



THE STUDY OF PSYCHOLOGICAL COUNSELLING NEEDS AND MENTAL HEALTH AMONG INSTITUTION REARED AND FAMILY REARED CHILDREN

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Abstract: To study the psychological counselling needs and mental health among institution reared and family reared children. To assess the relationship between the psychological counselling needs and mental health of institution reared children and family reared children. To assess and compare the psychological counselling needs and mental health of institution reared children and family reared children. The present study is designed to determine the relationship between psychological counselling needs and mental health among institution reared children and family reared children. It was aimed at assessing psychological counselling needs and mental health among institution reared (N=50) and family reared (N=50) children. Selected children were subjected to the assessment of the psychological counselling needs scale (PCNS) mental health battery (MHB). Data obtained from the response of the sample (N=100) on the scales were statistically analysed to compare their differences in terms of rearing style of children using 't' test. The interrelationship between psychological needs and mental health were also examined using persons product movement statistical analysis. The findings revealed that there were highly significant differences between the institution reared and family reared children (at 0.01 level) on dimensions assessed such as emotional stability, adjustment, autonomy dimensions of mental health and over all mental health. And the findings revealed that there were highly significant differences between the institution reared and family reared children (at 0.01 level) on psychological counselling needs. Further, the findings revealed that there were no significant differences found between institution reared and family reared children on dimensions such as security – insecurity and self –concept dimensions of mental health. It was also found that psychological counselling needs has negative relationship with mental health. A significant difference was found between the institution reared and family reared children on overall mental health and its dimensions viz., emotional stability over all adjustment and

autonomy. A Significant difference was found between the institution reared and family reared children on Psychological counselling needs. Psychological counselling needs showed negative relationship with total mental health.

Index Terms: Psychological counselling needs, Mental health, Institution reared children, Family reared children.

INTRODUCTION

The term 'mental health' describes a sense of well being, the capacity to live in a resourceful and fulfilling manner and to have the resilience to deal with the challenges and obstacles which life presents. A mental health problem is one in which a person is distracted from ordinary daily living by upsetting and disturbing thoughts and/or feelings. These problems may disorientate a person's view of the world and produce a variety of symptoms and behavior likely to cause distress and concern. Mental health is a continuum encompassing the mild anxieties and disappointments of daily life, to severe problems affecting mood, perception and the ability to think and communicate clearly and rationally.

Mental health, like physical health, may be viewed as existing on a continuum from healthy living to chronic illness. In 2001, the U.S. Surgeon[1] General defined mental health as "the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity" (U.S. Department of Health and Human Services, 2001 [2]). A person with positive mental health uses interpersonal assets and skills to function successfully in his or her daily life. Mental health problems emerge when these assets and skills begin to deteriorate, resulting in a struggle to cope with life's challenges and responsibilities. The continued deterioration of these skills signals the onset of mental illness as significant distortions to thinking, coping, and responding dominate personal functioning and impair a person's ability to perform



the activities of daily life. All people fall somewhere on this continuum on any given day.

Counselling is complex helping process in which the counsellor establishes a trusting and confidential working relationship, here the focus is one problems solving, decisions making and discovering personal meaning related to learning and development the study of our almost suggesting the importance of counselling need of the students at secondary level.

According to Nayak (2004)[3] counseling in school involves helping students individually or in small groups to deal with the concern or difficulties they are experiencing and list of problems which children of secondary school can experience which has been adopted from Kottler and Kottler in 1993 is outlined below: Generalize anxiety, Depressive disorder attention deficit, Hyper activity abuse, Compulsive disorder, Adjustment disorder, personality disorder. In order to help the children who are experiencing any of the above problems teachers need to develop at least basic level of counseling.

Institutionalized children are children living in a non family based group living arrangement like orphanages, children home, SOS villages etc without parents or surrogate parents and are in the care of paid adults. Non Institutionalized children are children who are staying at their homes with their parents.

Children in institutional care show delays and maladaptation in various domains of development, but not every child is affected in the same way and to the same degree. Despite some suggestive evidence from severely deprived institution-reared children (Kreppner et al., 2010)[4] , at present there are insufficient empirical grounds to support the validity of the concept of a more general post-institutional syndrome. Furthermore at the present time there are no obvious benefits and a number of potential costs to using the post institutional syndrome label. Children from institutions should not be labelled with a psychiatric diagnosis that would be applied to all children. The institutional setting itself is in most cases pathogenic and should be classified as a type of child maltreatment, particularly in the form of structural neglect.

The institutional care of abandoned and orphaned children is widely used in countries with different ethnic, cultural, and economic backgrounds, and its nature may vary not only between but also within countries. Institutionalized children mean a group of unrelated children living together in the care of a group of unrelated adults. Due to poverty, migration of work, family breakdown, single parenthood, inadequate health conditions of parents, imprisonment of parents, mental/physical problems of the child, sex discrimination etc.

Mental health is directly related to children's learning and development. It encompasses or intersects with interpersonal relationships, social-emotional skills, behaviour, learning, academic motivation, certain disabilities, mental illness (e.g.,

depression or bipolar disorder), crisis prevention and response, school safety and substance abuse. Each of these issues affects not only the success and well-being of the individual student but also the school climate and outcomes for all students. Children exposed to institutional care do not receive the type of nurturing and stimulating environment needed for healthy psychological development. They show delays and maladaptation in various domains of development as is evident from a range of studies . Children growing up in institutions are substantially delayed in IQ compared with children reared in biological families or with foster parents, their physical growth is retarded (Johnson & Gunnar, in press) [5], they show atypical patterns of diurnal cortisol activity (Carlson & Earls, 1997 [6]; Gunnar, 2000 [7]), and high rates of insecure attachment—especially high rates of disorganized attachment (Dobrova-Krol, van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2010 [8] Zeanah, Smyke, Koga, Carlson, & The BEIP Core Group, 2005 [9]).

METHOD

Aim:

To assess the mental health status and to identify psychological Counselling needs among institution reared and family reared children.

Objectives

To study the psychological counselling needs and mental health among institution reared and family reared children.

To assess the relationship between the psychological counselling needs and mental health of institution reared children and family reared children.

To assess and compare the psychological counselling needs and mental health of institution reared children and family reared children. .

Hypotheses

There will be a significant difference between institution reared and family reared children in their psychological counselling needs.

There will be a significant difference in the mental health status among institution reared and family reared children.

There will be a significant relationship between the mental health and psychological counselling needs.

Sample

Sample for the present study included 100 adolescent children, out of which 50 adolescent children of institution reared and 50 adolescent children of family reared was selected and age of the sample is 14 to 16 years from Kalaburagi district of Karnataka state, India.

Assessment Tools:

Mental Health Battery (Arun Kumar Singh and Alpana Sen Gupta 2005) was used to assess the status of mental health of students in the age range of 13 to 22 years. This Battery



consists of 130 items, with 6 dimensions viz., Emotional stability (EM), Over – all adjustment (OA), Autonomy (AY), Security-insecurity (SI), Self-concept (SC), Intelligence (IG). Emotional stability (EM), over – all adjustment (OA), Security-insecurity (SI) and Self-concept (SC) dimensions have to be answered as Yes/No. There are two alternatives for Autonomy (AY) dimension has to be choose one. There are four alternatives for Intelligence (IG) dimension has to be choose one.

Psychological Counselling Need Scale (PCNS): In the present study, the Psychological Counselling needs (Vijayalaxmi Chauhan and Gunjan Gangotva Arora, 2010) scale was used to identify and study the problem areas and Psychological Counselling needs of adolescents. The split of method was used and the split of reliability coefficient was found to be 0.90. Validity of the research tool was calculated by the product moment method and found to be 0.82.

Results and Discussion

The present study was aimed at examining the relationship between psychological counselling needs and mental health among institution reared and family reared children. The results and discussions are as follows:

Table No. 1: Shows the mean, SD and ‘t’-values among institution reared and family reared children on psychological counselling needs.

** Significant at 0.01 level

Variable (PCN) psychological counselling needs		Mean (SD)	‘t’ values
Children	Institution reared (N=50)	75.58(13.98)	4.12**
	Family reared (N=50)	66.14 (8.18)	

The mean scores obtained on psychological counselling needs on family sample was 75.58 (SD=13.98) and institution sample was 66.14 (SD=8.18). The obtained ‘t’ value of 4.12 shows that there is a statically high significant difference (at 0.01 level) between two groups, implying that institution reared children were higher need in psychological counselling compared to family reared children.

Table No.2: The mean, SD and ‘t’ values among institution reared and family reared children on mental health

Variables	Family rearing		Institution rearing		t-value
	Mean	SD	Mean	SD	
Emotional stability	7.32(1.51)	1.51	6.38	1.87	2.75**

Overall adjustment	22.14(3.31)	3.31	27.16	4.51	6.33**
Autonomy	9.32 (1.83)	1.83	9.66	2.01	8.82**
Security insecurity	9.16 (1.63)	1.63	8.70	2.14	1.20N.S
Self concept	8.30 (2.69)	2.69	7.66	1.42	1.48N.S
Overall mental health	56.24(4.62)	4.62	59.56	4.39	3.68**

** Significant at 0.01 level, NS- Not Significant

The mean scores obtained on first dimension of overall mental health i.e., emotional stability for family sample was 7.32(SD=1.51) and institution sample was

6.38 (SD=1.87). The obtained ‘t’ value of 2.75 shows that there is a statically high significant difference (at 0.01 level) between two groups, implying that family group is higher than institution group on emotional stability.

The mean scores obtained on second dimension of overall mental health i.e., over- all- adjustment for family sample was 22.14(SD=3.31) and private sample was 27.16 (SD=4.51). The obtained ‘t’ value of 6.33 shows that there is a statistically high significant difference between (at 0.01 level) two groups, implying that the family group is higher than institution group on the over- all- adjustment.

The mean scores obtained on third dimensions of overall mental health i.e., autonomy for the family sample was 9.32(SD=1.83) and institution sample was 9.66 (SD=2.01). The obtained ‘t’ value of 8.82 shows that there is statistically high significant difference (at 0.01 level) between two groups on autonomy, implying that the family group is higher than institution group on autonomy.

The mean scores obtained on overall mental health for family sample was 56.24 (SD=4.62) and institution sample was 59.56 (SD=4.39). The obtained ‘t’ value of 3.68 shows that there is a statistically high significant difference (at 0.01 level) between two groups, implying that the family group is higher than institution group on mental health. The mean scores obtained on fourth dimensions of overall mental health i.e., security – insecurity for family sample was 9.16 (SD=1.63) and institution sample was 8.70 (SD=2.14). The obtained ‘t’ value of 1.20 shows that there is no significant difference between two groups.

The mean scores obtained on fifth dimension of overall mental health i.e., self- concept for family sample was 8.30 (SD=2.69) and institution sample was 7.66 (SD=1.42). The obtained ‘t’ value of 1.48 reveals that there is a statistically no significant difference between two groups.

Table No.3: Shows the correlation between mental health and psychological counselling needs of children.



Variables	'r'-value
Mental health	-.218
Psychological counselling needs	

Above the table shows that there is an inverse relationship (-.218) between mental health and psychological counselling needs. It indicates that higher the psychological counselling needs lower the mental health of children.

CONCLUSIONS

The family reared children are better in overall mental health and its dimensions viz., autonomy, over all adjustment, emotional stability compares to institution reared children.

The family reared children are less need in psychological counselling compare to institution reared children.

Psychological counselling needs showed negative relationship with total mental health.

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