ₀
Commerce	Science	570.51	503.79	0.002	Reject H ₀
Commerce	Computer Science	416.39	509.25	0.215	Fail to Reject H ₀
Commerce	Arts	524.85	396.82	0.00	Reject H ₀
Commerce	Law	414.96	489.67	0.436	Fail to Reject H ₀
Management	Science	240.56	224.15	0.186	Fail to Reject H ₀
Management	Computer Science	93.07	119.90	0.119	Fail to Reject H ₀
Management	Arts	197.90	160.21	0.00	Reject H ₀
Management	Law	91.68	116.83	0.242	Fail to Reject H ₀
Science	Computer Science	144.83	193.60	0.065	Fail to Reject H ₀

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Science	Arts	242.40	213.03	0.017	Reject H_0
Science	Law	143.48	192.50	0.142	Fail to Reject H_0
Computer Science	Law	8.90	7.83	0.64	Fail to Reject H_0
Computer Science	Arts	137.25	92.64	0.009	Reject H_0
Arts	Law	91.31	143.50	0.014	Reject H_0

Interpretation

- From the above table it can be concluded that commerce graduands are significantly more satisfied from their college compared to the graduands from the stream of science and arts.
- Also, further it can be inferred that the graduands from arts are significantly least satisfied from their college compared to the graduands from management, science, computer science and law.

4.5 STATEMENT-WISE ANALYSIS OF MENTAL HEALTH ACROSS LEVEL OF EDUCATION

H_0 : There is no difference between level of education and aspects of mental health among graduands.

H_A : There is difference between level of education and aspects of mental health among graduands.

Table 4.5.1 Test Statistics for Statement-Wise Analysis of Mental Health across Level of Education

Statements	Mean Ranks		Mann Whitney Test		Result
	Graduate	Post Graduate	Z	p-value	
I can easily trust others.	736.62	762.26	-.810	.418	Fail to Reject H_0
I can easily and quickly adapt with the new situations	737.09	759.14	-.690	.490	Fail to Reject H_0
I am doing well in my life.	741.91	727.41	-.453	.651	Fail to Reject H_0
I have control over course of events in my life.	746.05	700.18	-1.434	.152	Fail to Reject H_0
I am extremely happy with the way I look.	740.27	738.20	-.065	.948	Fail to Reject H_0
I spend good amount of time in grooming myself daily.	747.93	687.78	-1.879	.060	Fail to Reject H_0
I can easily talk to people having different viewpoint without getting emotionally charged.	743.85	714.67	-.911	.362	Fail to Reject H_0
I always hesitate to ask question when having difficulty to understand or take decision.	740.73	735.19	-.173	.862	Fail to Reject H_0
I always face difficulty in initiating conversations with others.	738.96	746.88	-.248	.804	Fail to Reject H_0
My professor considered that I have good ability to lead.	743.11	719.50	-.737	.461	Fail to Reject H_0
I am a good leader.	741.67	728.99	-.395	.692	Fail to Reject H_0
Others find very easy to trust me.	744.33	711.50	-1.023	.306	Fail to Reject H_0

Statements	Mean Ranks		Mann Whitney Test		Result
	Graduate	Post Graduate	Z	p-value	
I most of the time do things my friend want me to do so to please them.	743.49	717.05	-.827	.408	Fail to Reject H ₀
It is very difficult to be friends with others	737.89	753.92	-.502	.616	Fail to Reject H ₀
I usually lag behind in whatever I do due to lack of concentration.	742.75	721.87	-.655	.512	Fail to Reject H ₀
I have always difficulty in managing my time productively.	745.69	702.53	-1.352	.176	Fail to Reject H ₀
I have never missed deadline for assignment submissions.	740.37	737.55	-.088	.930	Fail to Reject H ₀
It is very important for me that my love ones validate my decisions and action	745.26	705.36	-1.245	.213	Fail to Reject H ₀
I do not care what others have to say about me.	740.86	734.35	-.203	.839	Fail to Reject H ₀
I usually feel strong mood swings	740.82	734.58	-.195	.845	Fail to Reject H ₀
Sometimes I want to harm myself	746.73	695.71	-1.601	.109	Fail to Reject H ₀
I frequently experience panic attacks	746.63	696.34	-1.577	.115	Fail to Reject H ₀
I believe that I will do extremely well in my personal life	742.92	720.78	-.690	.490	Fail to Reject H ₀
I believe that I will do extremely well in my career	740.49	736.75	-.117	.907	Fail to Reject H ₀
I have healthy sleep patterns	740.63	735.88	-.148	.882	Fail to Reject H ₀
I frequently experience headache, nausea, hyper acidity or insomnia.	741.26	731.71	-.299	.765	Fail to Reject H ₀
I always believe happiness is something that is primarily determined by internal factors (such as mindset or personality)	737.53	756.27	-.585	.559	Fail to Reject H ₀

Statements	Mean Ranks		Mann Whitney Test		Result
	Graduate	Post Graduate	Z	p-value	
I always believe happiness is something that is primarily determined by external circumstances (such as wealth or social status	745.47	703.97	-1.297	.195	Fail to Reject H ₀
Overall life satisfaction	741.50	730.14	-.355	.723	Fail to Reject H ₀
Satisfaction from College	744.80	708.39	-1.137	.255	Fail to Reject H ₀
Satisfaction from College life	745.40	704.46	-1.279	.201	Fail to Reject H ₀
Satisfaction from University	749.25	679.12	-2.186	.029	Reject H ₀
Satisfaction related to Financial condition of family	748.26	685.64	-1.95	.050	Fail to Reject H ₀
Satisfaction related to Kind of family you have	741.09	732.81	-.258	.797	Fail to Reject H ₀
Satisfaction related to Kind of friends you have	744.52	710.23	-1.068	.285	Fail to Reject H ₀
Level of Anxiety during Examination	741.26	731.69	-.300	.764	Fail to Reject H ₀
Level of Anxiety during Result	743.77	715.18	-.894	.371	Fail to Reject H ₀
While on Stage/public speaking	751.98	661.13	-2.843	.004	Reject H ₀
Anxiety related to career	750.86	668.52	-2.571	.010	Reject Null
Experience of Happiness	747.00	693.89	-1.660	.097	Fail to Reject H ₀
Experience of Sadness	750.29	672.27	-2.458	.014	Reject H ₀
Experience of Anxiety	745.10	706.40	-1.215	.224	Fail to Reject H ₀
Experience of Satisfied	748.36	684.94	-1.982	.047	Reject H ₀
Experience of Lonely	746.94	694.31	-1.648	.099	Fail to Reject H ₀

Statements	Mean Ranks		Mann Whitney Test		Result
	Graduate	Post Graduate	Z	p-value	
Experience of Angry	748.71	682.63	-2.070	.038	Reject H ₀
Experience of Rejected	748.78	682.17	-2.092	.036	Reject H ₀
Experience of Frustrated	744.30	711.71	-1.021	.307	Fail to Reject H ₀
Social Support From Family	741.74	728.55	-.413	.680	Fail to Reject H ₀
Social Support From Friends	740.84	734.45	-.199	.842	Fail to Reject H ₀
Social Support From Teacher	739.65	742.29	-.082	.935	Fail to Reject H ₀
Reading books in Free Time	745.20	705.73	-1.246	.213	Fail to Reject H ₀
Watching reels/shorts/mems in Free Time	743.04	719.95	-.727	.467	Fail to Reject H ₀
Watching movies or TV in Free Time	748.97	680.93	-2.131	.033	Reject H ₀
Listening to music in Free Time	744.98	707.20	-1.180	.238	Fail to Reject H ₀
Playing games in Free Time	751.21	666.17	-2.669	.008	Reject H ₀
Hanging out with friends in Free Time	745.05	706.78	-1.197	.231	Fail to Reject H ₀
Pursuing hobbies or interests (like dancing, painting, singing, playing cricket, etc.) in Free Time	745.61	703.04	-1.331	.183	Fail to Reject H ₀
Exercising during Free Time	748.74	682.42	-2.079	.038	Reject H ₀
Travelling during Free Time	750.65	669.88	-2.531	.011	Reject H ₀
Simply relaxing and enjoying some downtime during Free Time	747.89	688.07	-1.870	.061	Fail to Reject H ₀

Interpretation

- With mean rank of 749.25, it is significant that graduate graduands are more satisfied from university compared to post graduate (679.12) graduands.
- With mean rank of 751.98, it is significant that graduate graduands have more level of anxiety while on stage or public speaking compared to Post graduate graduands (661.13).
- With mean rank of 750.86, graduate graduands have significant level of anxiety related to career compared to Post graduate graduands.
- With mean rank of 750.29, graduate graduands experience significant level of sadness compared to post graduate graduands.
- With mean rank of 748.36, it is significant that graduate graduands have higher level of satisfaction compared to post graduate graduands.
- With mean rank of 748.71, graduate graduands have significantly higher level of anger compared to Post graduate graduands.
- With mean rank of 748.78, it is significant that graduate graduands experience higher level of being rejected compared to post graduate graduands.
- With mean rank of 748.97, graduate graduands significantly prefer to watch movies to cope up with stress compared to post graduate graduands.
- With mean rank of 751.21, it is significant that graduate graduands prefer to play games to cope up with stress compared to post graduate graduands (666.17).
- With mean rank of 748.74, graduate graduands significantly prefer to do more exercise to cope up with stress compared to Post graduate graduands.
- With mean rank of 750.65, graduate graduands significantly prefer to travel more to cope-up with stress compared to post graduate graduands.

5 PSYCHOLOGICAL FUNCTIONING

According to the definition of mental health given by WHO, there are three main aspects of mental health viz -Psychological Functioning, Social Competence and Stress & Coping Ability. Further these three aspects comprise various constructs, for each construct there are different statements. This section deals with one of the three mental health variables; the Psychological Functioning. Psychological functioning comprises of seven sub-variables viz. resilience, perception of wellbeing, locus of control, self-esteem, emotional wellbeing, hope and self-efficacy.

5.1 SUB-VARIABLES OF PSYCHOLOGICAL FUNCTIONING

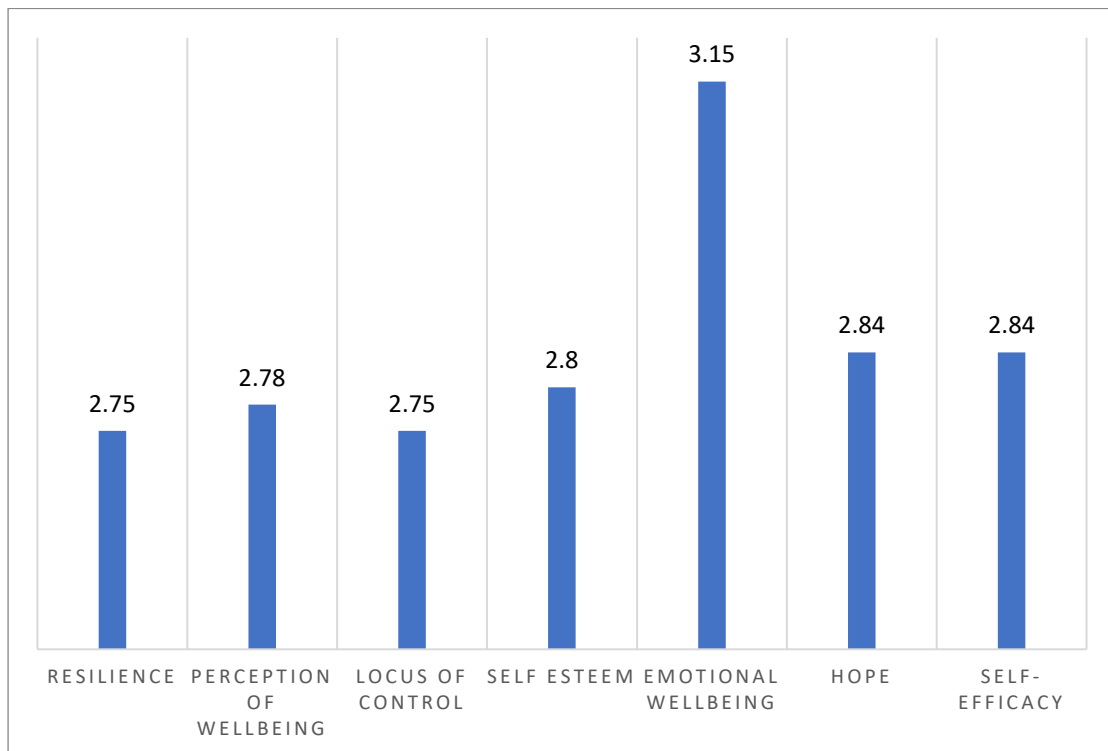
The statement-wise analysis of seven sub-variables of Positive Psychological Functioning is as under:

Table 5.1.1 Summary of Frequency Distribution of Positive Psychological Functioning

Statements	1	2	3	4	5	WAM
Where 1= Strongly disagree/ Dissatisfied/ Never and 5= Strongly disagree/ Dissatisfied/Always						
Resilience						2.75
I can easily and quickly adapt with the new situations.	268	437	365	207	202	
Perception of wellbeing						2.78
I am doing well in my life.	352	283	413	182	249	
Overall life satisfaction	406	256	367	212	238	
College life	301	307	430	190	251	
Locus of Control						2.75
I have control over course of events in my life.	289	393	393	200	204	
Self Esteem						2.80
I am extremely happy with the way I look.	341	277	364	209	288	
I spend good amount of time in grooming myself daily.	324	353	404	192	206	

Statements	1	2	3	4	5	WAM
Where 1= Strongly disagree/ Dissatisfied/ Never and 5= Strongly disagree/ Dissatisfied/Always						
Emotional Wellbeing	3.15					
I can easily talk to people having different viewpoint without getting emotionally charged.	295	354	413	216	201	
Experience of Happiness	451	216	309	240	263	
I usually feel Strong Mood Swing	324	383	384	180	208	
Experience of Sadness	311	487	387	166	128	
Experience of Anxiety	354	385	428	184	128	
Experience of Satisfied	292	292	445	243	207	
Experience of Loneliness	359	366	402	202	150	
Experience of Anger	367	352	417	201	142	
Experience of facing Rejected	435	376	362	169	137	
Experience of Frustration	370	355	409	203	142	
Hope	2.84					
I believe that I will do extremely well in my personal life.	285	375	365	208	246	
I believe that I will do extremely well in my career	288	364	366	200	261	
Self-Efficacy	2.84					
My professor considered that I have good ability to lead.	298	354	407	201	219	
I am a good leader.	334	317	384	218	226	
I usually lag behind in whatever I do due to lack of concentration.	346	396	416	186	135	
I have always difficulty in managing my time productively.	340	404	391	179	165	
I have never missed deadline for assignment submissions.	322	323	391	180	263	

Figure 5.1.1 Mean of Sub variables of Psychological Functioning



With a weighted average mean of 3.15, the researcher affirmed that emotional wellbeing among the graduands is highest compared to other sub-variables. However, it is neither high nor low which indicates that respondents have average emotional intelligence and wellbeing.

Self-efficacy is related to self-confidence, focusing on a person's belief in their capacity to perform tasks and succeed. With weighted average mean of 2.84 research conclude that the graduands of VNSGU believes that they have moderate level of skills and knowledge that are required to perform tasks.

Hope is associated with a range of positive outcomes, including better positive psychological functioning physical and mental health, greater life satisfaction, and improved academic and occupational achievement.

With weighted average mean of 2.84, the researcher can conclude that 'hope' is having average rating among respondents which indicates that hope is neither too high nor low.

With weighted average mean of 2.80, one can conclude that self-esteem is neither high nor low among respondents. Research revealed that individuals with higher levels of self-esteem reported better mental health outcomes, including lower levels of anxiety and depression. Here with WAM is 2.80, the researcher can conclude that mental health outcome is neither lower nor higher.

With a WAM of 2.78, the researcher can conclude that perception of wellbeing is neither high nor low. The research found that individuals who have a more positive perception of their wellbeing report better mental health. So, with neutral rating, it can be concluded that mental health of respondents is average.

With a WAM of 2.75, both resilience and locus of control have average rating. The researcher can conclude that with neutral rating of resilience, respondents have average ability to adapt and recover from stress or adversity. Further past research concluded that a stronger internal locus of control reported better mental health outcomes. Here locus of control rating is neutral so outcome related to mental health is also neutral.

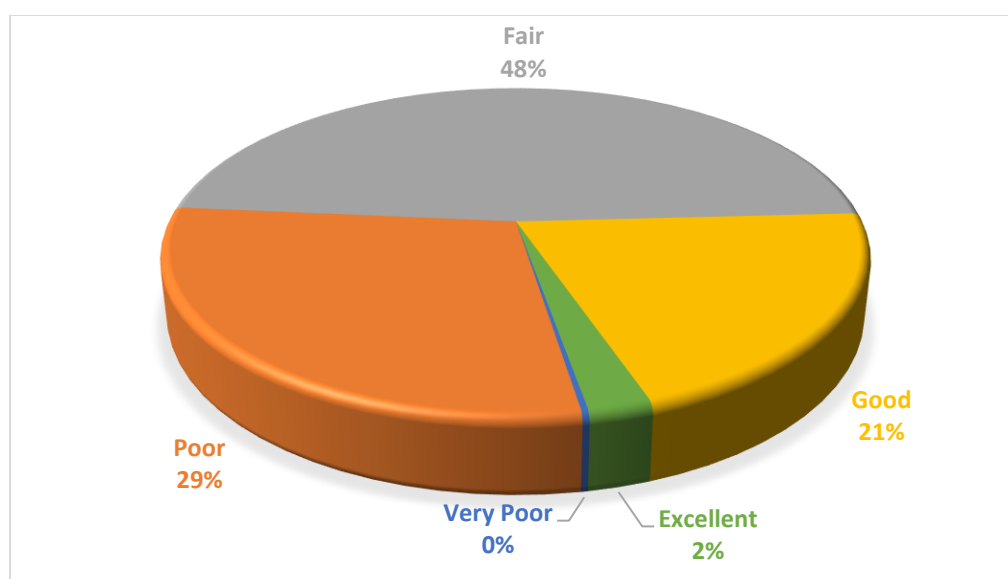
5.2 OVERALL PSYCHOLOGICAL FUNCTIONING

The score of overall psychological functioning was computed using mean score of seven sub-variables viz. resilience, perception of wellbeing, locus of control, self-esteem, emotional wellbeing, hope and self-efficacy. The score so computed was then converted to the original ordinal scale for better interpretation.

Table 5.2.1 Frequency Distribution of Psychological Functioning

Psychological Functioning	Frequency	WAM
Very Poor	4	2.961
Poor	428	
Fair	706	
Good	304	
Excellent	37	

Figure 5.2.1 Distribution of Psychological Functioning



The frequency distribution of overall psychological functioning shows that only 2% of the graduates were having excellent psychological functioning. Out of the total respondents, only 21% were having good or above average psychological functioning.

While 29% of the respondents were having poor psychological functioning. However, there were just 4 respondents having extremely poor psychological functioning. The rest of the respondents (48%) were having average or fair psychological functioning.

5.3 PSYCHOLOGICAL FUNCTIONING AND GENDER

Mann Whitney test was applied to investigate the difference in psychological functioning of male and female graduands.

Null and alternative hypotheses

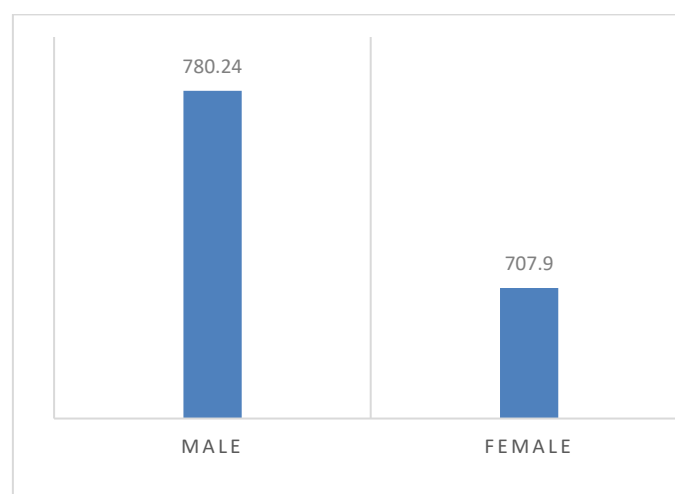
H_0 : There is no significant difference between psychological functioning of male and female.

H_A : There is a significant difference between psychological functioning of male and female.

Table 5.3.1 Test Statistics of Psychological Functioning across Gender

Psychological Functioning		
Mean Ranks	Male	780.24
	Female	707.90
Mann Whitney Test	Z	-3.483
	p-value	0.000

Figure 5.3.1 Psychological Functioning Across Gender



Interpretation

On the basis of the above test statistics, it can be inferred that there is significant difference between psychological functioning of female and male graduands. Male graduands are having better psychological functioning compared to that of female.

5.4 PSYCHOLOGICAL FUNCTIONING AND STREAM

The stream or academic program that a student is enrolled in can have a significant impact on the cognitive ability that will have effect on psychological functioning. This heading deals with investigating psychological functioning across streams. Six streams of graduands were considered for the said purpose.

Null and alternative hypotheses

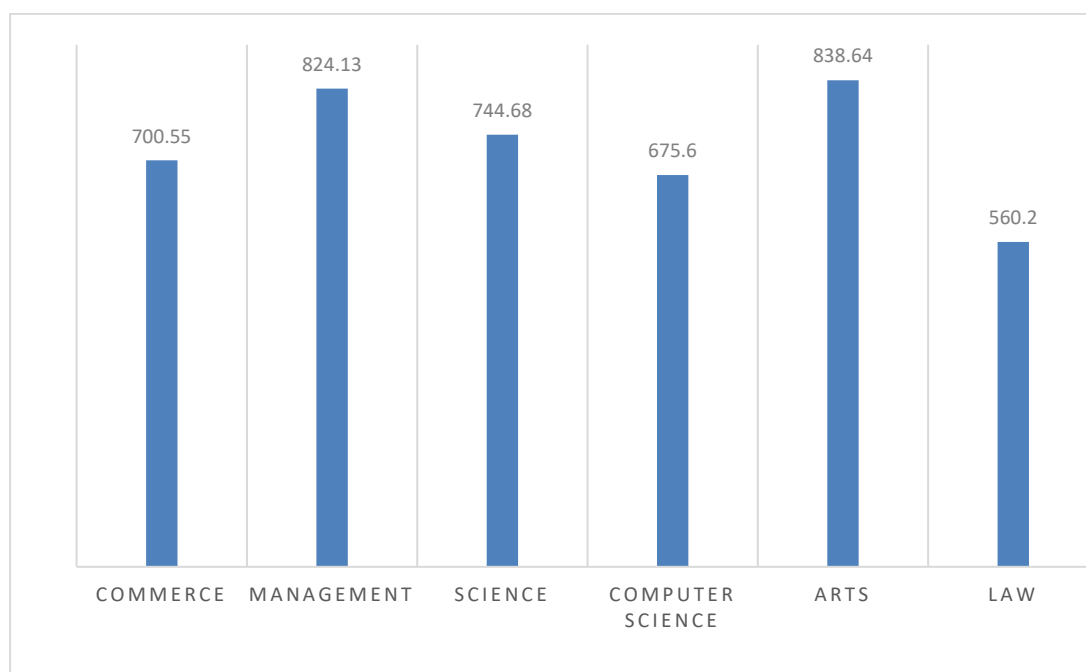
H₀: There is no significant difference between psychological functioning across stream of the study.

H_A: There is a significant difference between psychological functioning across stream of the study.

Table 5.4.1 Test Statistics of Psychological Functioning across Streams

Psychological Functioning		
Mean Ranks	Commerce	700.55
	Management	824.13
	Science	744.68
	Computer Science	675.60
	Arts	838.64
	Law	560.20
Kruskal-Wallis Test	Chi-Square	24.702
	Df	5
	p-value	0.000

Figure 5.4.1 Psychological Functioning Across Streams



Interpretation

A Kruskal-Wallis's test was conducted to compare the mean ranks of six different streams of study (Psychological Functioning, Commerce, Management, Science, Computer Science, and Arts). The table shows the mean rank for each stream. The Kruskal-Wallis's test resulted in a chi-square test statistic of 24.702 with 5 degrees of freedom, which is significant at $p < .001$. This indicates that there is a significant difference between the mean ranks of psychological functioning among any two streams.

Post Hoc Test

To identify the streams among whom the psychological functioning is significantly different a post hoc test was conducted applying Mann Whitney was performed.

Null and alternative hypotheses

H_0 : There is no significant difference between overall psychological functioning across j^{th} and j^{th} stream of study.

H_A : There is a significant difference between overall psychological functioning across i^{th} and j^{th} stream of study.

Table 5.4.2 Post Hoc Test Statistics

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Psychological Functioning across Stream					
Commerce	Management	488.80	560.3	0.001	Reject H ₀
Commerce	Science	546.27	574.63	0.163	Fail to Reject H ₀
Commerce	Computer Science	417.84	389.6	0.687	Fail to Reject H ₀
Commerce	Arts	489.22	563.28	0.001	Reject H ₀
Commerce	Law	415.17	387.10	0.775	Fail to Reject H ₀
Management	Science	234.04	222.58	0.087	Fail to Reject H ₀
Management	Computer Science	95.51	76.60	0.255	Fail to Reject H ₀
Management	Arts	179.49	179.51	0.998	Fail to Reject H ₀
Management	Law	92.50	74.10	0.415	Fail to Reject H ₀
Science	Computer Science	147.07	130.50	0.515	Fail to Reject H ₀
Science	Arts	223.33	244.31	0.079	Fail to Reject H ₀
Science	Law	144.28	128	0.643	Fail to Reject H ₀
Computer Science	Law	8.00	8.00	1.00	Fail to Reject H ₀
Computer Science	Arts	77.00	96.53	0.241	Fail to Reject H ₀
Arts	Law	93.51	74.50	0.401	Fail to Reject H ₀

Interpretation:

From the above table, it can be inferred that the psychological functioning of commerce graduands is significantly lower than management and arts graduands. But the same is not statistically significant for graduands from science, computer science and law.

5.5 PSYCHOLOGICAL FUNCTIONING AND AGE

According to Kohlberg, with an increase in age of the person the maturity and morality gets better. Similarly with increase in age of a person the psychological functioning improves. Thus, it is important to examine association between psychological functioning and age. Kendal's tau-b Test was applied to examine the association between overall psychological functioning and age of the graduands.

Null and alternative hypotheses

H₀: There is no significant association between overall psychological functioning and age in years.

H_A: There is a significant association between overall psychological functioning and age in years.

Table 5.5.1 Test Statistics of Association between Psychological functioning and Age

Kendall's tau_b		Psychological Functioning	Age in years
Psychological Functioning	Correlation Coefficient	1.000	-.018
	Sig. (2-tailed)	.	.351
	N	1479	1479
Age in years	Correlation Coefficient	-.023	1.000
	Sig. (2-tailed)	.304	.
	N	1479	1479

Interpretation

On the basis of the test statistics research can conclude that there is no significant association between age (in years) of graduands and psychological functioning of graduands.

5.6 PSYCHOLOGICAL FUNCTIONING AND PERSONAL INCOME

The economic status of an individual can significantly impact their psychological well-being, particularly when they are about to assume financial responsibilities. Therefore, it is vital to investigate whether the current income level has any correlation with the psychological functioning of graduates.

Null and alternative hypotheses

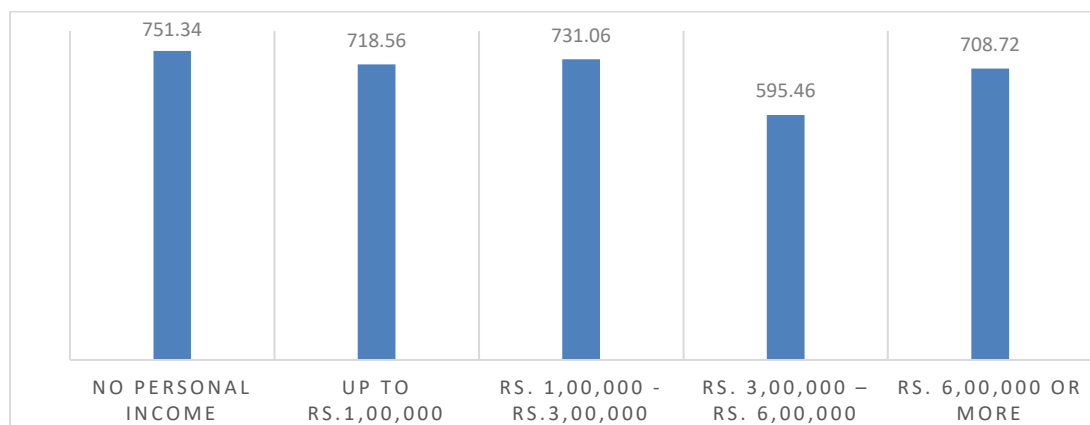
H_0 : There is no significant difference between overall psychological functioning across personal income.

H_A : There is a significant difference between overall psychological functioning across personal income.

Table 5.6.1 Test Statistics of Psychological functioning across Personal Income

Psychological functioning and Personal Income		
Mean Ranks	No Personal Income	751.34
	Up to Rs.1,00,000	718.56
	Rs. 1,00,000 - Rs.3,00,000	731.06
	Rs. 3,00,000 – Rs. 6,00,000	595.46
	Rs. 6,00,000 or more	708.72
Kruskal Wallis Test	Chi-Square	4.927
	df	4
	p-value	0.295

Figure 5.6.1 Psychological functioning and Personal Income



Interpretation

The mean rank of psychological functioning is almost equal except in case of income group of Rs. 3,00,000 – Rs. 6,00,000. Moreover, as the p-value is more than 0.05 researcher fails to reject null hypothesis. Hence it can be concluded that there is no association between personal income of the graduands and their psychological functioning.

5.7 PSYCHOLOGICAL FUNCTIONING AND LEVEL OF EDUCATION

Mann Whitney test was applied to examine psychological functioning of graduands across level of education.

Null and alternative hypotheses

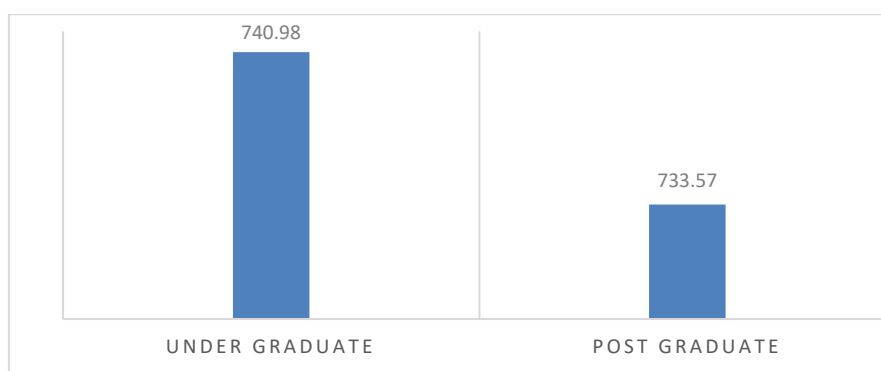
H₀: There is no significant difference between overall psychological functioning of under graduate and post graduate graduands.

H_A: There is a significant difference between overall psychological functioning of under graduate and post graduate graduands.

Table 5.7.1 Test Statistics of Psychological functioning across Level of Education

Psychological functioning		
Mean Ranks	Under Graduate	740.98
	Post Graduate	733.57
Mann Whitney Test	Z	-0.243
	p-value	0.808

Figure 5.7.1 Psychological functioning Across Levels of Education



Interpretation

The results show that individuals with a graduate degree have a higher mean rank (740.98) than those with a post-graduate degree (733.57), indicating that the former group has better psychological functioning. The Z statistic is -0.243, and the p-value is 0.808. Since the p-value is greater than the conventional level of significance (0.05). Therefore, the statistical results indicate that there is no significant difference between the two groups in terms of their psychological functioning.

6 SOCIAL COMPETENCE

The main variable of the study is the mental health of graduands. On the basis of definition of mental health as defined by WHO, the three main aspects of mental health are identified -Psychological Functioning, Social Competence and Stress & Coping Ability. Further these three aspects comprise various constructs, for each construct there are different statements and each statement analysis is done below using tables and charts. The second important aspect of mental health in present study is Social Competence.

Social Competence refers to the ability of an individual to effectively navigate and interact with their social environment, including their ability to communicate, empathize, and form positive relationships with others. It encompasses a range of skills, such as effective communication, social problem-solving, conflict resolution, and emotional regulation. Strong social competence is associated with positive mental health outcomes, including increased well-being and a reduced risk of mental health problems such as depression and anxiety.

6.1 SUB-VARIABLE OF SOCIAL COMPETENCE

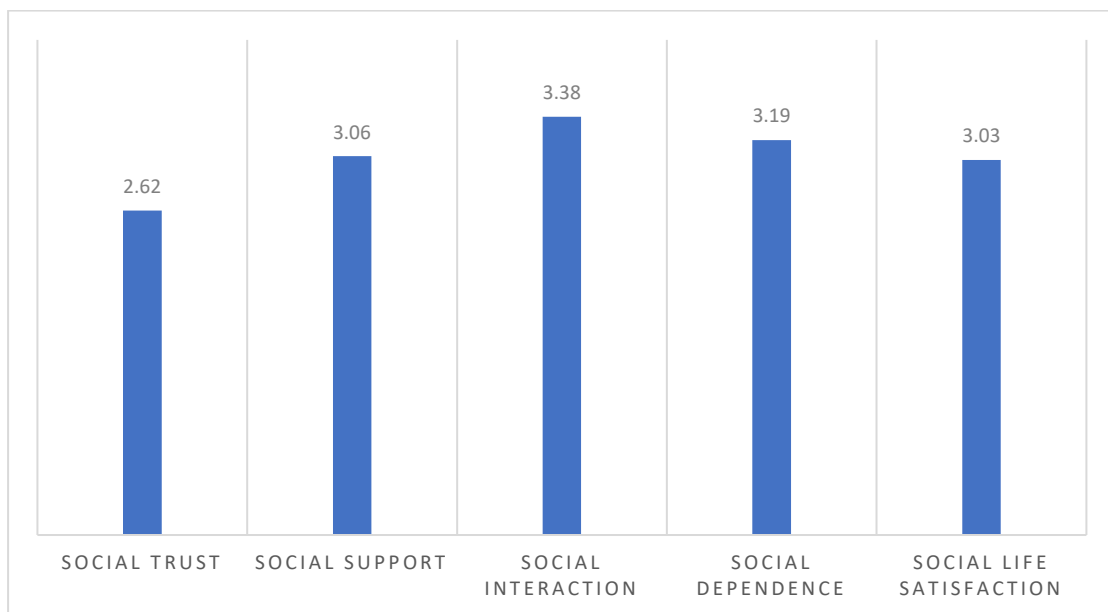
The statement-wise analysis of five sub-variables of Social Competence is as under:

Table 6.1.1 Summary of Frequency Distribution of Social Competence

Statements	1	2	3	4	5	WAM
Where 1= Strongly disagree/ Dissatisfied/ Never and 5= Strongly disagree/ Dissatisfied/Always						
Social Trust						2.62
I can easily Trust Others	528	321	333	129	168	
Others find very easy to trust me	303	322	375	225	254	
Social Support						3.06
Family	433	152	215	293	386	
Friends	273	260	304	291	351	
Teachers	308	227	343	300	301	
Social Interaction						3.38

Statements	1	2	3	4	5	WAM
I always hesitate to ask question when having difficulty to understand or take decision	350	373	387	201	168	
I always face difficulty in initiating conversation with others.	339	419	388	177	156	
Social dependence						3.19
It is very important for me that my love ones validate my decision and actions	293	367	374	215	230	
I don't care what others have to say about me.	283	368	394	198	236	
I most of the time do things my friend want me to do so to please them	342	385	384	190	178	
It is very difficult to be friend with others	355	389	395	177	163	
Social Life Satisfaction						3.03
Kind of Family You have	278	289	343	238	331	
Kind of Friends you have	277	273	378	227	324	

Figure6.1.1 Mean of Sub variables of Social Competence



Studies found that Individuals with higher levels of social trust had better mental and physical health outcomes. With WAM of 2.62, social trust among respondents is less. The researcher can conclude that lower level of social life satisfaction is associated with higher level of depression among respondents.

Social support has been shown to play a critical role in promoting good mental health, and numerous studies have examined this relationship. With WAM of 3.06, rating of

social support is having average rating which indicates that average social support networks were not so likely to experience mental health issues such as depression and anxiety among respondents.

With WAM of 3.38, the researcher affirms that social interaction among grandaunts is just below good. Researchers found that higher levels of social support and more frequent communication with others were associated with better mental health outcomes. Here with neutral rating, the researcher can interpret that average level of social support and average communication with others is associated with average mental outcome.

Higher levels of social dependence were associated with greater risk for depression. With WAM of 3.19, Social dependency is average. The researcher can conclude that level of anxiety and level of depression is average among respondents.

With WAM of 3.03, social life satisfaction among respondents is neutral which means with average social life satisfaction, mental health of respondents is also average.

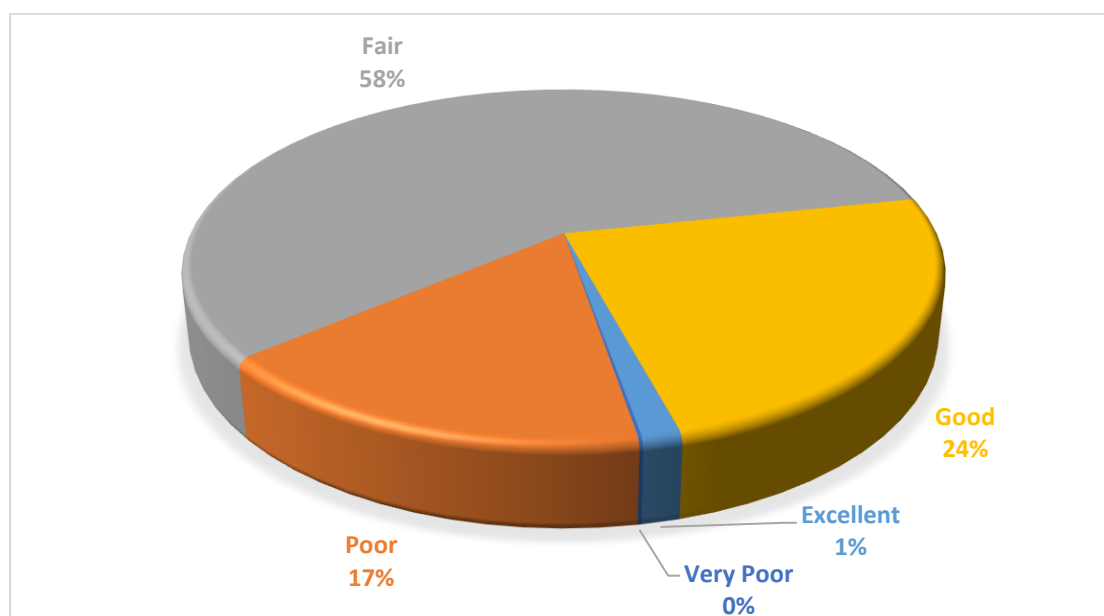
6.2 OVERALL SOCIAL COMPETENCE

The score of overall social competence was computed using mean score of five sub-variables viz. social trust, social support, social interaction, social dependence, and social life satisfaction. The score so computed was then converted to the original ordinal scale for better interpretation.

Table 6.2.1 Frequency Distribution of Social Competence

Social Competence	Frequency	WAM
Very Poor	2	3.1028
Poor	243	
Fair	856	
Good	357	
Excellent	21	

Figure 6.2.1 Distribution of Social Competence



The results indicate that the majority of respondents rated their social competence as fair, with 58 percent responses falling into this category. This is followed by good, with 24 percent responses. Only 1.4 percent respondents rated their social competence as excellent, while 16.4 percent and 0.01 percent respondents rated it as poor and very poor, respectively. The WAM score for the entire sample is 3.055, which falls into the Fair category. Overall, the results suggest that the surveyed graduands generally perceive their social competence as average, with room for improvement.

6.3 SOCIAL COMPETENCE AND GENDER

This heading analyses the differences in social competence across gender. The hypothesis testing is conducted to investigate whether there is a significant difference between the medians of male and female graduands with regards to social competence. This analysis is important for understanding potential gender disparities in social competence.

Null and alternative hypotheses

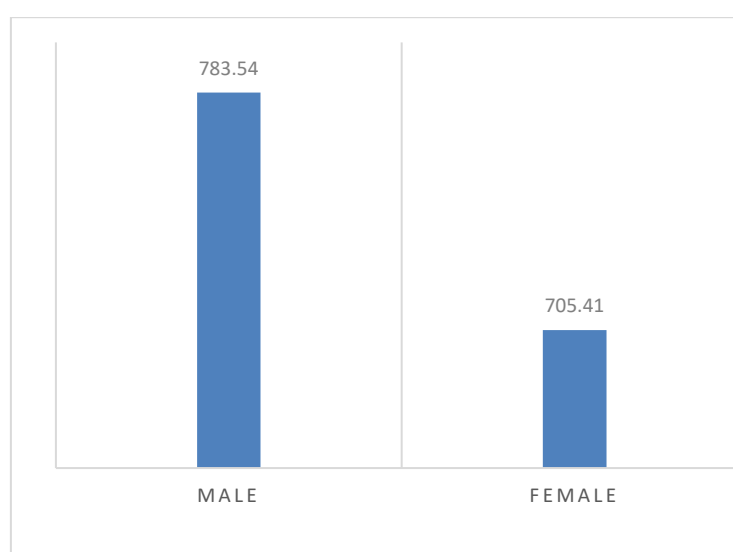
H_0 : There is no significant difference between social competence of male and female.

H_A : There is a significant difference between the social competence of male and female.

Table 6.3.1 Test Statistics of Social Competence across Gender

Social Competence			
Mean Ranks	Male		783.54
	Females		705.41
Mann Whitney Test	Z		-3.927
	p-value		0.000

Figure 6.3.1 Social Competence across Gender



Interpretation

The test was performed to compare the ranks of males and females on the variable of Social Competence. The results show that the mean rank for males is 783.54 and the mean rank for females is 705.41. The Z-score is -3.927 and the p-value (Asymp. Sig. 2-tailed) is 0.000, indicating a statistically significant difference between the ranks of males and females on Social Competence. It means that males have higher Social Competence scores than females.

On the basis of the above test statistics, it can be inferred that there is significant difference between social competence of female and male graduands. Male graduands are having better social competence compared to that of female.

6.4 SOCIAL COMPETENCE AND STREAM

The heading tries to examine how the stream or academic program that a student is enrolled in may influence their Social Competence. The analysis considers six different streams of graduands to investigate whether there are any significant differences in Social Competence across these groups. The cognitive abilities required for success in different streams may differ, which could impact Social Competence. Understanding the relationship between stream and Social Competence is important for developing targeted interventions to promote positive mental health outcomes among graduands of different academic programs.

Null and alternative hypotheses

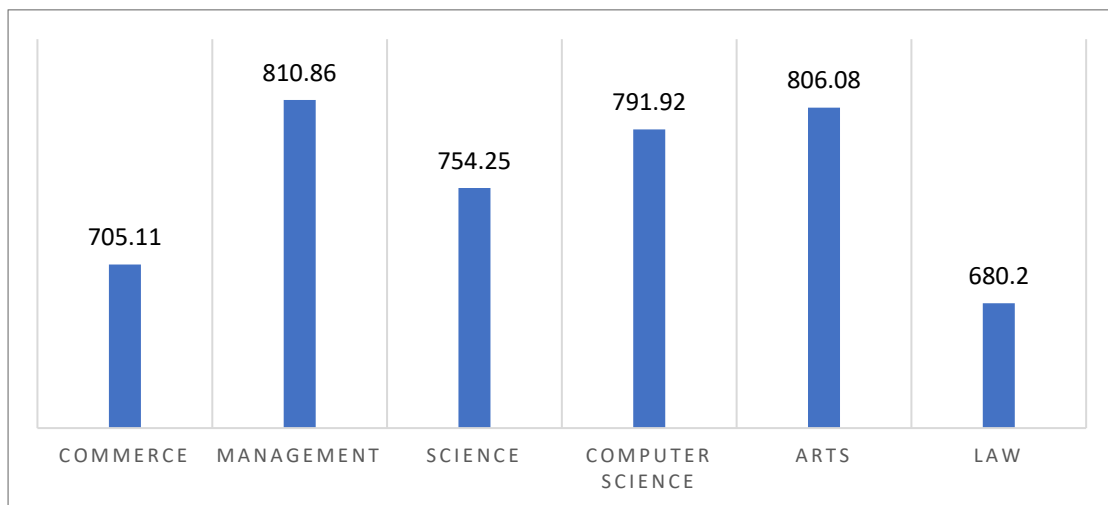
H_0 : There is no significant difference between the medians of the streams being compared on Social Competence

H_A : There is a significant difference between the medians of the streams being compared on Social Competence

Table 6.4.1 Test Statistics of Social Competence across Stream

Social Competence		
Mean Ranks	Commerce	705.11
	Management	810.86
	Science	754.25
	Computer Science	791.95
	Arts	806.08
	Law	680.20
Kruskal-Wallis Test	Chi-Square	15.302
	Df	5
	p-value	0.009

Figure 6.4.1 Social Competence Across Streams



Interpretation

The Kruskal-Wallis test was conducted to compare the mean ranks of six different streams of study (Commerce, Management, Science, Computer Science, Arts, and Law) in terms of their total number of students (N) with respect to social competence. The table shows the mean rank for each stream, as well as the total number of students across all streams. The test resulted in a chi-square test statistic of 15.302 with 5 degrees of freedom, which is significant at $p < .05$. This indicates that there is a significant difference between the mean ranks of the six streams in terms of social competence.

Post Hoc Test

To identify the streams among whom the social competence is significantly different a post hoc test was conducted applying Mann Whitney was performed.

Null and alternative hypotheses

H_0 : There is no significant difference between social competence across i^{th} and j^{th} stream of study.

H_A : There is significant difference between social competence across i^{th} and j^{th} stream of study

Table 6.4.2 Post Hoc Test Statistics

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Social Competence Across Stream					
Commerce	Management	491.62	547.24	0.009	Reject H ₀
Commerce	Science	548.07	569.37	0.274	Fail to Reject H ₀
Commerce	Computer Science	417.18	444.10	0.690	Fail to Reject H ₀
Commerce	Arts	492.06	550.30	0.006	Reject H ₀
Commerce	Law	414.71	462.70	0.611	Fail to Reject H ₀
Management	Science	240.82	233.99	0.142	Fail to Reject H ₀
Management	Computer Science	94.67	91.45	0.841	Fail to Reject H ₀
Management	Arts	179.40	179.60	0.983	Fail to Reject H ₀
Management	Law	92.04	90.70	0.951	Fail to Reject H ₀
Science	Computer Science	146.34	151.00	0.848	Fail to Reject H ₀
Science	Arts	224.62	242.27	0.120	Fail to Reject H ₀
Science	Law	143.88	153.70	0.768	Fail to Reject H ₀
Computer Science	Law	7.90	8.20	0.889	Fail to Reject H ₀
Computer Science	Arts	92.00	95.69	0.816	Fail to Reject H ₀
Arts	Law	93.04	91.50	0.943	Fail to Reject H ₀

Interpretation

Based on the table presented, it can be inferred that Commerce graduands have lower level of social competence compared to Management and Arts graduands. However, the results do not show statistical significance for graduands from Science, Computer Science, and Law programs.

6.5 SOCIAL COMPETENCE ACROSS AGE

According to Cairns & Cairns (1991)¹ Social Development found that social competence continued to develop during adolescence, with teenagers showing improvements in their ability to communicate effectively and resolve conflicts. Thus, it is important to examine association between social competence and age. Kendal's tau-b Test was applied to examine the association between overall psychological functioning and age of the graduands.

Null and alternative hypotheses

H₀: There is no association between Social Competence and age in year.

H_A: There is an association between Social Competence and age in year.

Table 6.5.1 Test statistics of Correlation between age of the respondents and Social Competence

Kendall's tau_b		Age in year	Social Competence
Age in year	Correlation Coefficient	1.000	-.017
	Sig. (2-tailed)	.	.385
	N	1479	1479
Social Competence	Correlation Coefficient	-.017	1.000
	Sig. (2-tailed)	.385	.
	N	1479	1479

The table above shows the results of the correlation analysis between age and social competence scores measured on an interval scale, using the Kendall's tau-b correlation coefficient. The correlation coefficient between age and social competence is -0.017, which suggests a very weak negative correlation. However, the p-value for this correlation is 0.385, which is greater than the significance level of 0.05. Therefore, we fail to reject the null hypothesis. These results indicate that there is no statistically significant relationship between age and social competence, which means that age does not have a significant association with social competence.

¹ Cairns, R. B., & Cairns, B. D. (1991). *Lifelines and risks: Pathways of youth in our time*. New York: Cambridge University Press.

6.6 SOCIAL COMPETENCE ACROSS PERSONAL INCOME

According to Piff et al. (2010)² Personal income can have a positive impact on an individual's social competence. Higher personal income can provide individuals with greater access to resources and opportunities, such as education and training, which can help to develop social skills and increase confidence in social situations. Thus, it becomes important to understand whether or not the present status of income is having any association with the social competence of graduands.

Null and alternative hypotheses

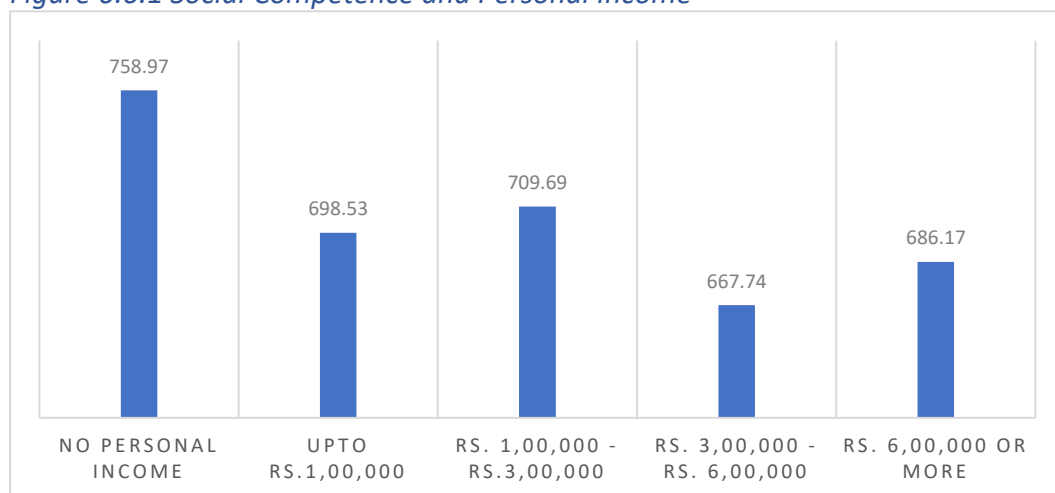
H₀: There is no association between Personal Income and Social Competence.

H_A: There is an association between Personal Income and Social Competence.

Table 6.6.1 Test Statistics of Social Competence across Income Group

Social Competence		
Mean Ranks	None	758.97
	Up to 100000	698.53
	100000 – 300000	709.69
	300000 – 600000	667.74
	More than 600000	686.17
Kruskal Wallis Test	Chi-Square	8.099
	df	4
	p-value	0.088

Figure 6.6.1 Social Competence and Personal Income



² Piff, P. K., Stancato, D. M., Côté, S., Mendoza-Denton, R., & Keltner, D. (2012). Higher social class predicts increased unethical behavior. *Proceedings of the National Academy of Sciences*, 109(11), 4086-4091.

Interpretation

The test statistic was 8.099, with 4 degrees of freedom and a p-value of 0.088. Since the p-value is greater than the commonly used significance level of 0.05, there is not enough evidence to reject the null hypothesis of equal medians. Therefore, it suggests that there is no significant difference in Social Competence based on income level.

6.7 SOCIAL COMPETENCE ACROSS LEVEL OF EDUCATION

According to Motti-Stefanidi et al. (2012)³, higher levels of education were associated with better social competence among adolescent students. Thus, Mann Whitney test was applied to examine social competence of graduands across level of education.

Null and alternative hypotheses

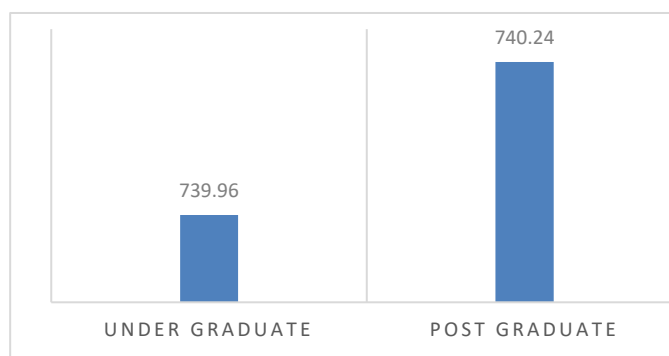
H₀: There is no association between Level of education of the respondents and Social Competence

H_A: There is an association between Level of education of the respondents and Social Competence

Table 6.7.1 Test Statistics of Social Competence across level of education

Social Competence		
Mean Ranks	Under Graduate	739.96
	Post Graduate	740.24
Mann Whitney Test	Z	-0.010
	p-value	0.992

Figure 6.7.1 Social Competence Across Levels of Education



³ Motti-Stefanidi, F., Asendorpf, J. B., & Masten, A. S. (2012). School success and school adjustment of immigrant children: The role of acculturation. *Applied Developmental Science*, 16(4), 186-201.

Interpretation

There is no significant difference in the mean ranks of social competence between individuals with a graduate degree and those with a post-graduate degree. The mean rank for individuals with a graduate degree was 739.96, while that for individuals with a post-graduate degree was 740.24. The test statistics also supported this finding, as the non-significant Z-value of -.010 and a p-value of .992. This implies that the level of education does not have a significant association with social competence among the respondents. Therefore, we can conclude that the level of education does not play a significant role in determining social competence.

7 STRESS COPING ABILITY

The third important aspect of mental health in present study is Stress and Coping Ability. Stress coping ability is the capacity of an individual to manage and adapt to stressors effectively, using cognitive, emotional, and behavioural strategies to alleviate the negative effects of stress and promote well-being (Folkman & Lazarus, 1988)⁴. Effective stress coping ability has been associated with better mental and physical health outcomes (Liu et al., 2018)⁵, while ineffective coping can lead to negative outcomes such as anxiety, depression, and physical health problems (Fink et al., 2020)⁶. The statement-wise analysis of two constructs of Stress Coping Ability, Experience of Stress and Stress Coping Mechanism is as under:

7.1 SUB-VARIABLES OF STRESS COPING ABILITY

The statement-wise analysis of two sub-variables of stress coping ability is as under:

Table 7.1.1 Summary of Frequency Distribution of Stress Coping Ability.

Statements	1	2	3	4	5	WAM
Where 1= Strongly disagree/ Dissatisfied/ Never and 5= Strongly disagree/ Dissatisfied/Always						
Experience of Stress						3.36
Sometimes I want to Harm myself	423	378	366	162	150	
I frequently experience Panic Attack	425	371	360	166	157	
I have healthy Sleep Patterns	294	379	389	208	209	
I Frequently experience headache, nausea, hyper acidity or insomnia	405	398	354	168	154	
Examination	458	299	359	191	172	
Result	286	408	385	199	201	
While of Stage or Public Speaking	308	383	413	183	192	
Stress Coping Mechanism						3.40
I am doing well in my life.	352	283	413	182	249	

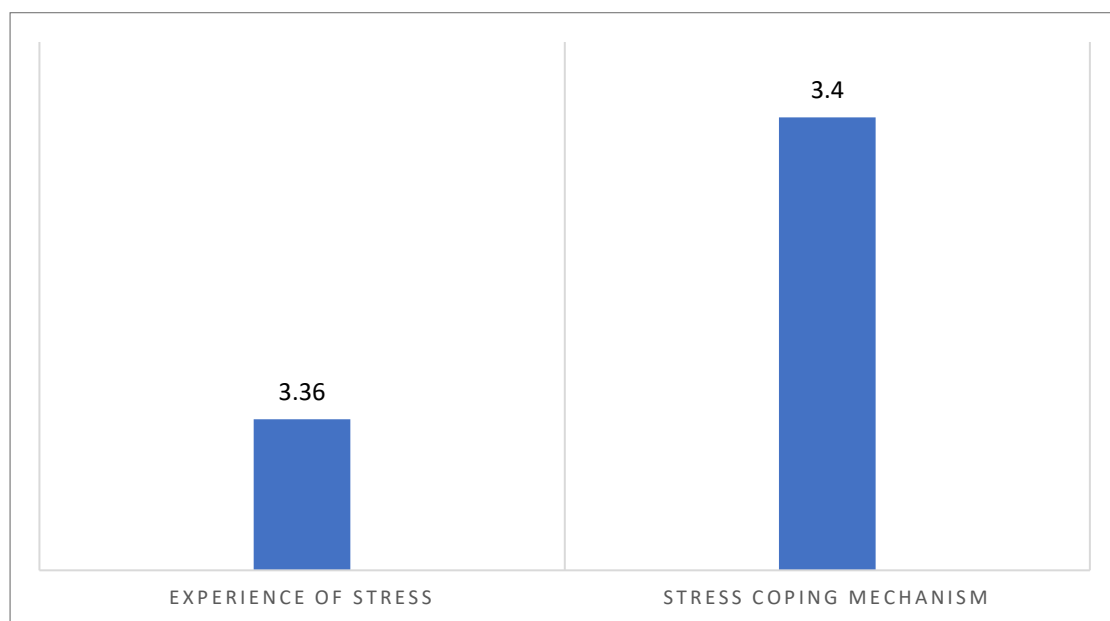
⁴ Folkman, S., & Lazarus, R. S. (1991). Coping and emotion. In A. Monat & R. S. Lazarus (Eds.), Stress and coping: An anthology (pp. 207-227). Columbia University Press.

⁵ Liu, Y., Li, Y., Chen, J., Zhang, X., Guo, Y., & Liu, Y. (2018). The mediating role of coping style in the relationship between psychological capital and burnout among Chinese nurses. PloS one, 13(4)

⁶ Fink, G., Seedat, S., & Gelaye, B. (2020). The association between common mental disorders and coping strategies in low-and middle-income countries: A systematic review. BMC Public Health, 20(1), 1-11.

Statements	1	2	3	4	5	WAM
Where 1= Strongly disagree/ Dissatisfied/ Never and 5= Strongly disagree/ Dissatisfied/Always						
Reading Books	544	315	267	135	218	
Watching Reels	399	507	277	148	208	
Watching movies or TV	390	416	313	145	215	
Listening to music	361	404	258	172	284	
Playing games	417	432	274	130	226	
Hanging out with friends	380	414	278	157	250	
Pursuing hobbies or interests (like dancing, painting, singing, playing cricket, etc.)	403	383	288	162	243	
Exercising	387	442	289	160	201	
Traveling	391	433	272	160	223	
simply relaxing and enjoying some downtime	390	389	293	152	255	

Figure 7.1.1 Mean of Sub variables of Stress Coping Ability



With WAM of 3.36, the researcher can conclude that experience of stress among respondents is neutral which indicates that respondents are neither experiencing higher stress nor experiencing lower stress.

With WAM of 3.40, the researcher can conclude that stress coping mechanism among respondents is good.

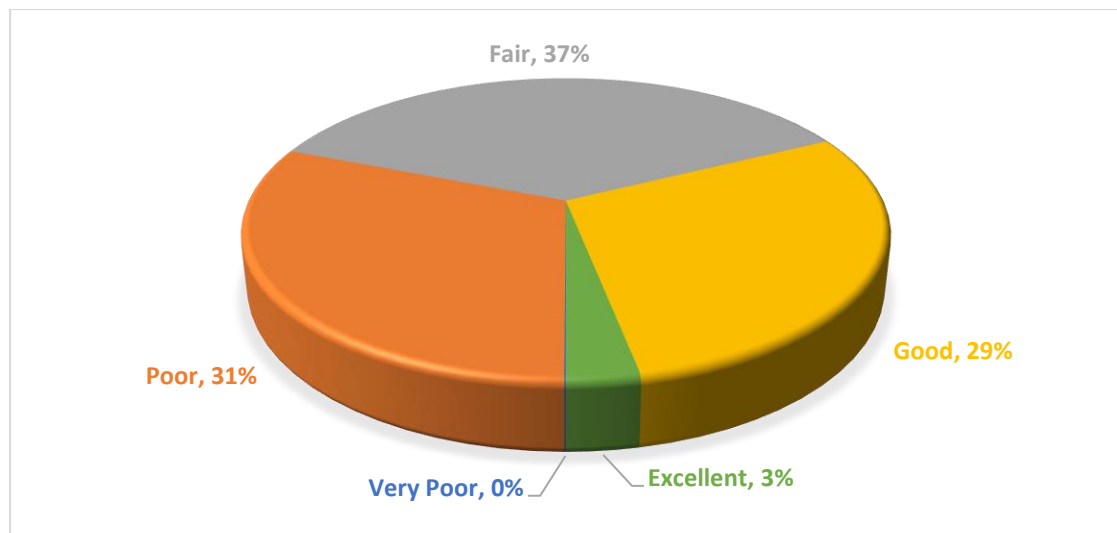
7.2 OVERALL STRESS COPING ABILITY

The score of overall stress coping ability was computed using mean of score of two sub-variables viz. experience of stress and stress coping mechanism. The score so computed was then converted to the original ordinal scale for better interpretation.

Table 7.2.1 Frequency Distribution of Stress Coping Ability

Stress Coping Ability	Frequency	WAM
Very Poor	1	3.0210
Poor	447	
Fair	532	
Good	423	
Excellent	45	

Figure 7.2.1 Distribution of Stress Coping Ability



The frequency distribution of overall psychological functioning shows that only 3% of the graduates were having excellent stress coping ability. Out of total respondents, only 29 percent were having good or above average stress coping ability. While 31 percent of the respondents were having poor stress coping ability. However, there were just 4 respondents were having extremely poor psychological functioning. The rest of the respondents 37 percent were having average of fair psychological functioning.

7.3 STRESS COPING ABILITY AND GENDER

According to Harrison & Matyjaszczyk (2020)⁷ gender may impact how men and women cope with stress, with men feeling pressure to appear strong and independent and women feeling pressure to express emotions and seek support. This heading tries to investigate whether or not there is difference in stress coping ability of male and female graduands. Mann Whitney test was applied for the said purpose.

Null and alternative hypotheses

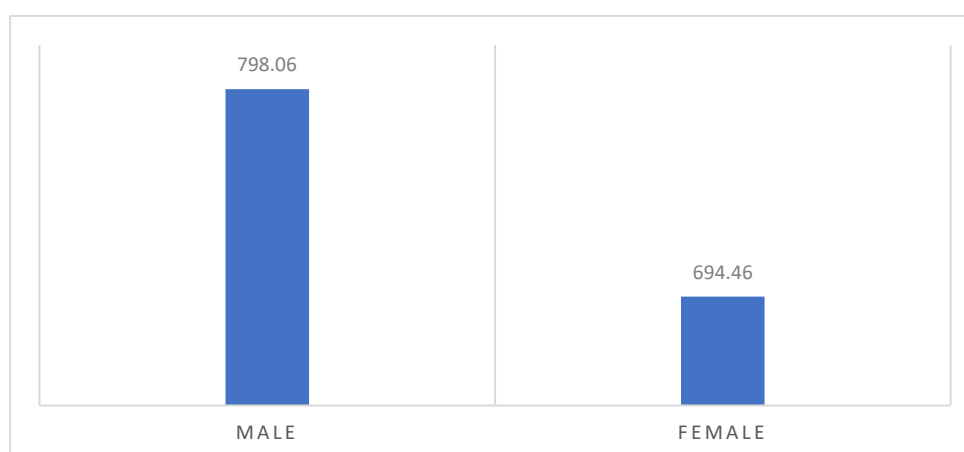
H₀: There is no significant difference between the medians of male and female compared on Stress Coping Ability

H_A: There is a significant difference between the medians of male and female compared on Stress Coping Ability

Table 7.3.1 Test Statistics of Stress Coping Ability across gender

Stress Coping Ability		
Mean Ranks	Male	798.06
	Females	694.46
Mann Whitney Test	Z	-4.881
	p-value	0.000

Figure 7.3.1 Stress Coping Ability Across Gender



⁷ Harrison, R., & Matyjaszczyk, V. (2020). Stress and coping in men and women. In A. Antoniou, C. Cooper, & K. Burke (Eds.), *The Oxford Handbook of Stress and Mental Health* (pp. 355-367). Oxford University Press.

Interpretation

The test was conducted to determine if there is a significant difference in stress coping ability scores between males and females. The test compares the ranks of the stress coping ability scores for males and females. The mean rank for males is 798.06, and the mean rank for females is 694.46. This indicates that, on average, males had higher stress coping ability scores than females. The Z-score is -4.881, which indicates that the difference between the stress coping ability scores for males and females is statistically significant. The p-value is less than .001, which means that the probability of observing such a large difference in stress coping ability scores between males and females by chance is very low. It means that there is a statistically significant difference in stress coping ability between males and females, with males having higher stress coping ability scores than females.

7.4 STRESS COPING ABILITY AND STREAMS

This relationship may vary depending on the specific academic stream in which students are studying. According to Azmal et al. (2015)⁸ the students in technical fields reported higher levels of stress and lower levels of coping ability than students in non-technical fields. Thus, to check the relation between stress coping ability and stream of the graduands, Kruskal-Wallis Test was applied.

Null and alternative hypotheses

H₀: There is no significant difference between the medians of the streams being compared on Stress Coping Ability

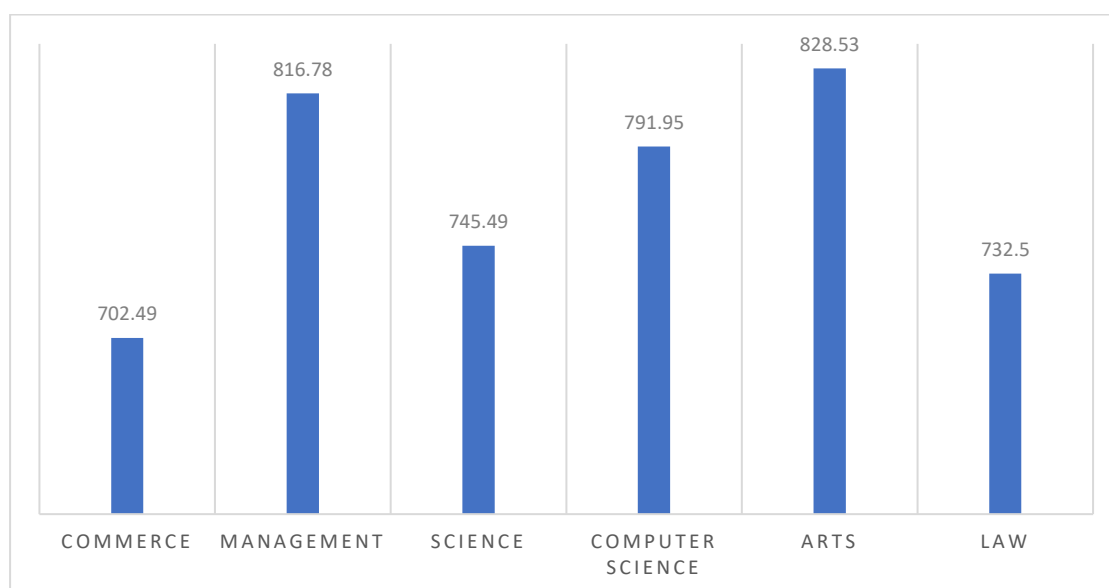
H_A: There is a significant difference between the medians of the streams being compared on Stress Coping Ability

⁸ Azmal, M., Bahri, S., Ahmad, A., & Roslan, S. (2015). The relationship between academic stress and coping strategies among students in higher education institutions: A case study from Malaysia. *Journal of Education and Learning*, 4(4), 107-118.

Table 7.4.1 Stress Coping Ability and Streams

Stress Coping Ability		
Mean Ranks	Commerce	702.49
	Management	816.78
	Science	745.49
	Computer Science	791.95
	Arts	828.53
	Law	732.50
Kruskal-Wallis Test	Chi-Square	21.260
	df	5
	p-value	0.001

Figure 7.4.1 Stress Coping Ability and Streams



Interpretation

The test was conducted to compare the mean ranks of six different streams of study (Commerce, Management, Science, Computer Science, Arts, and Law) in terms of their total number of students (N) with respect to stress coping ability. The table shows the mean rank for each stream, as well as the total number of students across all streams.

The Kruskal-Wallis test resulted in a chi-square test statistic of 21.260 with 5 degrees of freedom, which is significant at $p < .01$. This indicates that there is a significant difference between the mean ranks of the six streams in terms of stress coping ability.

Post Hoc Test

To identify the streams among whom the stress coping ability is significantly different a post hoc test was conducted applying Mann Whitney was performed.

Null and alternative hypotheses

H_0 : There is no significant difference between stress coping ability across i^{th} and j^{th} stream of study.

H_A : There is significant difference between stress coping ability across i^{th} and j^{th} stream of study.

Table 7.4.2 Post Hoc Test Statistics

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Stress Coping Ability across Stream					
Commerce	Management	487.69	565.43	0.001	Reject H ₀
Commerce	Science	545.35	577.32	0.124	Fail to Reject H ₀
Commerce	Computer Science	417.11	449.95	0.649	Fail to Reject H ₀
Commerce	Arts	485.91	578.46	0.000	Reject H ₀
Commerce	Law	414.90	432.20	0.864	Fail to Reject H ₀
Management	Science	243.90	222.04	0.07	Fail to Reject H ₀
Management	Computer Science	94.86	88.15	0.690	Fail to Reject H ₀
Management	Arts	177.39	181.58	0.686	Fail to Reject H ₀
Management	Law	92.26	82.70	0.67	Fail to Reject H ₀
Science	Computer Science	146.38	149.90	0.891	Fail to Reject H ₀

Streams (ith)	Streams (jth)	Mean Rank of (ith) Stream	Mean Rank of (jth) Stream	Mann Whitney Test	
				p-value	Result
Science	Arts	220.75	248.34	0.022	Reject H_0
Science	Law	144.03	142.30	0.961	Fail to Reject H_0
Computer Science	Law	8.10	7.70	0.898	Fail to Reject H_0
Computer Science	Arts	86.70	95.99	0.582	Fail to Reject H_0
Arts	Law	91.31	81.70	0.612	Fail to Reject H_0

Interpretation

From the above table it can be concluded that the commerce graduands stress coping ability is significantly more than management and arts graduands. But the same is not statistically significant for graduands from science, computer science and law. Further it can be inferred that the stress coping ability of science graduands is significantly more than arts graduands.

7.5 STRESS COPING ABILITY AND AGE

According to Carver et al. (2013)⁹ the older adults have more proactive approach to deal with stress compared to the younger. Additionally, older adults may have more life experience and a greater sense of control over their lives, which can contribute to a more positive outlook and greater resilience in the face of stress (Charles et al., 2019)¹⁰. Thus, it is important to examine association between stress coping ability and age. Kendal's tau-b Test was applied to examine the association between overall psychological functioning and age of the graduands.

Null and alternative hypotheses

H_0 : There is no association between age of the respondents and Stress Coping Ability

⁹ Carver, L. F., Kiemle, G., & Scheier, M. F. (2013). Age differences in coping strategies: A comparison of findings from normative and clinical samples. *Psychology and Aging*, 28(1), 287-295.

¹⁰ Charles, S. T., Reynolds, C. A., & Gatz, M. (2019). Age-related differences and change in positive and negative affect over 23 years. *Journal of Personality and Social Psychology*, 117(1), 118-137.

H_A: There is an association between age of the respondents and Stress Coping Ability

Table 7.5.1 Test statistics of Correlation between age of the respondents and Stress Coping Ability

		Age	Stress Coping Ability
Age	Correlation Coefficient	1.000	-.023
	Sig. (2-tailed)	.	.385
	N	1479	1479
Stress Coping Ability	Correlation Coefficient	-.017	1.000
	Sig. (2-tailed)	.385	.
	N	1479	1479

Interpretation

The table above shows the results of the correlation analysis between age and stress coping ability scores measured on an interval scale, using the Kendall's tau-b correlation coefficient. The correlation coefficient between age and stress coping ability is -0.023, which suggests a very weak negative correlation. However, the p-value for this correlation is 0.385, which is greater than the significance level of 0.05. Therefore, we fail to reject the null hypothesis. These results indicate that there is no statistically significant relationship between age and stress coping ability, which means that age does not have a significant association with stress coping ability.

7.6 OVERALL STRESS COPING ABILITY ACROSS PERSONAL INCOME

According to Maddi (2004)¹¹ the individuals with higher incomes tend to use more problem-focused coping strategies and have better mental health outcomes than those with lower incomes. Individuals with higher incomes may have access to resources and support systems that can facilitate effective coping strategies. Thus, it becomes important to understand whether or not the present status of income is having any association with the stress coping ability of graduands.

¹¹ Maddi, S. R. (2004). Hardiness: An operationalization of existential courage. *Journal of Humanistic Psychology*, 44(3), 279-298.

Null and alternative hypotheses

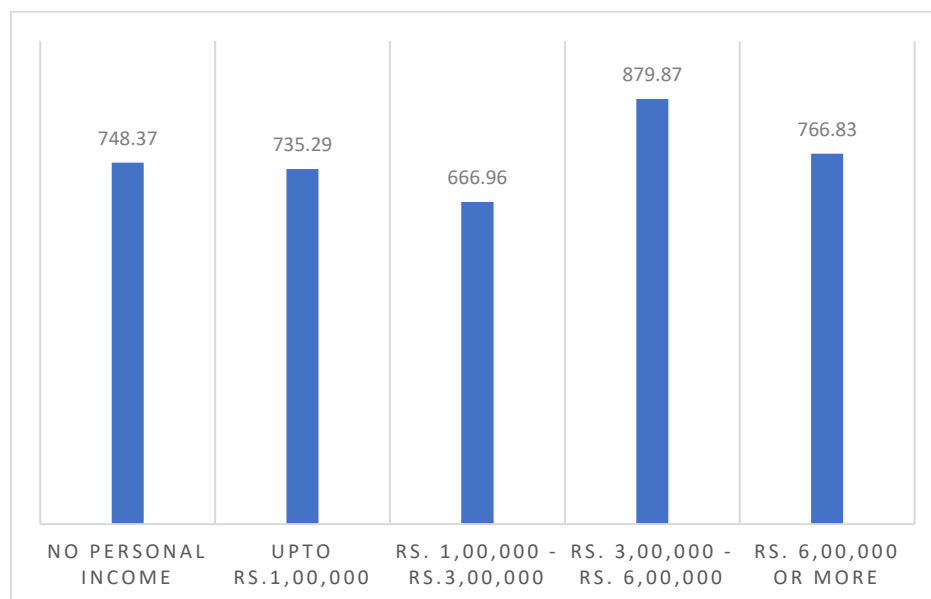
H₀: There is no association between Personal Income of the respondents and Stress Coping Ability

H_A: There is an association between Personal Income of the respondents and Stress Coping Ability

Table 7.6.1 Test Statistics of Stress Coping across Income Group

Stress Coping		
Mean Ranks	None	753.46
	Up to 100000	714.13
	100000 – 300000	724.81
	300000 – 600000	596.26
	More than 600000	711.47
Kruskal Wallis Test	Chi-Square	5.493
	Df	4
	p-value	0.240

Figure 7.6.1 Stress Coping Ability and Personal Income



Interpretation

The test statistic was 5.493, with 4 degrees of freedom and a p-value of 0.240. Since the p-value is greater than the commonly used significance level of 0.05, there is not enough evidence to reject the null hypothesis of equal medians. Therefore, it suggests that there is no significant relation between personal income and stress coping ability. However, it is important to keep in mind that this is just one analysis, and there may be other factors that could influence stress coping ability that are not captured by income level alone.

7.7 STRESS COPING ABILITY ACROSS LEVEL OF EDUCATION

According to Adams & Bianchi (2018)¹² the higher levels of education are associated with increased use of problem-focused coping strategies and better mental health outcomes. Individuals with higher levels of education may have more resources and skills to cope with stressful situations. Education provides individuals with problem-solving skills, critical thinking abilities, and access to social support networks, which can help in managing stressors effectively. However, it is important to note that there are individual differences in coping ability and level of education, and not all individuals with higher education may have effective coping strategies. Thus to investigate difference in stress coping ability across level of education the Mann-Whitney Test has been applied.

Null and alternative hypotheses

H₀: There is no association between level of education of the respondents and Stress Coping Ability

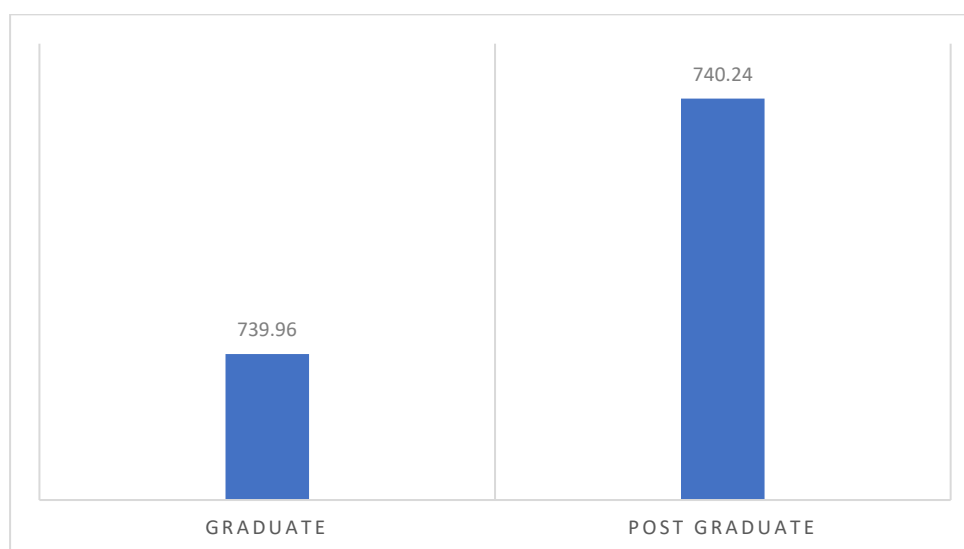
H_A: There is an association between level of education of the respondents and Stress Coping Ability

¹² Adams, R. G., & Bianchi, R. (2018). Educational attainment and coping strategies among US adults with disabilities. *Disability and Health Journal*, 11(2), 214-221.

Table 7.7.1 Test Statistics of Stress coping ability across level of education

Stress coping ability		
Mean Ranks	Under Graduate	739.96
	Post Graduate	740.24
Mann Whitney Test	Z	-0.014
	p-value	0.989

Figure 7.7.1 Stress coping ability Across Levels of Education



Interpretation

The results show that there is no significant difference in the mean ranks of stress coping ability between individuals with a under graduate degree (739.94) and those with a post-graduate degree (740.37). The test statistics results further confirm that there is no significant difference in stress coping ability between individuals with a under graduate degree and those with a post-graduate degree ($Z = -.014$, $p = .989$).

8 MENTAL HEALTH OF GRADUANDS

As discussed in earlier chapters (chapter 2), mental health can be studied on the basis of three aspects psychological functioning, social competence and stress coping ability. This heading deals with investigating association among three variables, overall mental health and mental health across selected demographic variables.

8.1 COMPARISON AMONG ASPECTS OF MENTAL HEALTH

This heading aims to investigate correlation among three aspects of mental health viz. positive psychological functioning, social competence and stress coping ability. All these aspects are having their respective construct. The score for each aspect was derived with the help of weighted average mean of respective latent variables. To analyse this relationship, the Kendall's tau-b (τ_b) correlation coefficient will be used.

Null and alternative hypotheses

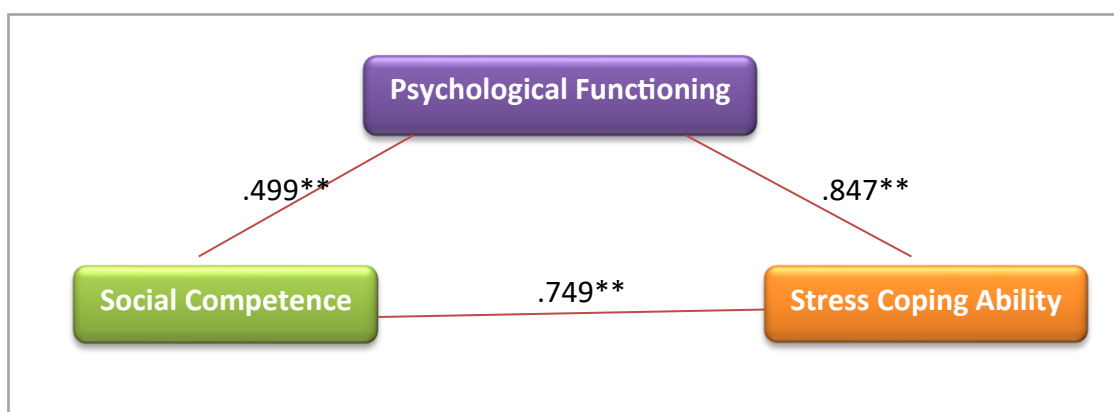
H0: There is no association among various aspects of mental health.

HA: There is a significant association among various aspects of mental health.

Table 8.1.1 Test Statistics of Corelation among Aspects of Mental Health

Kendall's tau_b		Psychological Functioning	Social Competence	Stress Coping Ability
Psychological Functioning	Correlation Coefficient	1.000	.499**	.847**
	Sig. (2-tailed)	.	.000	.000
	N	1479	1479	1479
Social Competence	Correlation Coefficient	.499**	1.000	.749**
	Sig. (2-tailed)	.000	.	.000
	N	1479	1479	1479
Stress Coping Ability	Correlation Coefficient	.847**	.749**	1.000
	Sig. (2-tailed)	.000	.000	.
	N	1479	1479	1479
**. Correlation is significant at the 0.01 level (2-tailed).				

Figure 8.1.1 Association among Aspects of Mental Health



Interpretation

Kendall's tau-b can take values from +1 to -1, which indicates a perfect positive (+1) or negative (-1) association. A Kendall's tau-b of zero (0) indicates no monotonic association between the two variables. The closer Kendall's tau-b is to zero, the weaker the association, and the closer Kendall's tau-b is to +1 or -1, the stronger the association.

On the basis of the above test statistics, research can assert with 99 percentage confidence that there was positive and significant correlation among the three aspects of mental health. With Kendall's tau-b as 0.499 there was positive and significant relationship between positive psychological functioning and social competence. However, this correlation was not strong, providing indication that there must be difference in skill-set requirement for positive psychological functioning and social competence.

The Kendall's tau-b among positive psychological functioning and stress coping ability was 0.847. This suggests that there was strong positive relationship between the two variables. Higher positive psychological functioning was associated with the lower level of distress and higher ability to use stress coping mechanism.

Social competence and stress coping ability were also positively associated with Kendall's tau-b as 0.749. Also, the association was statistically significant with 99 percent of confidence. With the help of the test statistics, research could assert that higher level of social competence was associated with higher stress coping ability that ultimately results in lower level of stress.

8.2 OVERALL MENTAL HEALTH

Likert scales are a common method for measuring attitudes, opinions, and perceptions in social and behavioural sciences research (Jones, & Smith; 2018). According to Kline (2016), the latent variables can be measured using observed variables, including Likert scales. The score of overall mental health was computed using average of score of psychological positive functioning, social competence and stress coping ability. The score so computed was then converted to the original ordinal scale for better interpretation.

Table 8.2.1 Frequency Distribution of Overall Mental Health

Overall Mental Health	Frequency	WAM
Very Poor	1	3.034
Poor	332	
Fair	787	
Good	330	
Excellent	29	

Figure 8.2.1 Distribution of Overall Mental health



Interpretation

The descriptive statistics suggest that only one of the graduand was having extremely poor mental health, 23 percentage of graduands were having poor mental health. Majority 53 percentage of the respondents were having fair amount of mental health. Twenty-two percentage of respondents were having good amount of mental health and only 2 percent of graduands were having excellent mental health.

According to the World Health Organization (WHO) in 2019 (before the pandemic struck), 7.5 percentage of the Indian population suffered from mental disorders which grows from poor mental health.¹³

In India there are approximately 4.5 crore Indians are having extremely poor mental health evident extremely poor.¹⁴ This figure suggests that there are approximately 3 percent Indians having low mental health. Moreover only 41 percentage of young people in age group of 15 to 24 years said they would like to seek support for mental health compared to the global average of 83 percentage.¹⁵

Thus, on the basis of above discussion and the descriptive statistics research can assert that only 23 percentage of graduands were having low or poor mental health and needed support for mental health.

8.3 MENTAL HEALTH AND GENDER

In country like India where still gender roles are strictly differentiated it is very important to study mental health across gender. Mann Whitney test was applied for the said purpose.

¹³ Mental health - WHO. <https://www.who.int/india/health-topics/mental-health> Accessed 10/4/2023.

¹⁵ UNICEF report spotlights on the mental health impact of COVID-19 in <https://www.unicef.org/india/press-releases/unicef-report-spotlights-mental-health-impact-covid-19-children-and-young-people> Accessed 10/4/2023.

Null and alternative hypotheses

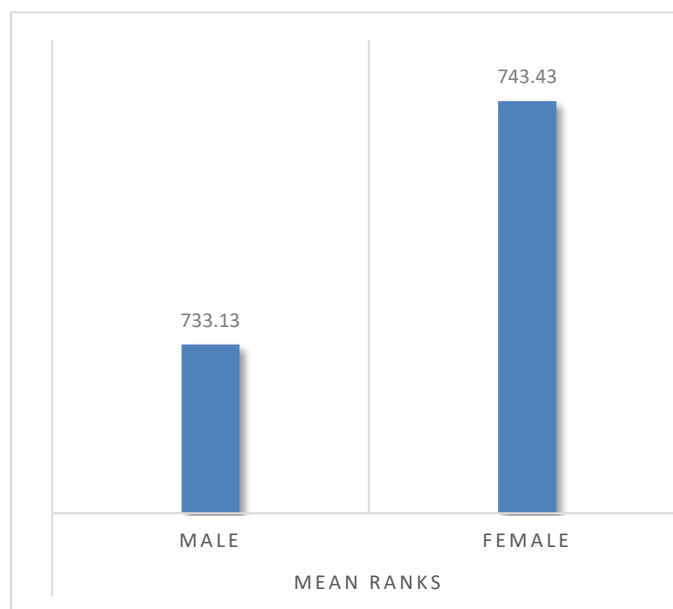
H_0 : There is no significant difference between overall mental health of male and female.

H_A : There is a significant difference between overall mental health of male and female.

Table 8.3.1 Test Statistics of Mental Health across Gender

Mental Health			
Mean Ranks	Male	733.13	
	Female	743.43	
Mann Whitney Test	Z	-0.506	
	p-value	0.613	

Figure 8.3.1 Mental Health Across Gender



Interpretation

The interpretation was made on the basis of p-value and mean rank score. The null hypothesis is rejected if p-value is less or equal to 0.05. On the basis of the above test statistics, it can be inferred that there is no significant difference between mental health of female and male graduands and hence both male and female graduands requires same level of attention pertaining to their mental health.

8.4 MENTAL HEALTH AND STREAM

The stream or academic program that a student is enrolled in can have a significant impact on their mental health. Academic pressure, is one of the main factors that can contribute to stress, anxiety, and even depression among students (Hamaideh, 2011). Additionally, the stream a student chooses can affect their sense of identity and self-worth, leading to feelings of confusion or disconnection (Osborne & Dillon, 2008). Thus, it is important to study overall mental health across stream of study. Kruskal Wallis Test was applied for the said purpose.

Null and alternative hypotheses

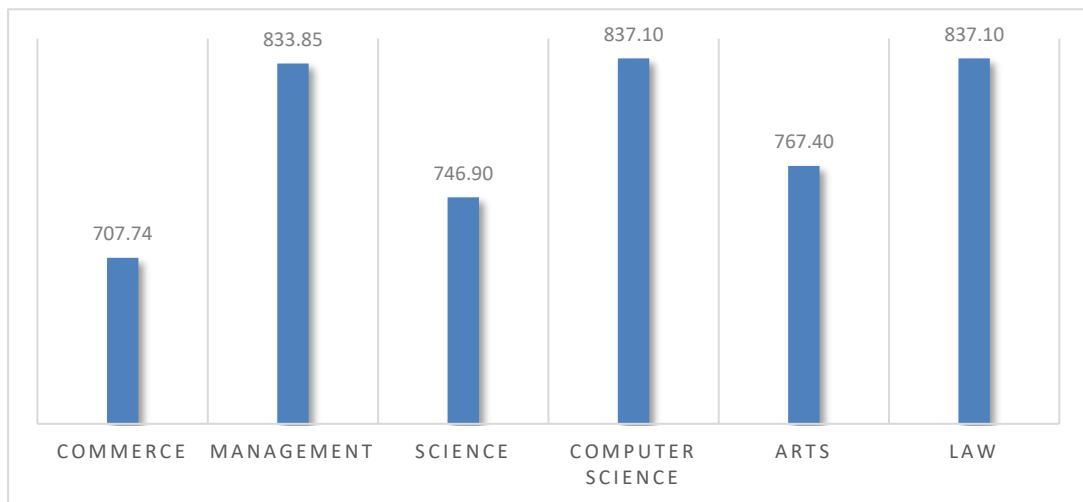
H_0 : There is no significant difference between overall mental health across stream of study.

H_A : There is a significant difference between overall mental health across stream of study.

Table 8.4.1 Test Statistics of Mental Health across Streams

Mental Health		
Mean Ranks	Commerce	707.74
	Management	833.85
	Science	746.90
	Computer Science	837.10
	Arts	767.40
	Law	837.10
Kruskal-Wallis Test	Chi-Square	17.876
	Df	5
	p-value	0.003

Figure 8.4.1 Mental Health Across Streams



Interpretation

The null hypothesis was rejected as p-value is less or equal to 0.05. Thus, it can be inferred that there is significant difference between mental health of at least any two of the streams.

Post Hoc Test

To identify the streams among whom the mental health is significantly different a post hoc test was conducted applying Mann Whitney was performed.

Null and alternative hypotheses

H_0 : There is no significant difference between overall mental health across i^{th} and j^{th} stream of study.

H_A : There is a significant difference between overall mental health across i^{th} and j^{th} stream of study.

Table 8.4.2 Post Hoc Test Statistics

Streams	Mean Rank	Mann Whitney Test	
		p-value	Result
Commerce	485.32	0.000	H ₀ rejected.
Management	570.62		
Commerce	545.20	0.151	Fail to reject H ₀ .
Science	573.79		
Commerce	415.57	0.257	Fail to reject H ₀ .
Computer Science	492.80		
Commerce	494.12	0.054	Fail to reject H ₀ .
Arts	535.20		
Commerce	413.54	0.422	Fail to reject H ₀ .
Law	490.30		
Management	246.65	0.026	H ₀ rejected.
Science	220.31		
Management	94.62	0.887	Fail to reject H ₀ .
Computer Science	92.30		
Management	187.90	0.095	Fail to reject H ₀ .
Arts	171.19		
Management	92.06	0.919	Fail to reject H ₀ .
Law	89.80		
Science	145.94	0.516	Fail to reject H ₀ .
Computer Science	162.30		
Science	229.14	0.605	Fail to reject H ₀ .
Arts	235.20		
Science	143.72	0.644	Fail to reject H ₀ .
Law	159.80		
Computer Science	103.7	0.586	Fail to reject H ₀ .
Arts	95.04		
Computer Science	8	1.000	Fail to reject H ₀ .
Law	8		
Arts	92.77	0.697	Fail to reject H ₀ .
Law	101.20		

Interpretation

On the basis of the above test statistics research can conclude that the mental health of graduands of Computer Science and Law streams was equal and highest among all with mean rank of 837.10 followed by management students with mean rank of 833.85. Third on the list of mental health was Arts with mean rank of 767.40 followed

by graduands of science stream and lastly commerce graduands with mean rank of 707.74. However, the post hoc test statistics suggest that the difference in mental health was significant only among management and commerce; and management and science. Thus, research concluded that the overall mental health of commerce and science graduands was significantly lower than that of management graduands.

8.5 MENTAL HEALTH ACROSS AGE

According to Kohlberg, with increase in age of the person the maturity and morality gets better. Similarly with increase in age of a person the mental health improves. A systematic review of mental health and aging found that the prevalence of mental health disorders, including depression, anxiety, and dementia, increases significantly among older adults (Gum et al., 2020).¹⁶

However, with increase in age especially with transition from being student to the active member of workforce increases anxiety and stress that might increase mental health problems. Thus, it is important to examine mental health across age. Kendal's tau-b Test was applied to examine the association between overall mental health and age of the graduands.

Null and alternative hypotheses

H₀: There is no significant association between overall mental health and age in years.

H_A: There is a significant association between overall mental health and age in years.

Table 8.5.1 Test Statistics of Association between Mental Health and Age

Kendall's tau-b		Mental Health	Age in years
Mental Health	Correlation Coefficient	1.000	-.043
	Sig. (2-tailed)	.	.051
	N	1479	1479
Age in years	Correlation Coefficient	-.043	1.000
	Sig. (2-tailed)	.051	.
	N	1479	1479

¹⁶ Gum, A. M., Iser, L., & Petkus, A. J. (2020). Mental Health of Older Adults. *Annual Review of Clinical Psychology*, 16, 311-341. <https://doi.org/10.1146/annurev-clinpsy-032816-045153>

Interpretation

On the basis of the test statistics research can conclude that there is no significant association between age (in years) of graduands and mental health of graduands.

8.6 OVERALL MENTAL HEALTH ACROSS PERSONAL INCOME

Often economic condition of a person plays a crucial role in mental health especially when the person is on the threshold of taking up economic responsibilities. Thus, it becomes important to understand whether or not the present status of income is having any association with the mental health of graduands.

Null and alternative hypotheses

H_0 : There is no significant difference between overall mental health across personal income.

H_A : There is a significant difference between overall mental health across personal income.

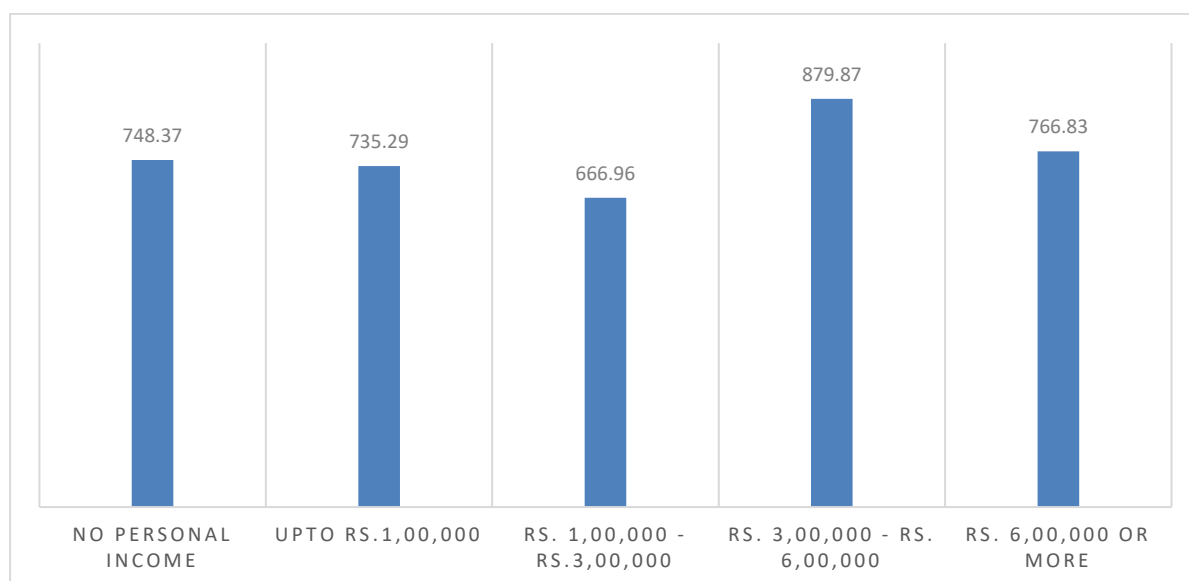
Table 8.6.1 Test Statistics of Mental Health across Personal Income

Overall Mental Health and Personal Income		
Mean Ranks	No Personal Income	748.37
	Up to Rs.1,00,000	735.29
	Rs. 1,00,000 - Rs.3,00,000	666.96
	Rs. 3,00,000 – Rs. 6,00,000	879.87
	Rs. 6,00,000 or more	766.83
Mann Whitney Test	Z	8.814
	p-value	0.066

Interpretation

As the p-value is more than 0.05 researcher fails to reject null hypothesis. Hence it can be concluded that there is no association between personal income of the graduands and their mental health.

Figure 8.6.1 Mental Health and Personal Income



8.7 OVERALL MENTAL HEALTH ACROSS LEVEL OF EDUCATION

According to, Cutrona et al. (2006), individuals with higher levels of education had better psychological well-being and were less likely to experience symptoms of depression and anxiety. Thus, Mann Whitney test was applied to examine mental health of graduands across level of education.

Null and alternative hypotheses

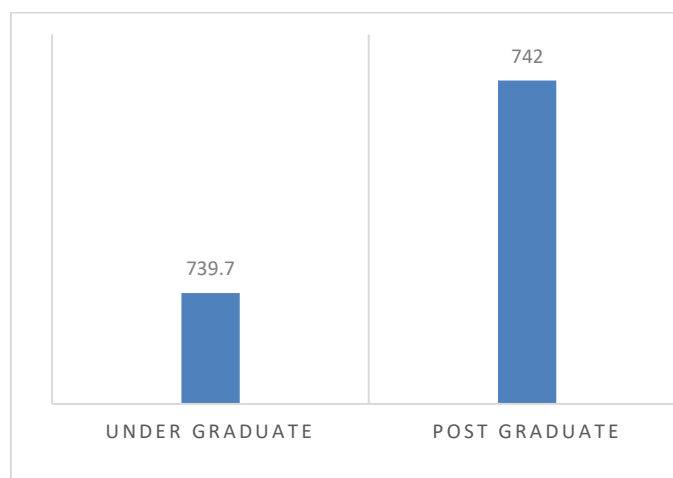
H_0 : There is no significant difference between overall mental health of under graduate and post graduate graduands.

H_A : There is a significant difference between overall mental health of under graduate and post graduate graduands.

Table 8.7.1 Test Statistics of Mental Health across Level of Education

Overall Mental Health		
Mean Ranks	Under Graduate	739.70
	Post Graduate	742.00
Mann Whitney Test	Z	-0.077
	p-value	0.938

Figure 8.7.1 Mental Health Across Levels of Education



Interpretation

The mean rank of post graduate graduands was higher than under graduate graduands. In other words, the mental health of post graduate graduands was higher than undergraduate graduands. However, with p-value of 0.938 such difference is not statistically significant.

8.8 OVERALL MENTAL HEALTH AND ATTITUDE TOWARDS HAPPINESS

Intrinsic and extrinsic happiness are two distinct concepts that have been extensively studied in the field of positive psychology. Intrinsic happiness is defined as the pleasure and enjoyment derived from engaging in activities that are personally fulfilling and satisfying, such as pursuing meaningful goals, connecting with others, and engaging in creative or intellectual pursuits (Ryan & Deci, 2001)¹⁷.

Intrinsic happiness is characterized by feelings of autonomy, competence, and relatedness, which are essential for optimal human functioning (Sheldon & Elliot,

¹⁷ Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52(1), 141-166.

1999)¹⁸. In contrast, extrinsic happiness is derived from external factors, such as material possessions, social status, or approval from others (Kasser & Ryan, 1993)¹⁹.

While pursuing extrinsic goals can provide some benefits in certain contexts, research suggests that relying too heavily on extrinsic sources of happiness can be detrimental to mental health and well-being.

One study found that people who prioritize extrinsic goals, such as wealth or social status, are more likely to experience negative emotions, such as anxiety and depression, and have lower levels of life satisfaction (Kasser, 2002;²⁰ Deci & Ryan, 2008²¹). Another study found that people who prioritize intrinsic goals, such as personal growth and relationships, have higher levels of psychological well-being and are less likely to experience symptoms of depression and anxiety (Vansteenkiste et al., 2007²²), greater life satisfaction, and better coping skills. (Keyes, 2005²³; Ryff, 2014²⁴).

Thus, it becomes very important to know the association between Mental Health of graduands and their attitude towards intrinsic and extrinsic happiness. Moreover, the descriptive statistics of overall mental health show that there was just one respondent whose mental health was extremely poor. Hence this respondent was dropped from the purpose of the present investigation.

8.8.1 Overall Mental Health and Intrinsic Happiness.

Attitude towards intrinsic happiness was recorded by asking graduands to rate the statement “I always believe happiness is something that is primarily determined by internal factors (such as mindset or personality)” on five-point Likert scale.

¹⁸ Sheldon, K. M., & Elliot, A. J. (1999). Goal striving, need satisfaction, and longitudinal well-being: The self-concordance model. *Journal of Personality and Social Psychology*, 76(3), 482-497.

¹⁹ Kasser, T., & Ryan, R. M. (1993). A dark side of the American dream: Correlates of financial success as a central life aspiration. *Journal of Personality and Social Psychology*, 65(2), 410-422.

²⁰ Kasser, T. (2002). *The high price of materialism*. MIT Press.

²¹ Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia, and well-being: An introduction. *Journal of Happiness Studies*, 9(1), 1-11.

²² Vansteenkiste, M., Neyrinck, B., Niemiec, C. P., Soenens, B., De Witte, H., & Van den Broeck, A. (2007). On the relations among work value orientations, psychological need satisfaction and job outcomes: A self-determination theory approach. *Journal of Occupational and Organizational Psychology*, 80(2), 251-277.

²³ Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539-548.

²⁴ Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, 83(1), 10-28.

Null and alternative hypotheses

H₀: There is no association between overall mental health and intrinsic happiness.

H_A: There is a significant association between overall mental health and intrinsic happiness.

Table 8.8.1 Chi-Square Test statistics for association between Mental Health and Intrinsic Happiness.

	Value	df	p-value (2-sided)
Pearson Chi-Square	24.653a	12	.017
Likelihood Ratio	23.798	12	.022
Linear-by-Linear Association	8.064	1	.005
N of Valid Cases	1478		

a. 2 cells (10.0%) have expected count less than 5. The minimum expected count is 3.85.

Interpretation

On the basis of the test statistics researcher conclude that there is positive association between mental health and attitude towards intrinsic motivation. In other words, with increase in positive attitude towards intrinsic motivation the mental health of graduates tends to improve.

8.8.2 Overall Mental Health and Extrinsic Happiness.

Attitude towards extrinsic happiness was recorded by asking graduands to rate the statement “I always believe happiness is something that is primarily determined by external circumstances (such as wealth or social status).” on five-point Likert scale.

Null and alternative hypotheses

H₀: There is no association between overall mental health and extrinsic happiness.

H_A: There is a significant association between overall mental health and extrinsic happiness.

Table 8.8.2 Chi-Square Test Statistics for Association between Mental Health and Extrinsic Happiness.

	Value	df	p-value (2-sided)
Pearson Chi-Square	19.268a	12	.082
Likelihood Ratio	18.928	12	.090
Linear-by-Linear Association	4.847	1	.028
N of Valid Cases	1478		

a. 2 cells (10.0%) have expected count less than 5. The minimum expected count is 3.85.

Interpretation

On the basis of the test statistics researcher conclude that there is positive association between mental health and attitude towards extrinsic motivation. In other words, with increase in positive attitude towards extrinsic motivation the mental health of graduates tends to improve.

Both extrinsic happiness and intrinsic happiness are positively associated with mental health. Thus, it can be asserted that, with clarity of what to be achieved and how to be happy, the mental health improves. In other words, if one does not have clarity what makes him or her happy, then mental health of such person might not be good.

9 FINDINGS

This chapter aims to list down the findings, conclusion and suggestions of the research study related to mental health of graduands at Veer Narmad South Gujarat University. The first section of this chapter aims to list down the findings of the demographic profile of respondents. Further it includes the findings of statement-wise frequency distribution of all the statements listed in the questionnaire. After the statement-wise findings, the findings related to the three important aspects of mental health-psychological Functioning, Social Competence and Stress Coping Ability are mentioned. Lastly the findings of overall mental health are included in this chapter.

9.1 FINDINGS

9.1.1 Statement-Wise Findings

The findings of the statement-wise frequency distribution and the findings of the analysis of mental health across gender is listed below:

- Fifty eight percent of graduands believe that they can't easily trust others while 20 percent of graduands easily trust others. Further Male graduands tend to trust others more compared to female graduands.
- Forty seven percent of graduands can't easily adapt with new situations easily while 28 percent of graduands easily adapt themselves with new situations. Further male graduands tend to easily and quickly adopt new situation compared to female graduands.
- Forty three percent of graduands finding difficult to do well in their life while 29 percent of graduands are doing well in their life. Male graduands are doing well in their life compare to female graduands. Graduands from commerce stream are doing well in life compared to graduands from the stream of management and arts. Further graduands from science stream are doing well compared to graduands from arts stream.

- Forty six percent of graduands don't have control over courses of events in their life while 27 percent of graduands have control over events happening in their life. Male graduands have more control over course of events in their life.
- Forty two percent of graduands are not happy with the way they look while 33 percent of graduands are happy with the way they look. Male graduands are extremely happy with the way they look compared to female graduands.
- Forty six percent of graduands didn't spend enough time to groom themselves daily while 27 percent of graduands spend enough time to groom themselves daily. Male graduands spend good amount of time in grooming themselves compared to female graduands.
- Forty four percent of graduands find it difficult to talk to people having different viewpoint without getting emotionally charged while 28 percent of graduands didn't find it difficult to talk to people having different viewpoint without getting emotionally charged. Male graduands can easily talk to people having different viewpoint without getting emotionally charged compare to female graduands.
- Forty nine percent of graduands never hesitate to ask question when having difficulty to understand or take decision while 25 percent of graduands always hesitate to ask question when having difficulty to understand or take decision. Male graduands are hesitating more to ask question when having difficulty to understand or take decision.
- Fifty one percent of graduands never face difficulty in initiating conversation with others while 23 percent of graduands always never face difficulty in initiating conversation with others. Male graduands are facing more difficulty in initiating conversations with others compared to female graduands
- Twenty nine percent of graduands have good ability to lead as per their professor while 44 percent of graduands don't have good ability to lead as per their professor. Further male graduands are good leaders compared to female graduands.
- Thirty percent of graduands consider themselves as good leader while 44 percent of graduands don't consider themselves as good leader. Male graduands are good leaders compared to female graduands. Arts graduands

significantly perceive themselves as less good leader compared to the graduands from all other streams but the same is not statistically significant in case of law graduands.

- Thirty two percent of graduands are of the opinion that others find very easy to trust them while 43 percent of graduands are of the opinion that others don't find easy to trust them. Male graduands are easily trusted by others compared to female graduands.
- Twenty five percent of graduands most of the time do things that their friends want them to do to please them while 49 percent of respondents don't prefer to do things their friends want them to do to please their friends. Male graduands tend to do things their friends wanted them to do compared to female graduands.
- Twenty three percent of graduands are of the opinion that it is very difficult for them to be friends with others while 50 percent of graduands believe that it is not very difficult for them to be friend with others. On the basis of gender, it is very difficult for male graduands to be friends with others.
- Twenty two percent of graduands usually lag behind in whatever they do due to lack of concentration while 50 percent of graduands do their work with concentration so they never lag behind.
- Fifty percent of graduands have always difficulty in managing their time productively while 23 percent of graduands manage their time productively. Male graduands have difficulty in managing their time productivity compared to female graduands.
- Thirty two percent of graduands never missed their deadline for assignment submission while 47 percent of graduands have missed deadline for assignment submission. Further male graduands have never missed deadline for assignment submission.
- For 30 percent of graduands, it is very important that their love ones validate their decision and actions while 45 percent of graduands don't agree to the statement. Further it is very important for male graduands that their love ones validate their decisions and actions compared to female graduands

- Twenty nine percent of graduands don't care what others have to say about them while 44 percent of graduands care what others have to say about them. Male graduands don't care what others say about them compared to female graduands.
- Twenty six percent of graduands feel strong mood swing while 48 percent of graduands don't feel the same. On the basis of gender, male graduands feel strong mood swing compared to female graduands.
- Twenty one percent of graduands sometimes want to harm themselves while 54 percent of graduands don't want to harm themselves. Male graduands tend to harm themselves more compared to female graduands.
- Fifty four percent of graduands never experience panic attack while 22 percent of graduands never experienced panic attack. With respect to panic attack, there is no statistical significance between gender.
- Thirty one percent of graduands believe that they will do extremely well in their life while 44 percent of graduands disagree with the statement. Male graduands are more confident about doing extremely well compared to female graduands in their personal life.
- Thirty one percent of graduands believe that they will do extremely well in their career while 44 percent of graduands disagree with the statement.
- Twenty eight percent of graduands have healthy sleep patterns while 46 percent of graduands don't have healthy sleep pattern. Male graduands have healthy sleep patterns compared to female graduands.
- Twenty two percent of graduands frequently experience headache, hyper acidity or insomnia while 54 percent of graduands don't frequently experience headache, hyper acidity or insomnia. Male graduands experience headache, hyper acidity and insomnia compare to female graduands.
- Twenty nine percent of graduands always believe happiness is primarily determined by internal factors. While 46 percent of graduands didn't agree with the same. Male graduands have strong belief related to happiness is determined by internal circumstances compared to female graduands.

- Twenty six percent of graduands always believe happiness is primarily determined by external factors while 49 percent of graduands disagree with the same. Male graduands have strong belief related to happiness is determined by external circumstances compared to female graduands.

9.1.2 Psychological Functioning

- All the seven sub-variables (Resilience, Perception of wellbeing, Locus of Control, Self Esteem, Emotional Wellbeing, Hope, Self-efficacy,) affecting psychological functioning have 'Average' mean score. In other words, that graduands have moderate ability to understand and manage their emotions.
- Further with WAM of 3.15, emotional wellbeing (how well people are able to accept and manage their emotions and cope with challenges throughout life) has highest contribution towards psychological functioning while resilience and locus of control are lowest contributing factors with WAM of 2.75.
- With WAM of 2.96, overall psychological functioning is "Fair" among graduands of VNSGU.
- On the basis of gender, male graduands are having better psychological function compared to that of female.
- On the basis of stream, psychological functioning of commerce graduands is significantly lower than management and arts graduands.
- There is no impact of age on psychological functioning among graduands of VNSGU.
- There is no impact of personal income on psychological functioning among graduands of VNSGU.
- There is no impact of education level on psychological functioning among graduands of VNSGU.

9.1.3 Social Competency

- All the sub-variables of social competence (social trust, social support, social interaction, social dependence, social life satisfaction) having "Average" rating. Though WAM of is 3.38, social interaction has highest contribution in social competence followed by social dependence (WAM 3.19). With WAM of 2.62,

contribution of social trust is lowest in social competence. So lower level of social trust is there among graduands indicating higher level of depression among graduands of VNSGU.

- With WAM of 3.10, overall social competency is “Fair” among graduands of VNSGU.
- On the basis of gender, male graduands have higher Social Competence compared to female graduands.
- Commerce graduands have lower level of social competence compared to management and arts graduands.
- There is no impact of age on social competence of graduands of VNSGU.
- There is no impact of personal income on social competence among graduands of VNSGU.
- There is no impact of education level on social competence among graduands of VNSGU.

9.1.4 Stress Coping Ability

- Both the sub-variables of stress coping ability (experience of stress and stress coping mechanism) having “Average” rating. With WAM of 3.40 stress coping mechanism and experience of stress having WAM of 3.36 indicates that graduands from VNSGU having “Average:” stress coping ability.
- With WAM of 3.021, overall stress coping ability is “Fair” among graduands of VNSGU.
- With respect to gender, male graduands have higher stress coping ability compared to female.
- Commerce graduands have lower stress coping ability compared to management and arts graduands.
- There is no impact of age on stress coping ability of graduands of VNSGU.
- There is no impact of personal income on stress coping ability among graduands of VNSGU.
- There is no impact of education level on stress coping ability among graduands of VNSGU.

9.1.5 Overall Mental Health

- With WAM of 3.034, overall mental health among graduands of VNSGU is “Fair”.
- There is no impact of gender on overall mental health of graduands of VNSGU.
- Mental health of commerce and science graduands is significantly lower than that of management graduands.
- There is no impact of age (in years) of graduands and mental health graduands of VNSGU.
- There is no impact of income on overall mental health of graduands of VNSGU.
- There is no impact of education level on overall mental health of graduands of VNSGU.
- There is positive association between mental health and attitude towards intrinsic and extrinsic motivation
- There is weak positive correlation between psychological functioning and social competence.
- There is strong positive correlation between social competence and stress coping ability.
- There is strong positive correlation between psychological functioning and stress coping ability.

9.2 CONCLUSION

Mental health is an integral part of health; indeed, there is no health without mental health (World Health Organization, 2014). The study was undertaken to understand the present state of mental health of graduands at VNSGU. The study found that out of 1479 graduands there is just one graduand with extremely poor mental health making in below 1 percent of the cohort. However, there are 23 percent graduands with poor mental health. These are the graduands who requires intervention and support for improving their mental health. Seventy seven percent of graduands are having fair or more amount of mental health of which 22 percent have good amount of mental health and 2 percent have excellent mental health. On the basis of the extensive data analysis the research concluded that the overall mental health of the graduands is fair.

Further investigation showed that there is no difference in mental health of male graduands and female graduands. Similarly, research did not find any empirical evidence of effect of age, level of education and personal income on mental health. However, the mental health of commerce and science graduands is significantly lower than that of management graduands.

One of the objectives of the study was to identify association between attitude towards happiness and mental health. On the basis of inferential statistics research concludes that individual with more favourable attitude towards intrinsic and extrinsic happiness tend to have better mental health.

Mental health can be defined as a state of well-being in which an 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."¹ The definition and the review of literature suggested that mental health has three aspects psychological functioning, social competence and stress coping ability. Research shows

¹ World Health Organization. (2001). Mental health: New understanding, new hope. World Health Organization.

that there is strong positive correlation of psychological functioning and social competence with stress coping ability having correlation coefficient of 0.847 and 0.749 respectively. Moreover, Psychological functioning and social competence is positively correlated but the same is not strong with correlation coefficient of 0.499.

Firstly, psychological functioning is defined as the capacity to experience positive emotions, engage in positive relationships, and find meaning and purpose in life. On the basis of the literature review undertaken for the present study psychological functioning is a construct of seven sub-variables viz. resilience, perception of wellbeing, locus of control, self-esteem, emotional wellbeing, hope and self-efficacy. All of these seven sub-variables can be understood as certain type of ability. The findings of the research suggest that the graduands of VNSGU have moderate level of all the above mentioned seven abilities, in turn contributing to moderate level of overall psychological functioning. Thus, it is concluded that the psychological functioning of graduands is fair. Further research affirms that male have better psychological functioning than female. However, research found no evidence of effect of age, level of education, personal income and stream of study on psychological functioning.

Secondly, social competence is defined as the ability to navigate smoothly in social situation and interact efficiently with social environment. social competence comprises of five sub-variables viz. social trust, social support, social interaction, social dependence, social life satisfaction. The graduands have fair level of ability for all the said abilities. The research also concludes that the graduands have moderate level of social competence.

Further research confirms that male graduands are having better social competence than female and Management and Arts graduands both have better social competence compared to that of Commerce graduands. Despite being commonly thought to impact social competence, research has failed to establish any significant association between factors such as age, level of education, personal income, and stream of study with psychological well-being.

Finally, stress coping Ability was assessed on two parameters the experience of stress and application of stress coping mechanisms. the research confirms that the overall stress coping ability is reasonable. Further the stress coping ability among female graduands is better compared to male. Moreover, stress coping ability of arts graduands is better than that of commerce and science. Here, it should be well noted that the graduands who have better stress coping ability might be due a smaller number of stressful events in life. However, research found no evidence of effect of age, level of education and personal income on stress coping ability.

9.3 SUGGESTIONS

Based on the findings regarding the overall mental health of graduands from Veer Narmad South Gujarat University (VNSGU), it is important for various stakeholders to take action to address the mental health challenges faced by the students. With an overall mental health status of "Fair" according to the World Health Organization's Well-being Assessment (WHO), it is clear that more needs to be done to support the mental health of these graduands. The findings suggest that there is no impact of gender, age, income, or education level on overall mental health, but mental health is significantly lower among commerce and science graduands compared to management graduands. Additionally, there is a positive association between mental health and attitude towards intrinsic and extrinsic motivation, as well as weak to strong correlations between psychological functioning, social competence, and stress coping ability. To improve the mental health of graduands, it is recommended that society, the university, students, and parents take specific actions to address these findings. Based on the findings of the study, here are some suggestions for the stakeholders:

Society:

The results of the study emphasize the significance of addressing mental health concerns not only among graduands but also in society as a whole. The impact of mental health on individuals and the community cannot be underestimated. To tackle this

issue, society can take a considerable role by implementing mental health awareness campaigns and advocating workplace mental health policies.

Mental health awareness campaigns:

Mental health awareness campaigns can be launched to educate people and reduce the stigma associated with seeking help for mental health issues. This is crucial, especially since the research suggests that a significant proportion of graduands are experiencing below-average mental health. These campaigns can be carried out through various initiatives that promote mental well-being.

Workplace mental health policies:

Given that a large percentage of graduands are expected to join the workforce, companies and organizations must have policies and practices in place that support employees' mental health. This can be done by providing resources for stress management, promoting work-life balance, and offering mental health days off. Ensuring the well-being of employees is vital in maintaining a healthy and productive work environment.

University:

The increasing prevalence of mental health issues among university students is a growing concern, and it is crucial for universities to take proactive measures to support their students' mental health and wellbeing. The results of the study indicate that many graduands experience average mental health, underscoring the need for universities to prioritize enhancing mental health services and support for students.

Improve mental health services:

To enhance mental health services and support, universities can prioritize hiring more mental health professionals, offering additional counselling and therapy sessions, and providing resources and education on stress management and coping strategies. Increasing awareness among students about mental health issues and providing resources for mental health support and services can also help. Creating a supportive and inclusive campus culture that promotes mental health and wellbeing is also essential.

Curriculum on mental health:

Given the high prevalence to mental health issues among students, universities can consider incorporating mental health education into their curriculum. This can include courses on mental health awareness, coping skills, and self-care practices. Developing and implementing mental health programs and services that cater to the specific needs of students, conducting regular assessments of mental health issues among students, and developing interventions to address any problems identified are also crucial steps that universities can take to support the mental health and wellbeing of their students.

Students:

Based on research, a considerable percentage of graduates experience below average or average mental health. Consequently, it is vital for students to give priority to their mental health and well-being. This entails practicing self-care and seeking help when needed.

Seek help when needed:

As the research indicates, a considerable number (23 percent) of graduates struggle with their mental health. Therefore, it is crucial for students to seek assistance when required. They can do this by accessing mental health services provided by the university, seeking support from family and friends, or utilizing mental health resources in the community. It is recommended that students utilize the available mental health resources and services on campus and advocate for their accessibility on campus.

Self-care practices:

To manage stress and improve mental well-being, students should prioritize self-care practices, such as getting regular exercise, eating healthily, and getting enough sleep. In addition, they could try mindfulness practices like meditation and yoga. Developing good coping strategies and self-care habits is essential for maintaining mental health and well-being. Engaging in activities that promote mental health and well-being, such as exercising, socializing, and practicing mindfulness, can also be beneficial.

Parents:

As young adults transition from university life, parents play a crucial role in supporting their children's mental health and well-being. The research indicates that a considerable number of graduates experience below average or average mental health, emphasizing the importance of parental support and resources.

Encourage seeking help:

Parents can support their children's mental health by having open communication and providing resources. Encouraging children to seek help when experiencing mental health issues is essential. It is important to reduce the stigma surrounding mental health issues by educating children on the significance of seeking assistance when needed. Providing resources and support for their children's mental health and well-being is also recommended.

Promote self-care practices:

Parents can encourage their children to prioritize self-care practices, such as regular exercise, healthy eating, and getting enough sleep, to manage stress and enhance their mental well-being. Parents should also lead by example by practicing these behaviours themselves. Additionally, supporting their children in accessing mental health resources and education, both at the university and in the community, is crucial. Encouraging their children to prioritize self-care and build strong social connections can also help improve their mental health.

Teacher

To address the issue that a significant number of graduates experience below-average or average mental health, it is crucial for faculty members at colleges to take an active role in supporting the mental health of their students.

Training on mental health:

Teachers and faculty members can receive training to recognize signs of mental health issues and provide suitable support and referrals to students. This may include attending workshops, seminars, or participating in online training sessions.

Promoting a positive classroom environment:

Faculty members have the ability to foster a supportive and inclusive classroom environment that promotes mental health and well-being. They can do this by encouraging open communication, minimizing stressors in the classroom, and providing resources and support for students who may be struggling with mental health issues.

Encouraging self-care practices:

To foster the overall wellbeing of students, educators and faculty members can encourage them to adopt self-care habits such as meditation, mindfulness, and exercise. This could be achieved through various methods, such as including self-care practices within classroom activities or offering relevant resources and information to students to facilitate their self-care routines.

Promoting mental health awareness:

To promote mental health awareness among students, teachers and faculty members could play a crucial role by integrating mental health education into their coursework or hosting mental health awareness events on campus. This could include inviting guest speakers to discuss mental health topics or organizing mental health campaigns in partnership with other stakeholders.

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Annexure 1

List of BBA Students who had contributed to conduct field survey

Sr. No	Student Name	Class
1	Shobhan Pathan	TYBBA
2	Niti Patel	TYBBA
3	Shukla Abhishek	TYBBA
4	Niti Patel	TYBBA
5	Ramya Guduva	TYBBA
6	Zil Maisuriya	TYBBA
7	Deepa Yadav	TYBBA
8	Kapil Mahto	TYBBA
9	Utsav Singh	TYBBA
10	Sonali Parida	TYBBA
11	Priyanka Chaudhary	TYBBA
12	Rachna Ravindra	TYBBA
13	Naresh Chaudhary	TYBBA
14	Nikhil Shaji	TYBBA
15	Aman Lopus	TYBBA
16	Snehal Rana	TYBBA
17	Jay Baisane	TYBBA
18	Kushal Bhagat	TYBBA
19	Chitra Mashruwala	TYBBA
20	Surekha Kothari	TYBBA
21	Aman Ovhal	TYBBA
22	Devanshi Mali	TYBBA
23	Jenit Raval	TYBBA

Sr. No	Student Name	Class
24	Arushi Bhatt	TYBBA
25	Roshani Nair	TYBBA
26	Ummekulsum	TYBBA
27	Kaushal Pawar	TYBBA
28	Isha Patel	TYBBA
29	Shweta Varma	TYBBA
30	Kashish Babel	TYBBA
31	Preeti Singh	TYBBA
32	Bhavika Danej	TYBBA
33	Riya Shah	TYBBA
34	Ankit Mishra	TYBBA
35	Dhiraj Nanda	TYBBA
36	Jatin Pandey	TYBBA
37	Mohit Singh	TYBBA
38	Jainesh Bothra	TYBBA
39	Harsh Thummar	TYBBA
40	Sumit Jha	TYBBA
41	Akshay Patel	TYBBA
42	Pankaj Kanojiya	TYBBA
43	Riya Tiwari	TYBBA
44	Rawaha Khan	TYBBA
45	Ubedullah Malek	TYBBA
46	Khan Mohammad Fiizal	TYBBA
47	Ansari Mo Farhan	TYBBA
48	Bhavika Piraka	TYBBA
49	Ayush Panjwani	TYBBA

Sr. No	Student Name	Class
50	Divya Sawant	TYBBA
51	Nirbhay Patel	TYBBA
52	Dimpal Mistry	TYBBA
53	Sheryl Rosalia	TYBBA
54	Aditya Sivprasad	TYBBA
55	Shiksha Mishra	TYBBA
56	Pooja Singh	SYBBA
57	Heer Raval	SYBBA
58	Satyam Mishra	FYBBA
59	Om Mishra	FYBBA
60	Ashish Patel	FYBBA

Annexure 2

A STUDY ON MENTAL HEALTH OF GRADUANDS AT VEER NARMAD SOUTH GUJARAT UNIVERSITY

Dear Respondent,

We are from Udhna College, one of the prominent colleges of Surat City undergoing a survey on Mental Health of Graduate Students at VNSGU.

We hereby request you to give your valuable and unbiased response to facilitate the research.

The data collected will be strictly confidential and will be used only for academic purposes.

Age: _____

Gender:

- ☐ Male
- ☐ Female
- ☐ LGBT

Category:

- ☐ General
- ☐ ST
- ☐ SC
- ☐ OBC

Name of College / Department: _____

Education:

- ☐ Graduate
- ☐ Post Graduate

Field of Study: _____

Employment Status:

- ☐ Full time Employed
- ☐ Partly employed
- ☐ Self Employed
- ☐ Unemployed

Personal Income:

- ☐ Up to 1,00,000
- ☐ 1,00,000-3,00,000
- ☐ 3,00,000-6,00,000
- ☐ More than 6,00,000
- ☐ None

Rate the following statements on scale of 1 to 5 on the basis of your opinion/experience.
Where 1= highly disagree 5 = highly agree.

Particular	1	2	3	4	5
I can easily trust others.					
I can easily and quickly adapt with the new situations.					
I am doing well in my life.					
I have control over course of events in my life.					
I am extremely happy with the way I look.					
I spend good amount of time in grooming myself daily.					
I can easily talk to people having different viewpoint without getting emotionally charged.					
I always hesitate to ask question when having difficulty to understand or take decision.					
I always face difficulty in initiating conversations with others.					
My professor considered that I have good ability to lead.					
I am a good leader.					
Others find very easy to trust me.					
I most of the time do things my friend want me to do so to please them.					
It is very difficult to be friends with others					
I usually lag behind in whatever I do due to lack of concentration.					
I have always difficulty in managing my time productively.					
I have never missed deadline for assignment submissions.					
It is very important for me that my love ones validate my decisions and action.					
I do not care what others have to say about me.					
I usually feel strong mood swings					
Sometimes I want to harm myself					
I frequently experience panic attacks					
I believe that I will do extremely well in my personal life.					
I believe that I will do extremely well in my career					
I have healthy sleep patterns.					
I frequently experience headache, nausea, hyper acidity or insomnia.					
I always believe happiness is something that is primarily determined by internal factors (such					

as mindset or personality)					
I always believe happiness is something that is primarily determined by external circumstances (such as wealth or social status).					

Rate the level of satisfaction from following on scale of 1 to 5, where 1= highly dis-satisfied and 5= highly satisfied.

Particular	1	2	3	4	5
Overall life satisfaction					
College					
College life					
University					
Financial condition of family					
Kind of family you have					
Kind of friends you have					

Rate the level of anxiety experience during following events on scale of 1 to 5, where 1= Lowest and 5= Highest.

Particular	1	2	3	4	5
Examination					
Result					
While on Stage/public speaking					
Anxiety related to career					

Rate the following emotions on the basis of your experience during last one year on scale of 1 to 5, where 1= Lowest and 5= Highest.

Particular	1	2	3	4	5
Happiness					
Sadness					
Anxiety					
Satisfied					
Lonely					
Angry					
Rejected					
Frustrated					

Rate the social support you receive from following on scale of 1 to 5.

Particular	1	2	3	4	5
Family					
Friends					
Teacher					

Rate the following activity you usually do in your free time on scale of 1 to 5.

Particular	1	2	3	4	5
Reading books					
watching reels/shorts/mems					
watching movies or TV					
listening to music					
playing games					
hanging out with friends					
pursuing hobbies or interests (like dancing, painting, singing, playing cricket, etc.)					
exercising					
traveling					
simply relaxing and enjoying some downtime					



Our Inspiration:

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Veer Narmad South Gujarat University, Surat.



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Managed by Udhna Academy Education Trust, Udhna, Surat.



Publication Date: 11-07-2023

Published by:

Veer Narmad South Gujarat University,
Surat.