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DEVELOPMENT AND VALIDATION OF MENTAL HYGIENE INVENTORY

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Abstract

A healthy personality connotes the entitlement of individual's sound mental health and mental hygiene is the science to achieve mental health. The present paper being a part of Ph.D. study of the investigator, details out the development and validation process of a tool assessing the mental hygiene practices of adolescents. The conceptual framework of the study evolved from official movement inceptedby Beers, essential features of humanistic psychology and key-points of positive psychology. The final version of the tool resulted to be valid and reliable tool with total number of fifty one items.

Introduction

"Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community" (WHO, 2001). With a grave shift of focus from pathology to strength based approach, the researcher aimed to know about those particular practices which may help an individual in progression towards the positive mental health.

Mental health disorders are an enormous social and economic burden to society by themselves, but are also associated with increases in the risk of physical illness (WHO, 2009). Indeed, mental and physical health are closely connected, and the statement "there is no health without mental health" accurately summarizes the relationship between the two (Prince et al., 2007). On the other hand better mental health outcomes inadolescents are characterized by greater adaptation in family, society, and school environment,

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improvedquality of life (Hoagwood *et al.*, 1996; USDHHS, 1999).

Therefore concern of present scenario focuses on preserving the mental health and further promoting it, through the practices of mental hygiene. Since,

"Mental hygiene as the means we take to assure mental health" (Fenton, 1943, p. 4).

Formulation of the Items of the Tool

To draft the instrument, the investigator built up the theoretical conceptualization of mental hygiene from official movement with the publication of the book 'A Mind That Found Itself' by Clifford Whittingham Beers (1876- 1943) in March 1908. The book by bears is a courageous autobiography, an outcome depicting his sufferings as a psychiatrist patient in various institutions. The autobiography was continuing a plea for human care of the insane which had already been made by French psychiatrist, Pinel (1745-1826), at the time of the French revolution. In broad perspective both men can now be seen as fighting for the same cause, with Pinel pleading as an enlightened psychiatrist and Beers as the victim of an unenlightened regime of hospital treatment – or mistreatment. The official foundation of mental hygiene movement from the psychic and pathos background could have been assumed as the basic cause of its popularized notion in prophylactic aspect (prevention of disease, breakdown, weakness, disaster, death- majorly a pathological perspective), but mental hygiene's meliorative aspect (acquisition of buoyant health, more energy and abundant life) is enrooted in injecting more zest in one's daily livings.

Before the initiation of official movement, in mid-19th century, William Sweetzer initiated the term mental hygiene and defined it as the precursor to contemporary approaches to work on positive mental health. Issac Ray (1807-1881), one of the thirteen founders of the American Psychological Association, further defined mental hygiene as an art to preserve the mind against incidents and influences which would inhibit or destroy its energy, quality or development. William James, in a famous lecture on 'The Gospel of Relaxation' delivered to Cambridge teachers in 1899 stated "mental hygiene, intended to connote ways of enhancing morale and making daily life more zestful" (p. 99). With more scholars' notion regarding

mental hygiene it was clear that the mental hygiene spread its wings beyond the confines of hospitals and invades the precincts of the home, the school, the court, the factory, and any other institution which influences human conduct.

Mental Hygiene is concerned with the realization and maintenance of the mind's health and efficiency (Klein, 1956, p.2).Shaffer (1936) elaborates mental hygiene as "... a science to achieve mental health, aiming to assist every individual in the attainment of a fuller, happier, and more effective existence" (p.435).

The experts in the concerned field suggested that positive mental health is the sum-total of all key features imbibed in Jung's notion of individualized personality (1953), Fromm's concept of productive person (1955), Jahoda's concept of positive mental health (1958), Allport's concept of mature personality (1961), Roger's fully functioning person (1961), Frankl's self- transcendent person (1962), Maslow's self-actualized personality (1967), Ryff's concept of Well Being (1989), and Seligman's concept of positive Psychology (2000).

Apart from thorough study of the relevant literature, the investigator consulted following tools to draft the items of her tool- The 34 Clifton Strengths Finder Themes (2001), Value in Action Inventory of Strengths (VIA- IS, 2004), Search Institute's 40 Developmental Assets (SI- 40DA, 1998), and Ryff tool of well- being (1989). Also, vision of International Youth Foundation, 2001 (conceived by Karen Pittman, 1998),which is building up of the confidence (a feeling of self- worth, mastery, and future), character (a sense of accountability, control, self- awareness and a relation to a deity, the family, and the larger culture), connection (a sense of safety, structure, membership and belonging), and competence (the ability and motivation to be effective in terms of physical and emotional health, having integrity, spiritual development, civic action, and employment),was taken in consideration to strengthen the choice of item pool of the tool.

Somehow, moving down the hierarchy, mental hygiene to positive psychology, the central focus of psychiatrists, social reformers, psychologists, researchers all had remained the "life worth living" and "a state of successful performance of mental functioning resulting in productive

activities, fulfilling relationships with people, and the ability to adapt the change and to cope with adversity"- a definition of mental health given by David Satcher, 1999. Converging it to the focal point- the foremost aim of all researchers, psychologists has been to develop 'humane' in human and his well-being, and mental hygiene is answer to all this process of 'development of humane'.

Within the light of insight gained through historical development of term positive mental health, expert review, and consultation with available tools, the investigator sketched out the items reflecting practices of forgiveness, connectedness, helpful attitude, humour, seeking social support, trustworthiness, honesty, empathy, compassion, care, flexibility, patience, harmony, maturity, social coherence, equality, social integration, love for learning, self-efficacy, knowledge enrichment, aiming towards progression, open mindedness, creativity, curiosity, boosting self- confidence, keeping oneself updated with latest tech-savvy knowledge, reading habits, responsibility, punctuality, smart management, hard work, peace, gratitude, hope, purity, self- control, equality, charity, resilience, introspection, self-acceptance, optimism, and maintaining physical health by adolescents.

Further, investigator carried out focused group discussions among two group of six participants each (three boys and three girls, with a mean age of 14.0 years) and discussed on their daily life activities, which lead to their strength building. In light of all mentioned resources and available feedback, the investigator drafted initial pool of 102 items with a defined 5- point response pattern (1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree).

Content Validity

After getting done with item writing and response formats, an initial try-out of the constructed tool was carried out with twenty two adolescents (12 boys and 10 girls), in 12- 16 years age group with a mean age of 14.0 years. The discussion with each participant was held at length, regarding the difficulty they are facing, if any, in understanding the items of inventory. Also, the inventory was given to sixteen experts in related area for carrying out the content validity.

After the initial piloting and feedback from the experts, twenty

two items were removed and the present tool consisted of eighty items with 3-point assessment criteria. The modified tool consisted of 41 positive items and 39 negative items with a scoring pattern of 1= never, 2= sometimes, and 3= always for positive items and reverse order for negative items, under the nomenclature of 'Mental Hygiene Inventory'. The items rejected from the premiere draft of tool did not qualify the mutual consensus of nine or more than nine judges.

Reliability

The reliability coefficient of the tool was determined by test- retest method and coefficient of Cronbach alpha. For finding out the test- retest reliability, the tool was again re- administered to the same sample,405 secondary class adolescents (232 boys, 57.3% and 173 girls, 42.7%), from four Kendriya Vidyalayas of Delhi NCR region after a gap of fifteen days, and Karl Pearson's coefficient of correlation between two scores yielded the test- retest reliability coefficient of .795. The Cronbach alpha coefficient of the tool was also determined and resulted Cronbach alpha reliability coefficient is .783.

Concurrent Validity

To determine the concurrent validity of the tool, the investigator chose Mental Health Battery by Singh and Gupta (1971) to be conducted on a randomly selected sample of 405 secondary class adolescents (232 boys, 57.3% and 173 girls, 42.7%), from four Kendriya Vidyalayas of Delhi NCR region. The measure of concurrent validity was determined by finding Karl Pearson correlation coefficient, r = .601, with the help of SPSS 20.0 package.

Construct Validity

To find out the construct validity of the tool, six times exploratory factor analysis was done by Principal Component Analysis Method along with Varimax Rotation and Kaiser Normalization. The final output resulted in fifty one items (thirty five positive items and sixteen negative items) with eighteen factors (eigen value greater than 1, and loading value above .333). The investigator named each factor, according to a common viewpoint emerged from all items in concerned factor.

Results and Discussion

The final version of the tool consisted of fifty one items within the sub-heads of eighteen factors is operationalized as follows.

- ***Self-regulating:*** to keep a check on one's feelings and actions. Maintaining a discipline in life and strictly follow it. For example-I follow my time-table strictly.
- ***Being responsible:*** to shoulder the consequences of his/ her actions. It is being true to one's own value system.For example- I take responsibility of my actions.
- ***Craving personal growth:*** to have a desire to learn, clarify doubts, and upgrade one continuously.For example- I participate actively in learning new things.
- ***Using wisdom:*** to learn from one's past mistakes, keep on introspecting own weaknesses and work towards its improvement. Not to hesitate in taking decisions.A negative item is been given as an example- I do not face critics.
- ***Being prudent:*** to be careful about one's choices and actions. Not to do something that might be regretted later on.For example- I daydream a lot (negative item).
- ***Acting spiritually:*** to believe in super power, and practicing meditation sessions. To have a feeling of gratitude, hope, faith in Universal power. For example-I thank the universal power, for whatever I am achieving in my life.
- ***Practicing forgiveness:*** to forgive oneself and others for their mistakes done. For example-I maintain harmony within my group.
- ***Maintaining physical health:*** to keep a healthy life style having nutritious diet, regular exercise, and doing breathing exercise. For example-I walk/exercise regularly.
- ***Being goal oriented:*** to decide a goal and to do continuous efforts with focused vision towards the goal using support of latest technologies.For example-I work constantly towards chasing my dreams.
- ***Acting courageously:*** not to get afraid and surrender in front of challenges.For example-I fear new challenges (negative item).
- ***Maintaining social cohesion:*** to keep a warm and healthy relation among his/ her peer group and relatives. For example-I meet my friends and family members regularly.

- ***Acting socially mature:*** to aggravate the feeling of togetherness and acceptance among group members.For example-While in a group, I do not ignore anyone.
- ***Having environmental mastery:*** to be able to choose or mould environment according to one's own psyche.For example-I react to setbacks with resilience.
- ***Seeking social support:*** to ask for the support and help in case, and being able to locate and utilise the resources for the emergency.For example-I take others' opinion to get the solution of my problems.
- ***Having integrity:*** to be able to cultivate critical and rational aspects of thinking.For example-I fear my ability to think critically and rationally (negative item).
- ***Practicing open-mindedness:*** exploring multiple aspects to complete a task, acceptance to different viewpoints in a group.For example-I believe in importance of each individual.
- ***Being patient:*** to maintain a balanced behaviour and capacity to control the urges.For example-Practicing 'silence' session is difficult for me (negative item).
- ***Being optimistic:*** to expect and believe in more good things to happen.For example-I expect in my life more good things to happen.

Scoring

With the final tool in hand with eighteen dimensions, the investigator was in position to develop a scoring key to interpret the raw scores obtained through Mental Hygiene Inventory. The scoring pattern of all items was on a three point tool from 'never', 'sometimes' to 'always'. The scoring of item in Mental Hygiene Inventoryis shown in Table 1.1.

Interpretation Key for Scoring Items

There were in all fifty one items in Mental Hygiene Inventory, having thirty five positive items and sixteen negative items. The participants had to choose a single option from given three options from never to always. The scoring of positive items was done with 1 given to never, 2 given to sometimes, and 3 given to always, with a reversed pattern as shown in Table 1.1 for negative items. This helped the researcher to conclude that lower score obtained

Table-1.1: Scoring of items in Mental Hygiene Inventory

Variable	*Item*	*Item no.*	*Never*	*Sometimes*	*Always*
Self-regulating	Positive Item	9,29,31,49	1	2	3
	Negative Item	34	3	2	1
Being responsible	Positive Item	7,13,17,20,30	1	2	3
	Negative Item	____	3	2	1
Craving personal growth	Positive Item	21,23,24,28	1	2	3
	Negative Item	18	3	2	1
Using wisdom	Positive Item	____	1	2	3
	Negative Item	11,19,44	3	2	1
Being prudent	Positive Item	46	1	2	3
	Negative Item	26,48	3	2	1
Acting spiritually	Positive Item	33,36	1	2	3
	Negative Item	35	3	2	1
Practicing forgiveness	Positive Item	10	1	2	3
	Negative Item	2,5,12	3	2	1
Maintaining physical health	Positive Item	37,45,51	1	2	3
	Negative Item	____	3	2	1
Being goal oriented	Positive Item	14,15,27	1	2	3
	Negative Item	____	3	2	1
Acting courageously	Positive Item	____	1	2	3
	Negative Item	22,25	3	2	1
Maintaining social cohesion	Positive Item	1,41,50	1	2	3
	Negative Item	____	3	2	1
Acting socially mature	Positive Item	8	1	2	3
	Negative Item	____	3	2	1
Having environmental mastery	Positive Item	6,39,40,42	1	2	3
	Negative Item	____	3	2	1
Seeking social support	Positive Item	3,4	1	2	3
	Negative Item	____	3	2	1
Having integrity	Positive Item	16	1	2	3
	Negative Item	38	3	2	1
Practicing Open-mindedness	Positive Item	47	1	2	3
	Negative Item	____	3	2	1

Being patient	Positive Item	___	1	2	3
	Negative Item	32	3	2	1
Being optimistic	Positive Item	43	1	2	3
	Negative Item	___	3	2	1

in inventory inferred to have less agreement with the participation in mental hygiene activities and higher score obtained in inventory inferred to have more agreement with the participation in mental hygiene activities, irrespective of positive or negative item. '2' was a neutral score for each item, indicating that student scoring below 2 is likely to have no participation in mental hygiene activities and a score above 2 indicates a participation in mental hygiene activities. Since score equal to '2' indicates that the individual is not regular in mental hygiene practices. So, only a score above '2' was considered as an indicator for affirmation of involvement in mental hygiene practices, since the word 'practice' connotes a regularity in action.

The inventory consisted of 51 total items. Therefore, a score equal and below 102 (51*2), indicated no participation in mental hygiene of an individual and score more than 102 signified towards a participation in mental hygiene activities of an individual. The scoring of dimensions of Mental Hygiene Inventorywas done in similar pattern. The scoring key of Mental Hygiene Inventoryand all its dimensions is shown in Table 1.2.

Implications for Further Research

The final draft of the tool had multiple limiting factors in conduction and evaluation of the study. The tool consisted of 51 items large enough to discourage the motivation and interest level of participants. The sample was somewhat homogeneous in terms of age, education, locality and formal schooling setup. A heterogeneous setup in terms of above mentioned criteria would be desirable to further generalise the tool. Though initial effort in determining the reliability and validity of tool was successful, however a detailed study comprising of larger heterogeneous sample is recommended

In her validation process of the tool, the researcher eliminated items based on the findings of this one study only, knowing that any research work on the performance of tool is always sample dependent,

Table-2: Scoring Key of Mental Hygiene Inventory with Its Dimensions

Variable	*Number of items*	*Does not practice*	*Practices*
Self- regulating	5	pd"10	Above 10
Being responsible	5	pd"10	Above 10
Craving personal growth	5	pd"10	Above 10
Using wisdom	3	pd"6	Above 6
Being prudent	3	pd"6	Above 6
Acting spiritually	3	pd"6	Above 6
Practicing forgiveness	4	pd"8	Above 8
Maintaining physical health	3	pd"6	Above 6
Being goal oriented	3	pd"6	Above 6
Acting courageously	2	pd"4	Above 4
Maintaining social cohesion	3	pd"6	Above 6
Acting socially mature	1	pd"2	Above 2
Having environmental mastery	4	pd"8	Above 8
Seeking social support	2	pd"4	Above 4
Having integrity	1	pd"2	Above 2
Practicing open- mindedness	2	pd"4	Above 4
Being patient	1	pd"2	Above 2
Being optimistic	1	pd"2	Above 2
Total	51	pd"102	Above 102

Total- Total score in Mental Hygiene Inventory.

and validation is not, and should not be, isolated to one study with one sample. A goal for future research would be to refine the tool further and to eliminate items that perform poorly or are repetitious in studies, further reducing the number of factors.

In conclusion, the final version of the tool is found to be valid and reliable instrument to assess the mental hygiene practices of adolescents.

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