

Factores de salud mental positiva en estudiantes de psicología universidad veracruzana

*Factors of positive mental health in psychology students in Veracruz
university*

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Resumen

Este trabajo está centrado en el eje temático de Salud Mental Positiva, basado en los aportes de Johada. Su **Objetivo:** fue medir la salud mental positiva del estudiante de psicología de nuevo ingreso. El **Método:** fue descriptivo, con una metodología cuantitativa. Se aplicó: la escala de Salud de Mental Positiva de María Teresa Lluch Canut. El análisis de datos se llevó a cabo a través del programa estadístico para las ciencias sociales (SPSS- Statistical Package for the Social Sciences para Windows, en la versión 17.0.). **Sujetos.-** : Fueron 158 Estudiantes de nuevo ingreso de la Facultad de Psicología, Universidad Veracruzana, región Veracruz generaciones 2007 y 2008. **Resultados:** Comparando la generación 2007-2008, considerando la distribución del 100% para cada una de las generaciones, se obtuvo **con** Salud Mental Positiva Global en la generación 2007 el 88.7%(n=63) y en la generación 2008, el 97.7% (n=84), y **sin**

salud mental en el 2007 se obtuvo el 11.3%(n=8) y 2.3%(n=2) en el 2008, las diferencias fueron significativas, χ^2 ($p > 0.05$).

Conclusion: La salud mental Positiva nos habla de una serie de factores que enfatizan las habilidades y potencialidades que el ser humano tiene que desarrollar para enfrentar con éxito su vida diaria, estas son; Satisfacción Personal, Actitud Prosocial, Autocontrol, Autonomía, Resolución de Problemas Habilidades en relaciones Interpersonales. Y aquí observamos que un porcentaje menor de estudiantes requerirá desarrollar la salud mental positiva para tener éxito tanto en su vida personal como su profesional. El reto Institucional es ayudar a los menos ventajosos en salud mental y hacer que quienes cuentan con salud mental la mantengan.

Palabras clave: Salud mental positiva.

Abstract

This work focuses on the thematic of Positive Mental Health, based on input from Johada. Your Objective: was to measure positive mental health psychology student entrants. The Method was descriptive, quantitative methodology. Was applied: the scale of Positive Mental Health Maria Teresa Lluch Canut. Data analysis was performed through the Statistical Package for Social Sciences (SPSS-Statistical Package for the Social Sciences for Windows, in version 17.0.). Subjects. -: There were 158 newly admitted students of the Faculty of Psychology, Universidad Veracruzana, Veracruz region generations 2007 and 2008. Results: Comparing the 2007-2008 generation, considering the distribution of 100% for each of the generations, was obtained Positive Mental Health in the generation Global 2007 88.7% (n = 63) and the generation 2008, 97.7% (n = 84) and without mental health in 2007 was obtained 11.3% (n = 8) and 2.3% (n = 2) in 2008, the differences were significant, χ^2 ($p > .05$).

Key words: Positive mental health.

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Introduction

Marie Jahoda's Positive Mental Health Model.

From Marie Jahoda's approach, mental health is conceived as a relatively stable and permanent characteristic of the person. She emphasizes cultural relativity and points out that standards of normal behavior vary with time, place, culture, and social group expectations. She articulates her conception of positive mental health from a multicriteria perspective by proposing six interrelated factors that operate on it.:

1.-Attitudes towards oneself.- this criterion refers to self-acceptance, self-confidence and/or self-dependence, self-acceptance includes accepting one's qualities and defects, that is, learning to live with oneself. Attitudes towards oneself have four dimensions: a.- Accessibility of the self to consciousness, b.- Real self-ideal self concordance, c.- Self-esteem and d.- Sense of identity.

2. Growth and self-actualization, also called self-realization or personal growth, it is related to what the person does with his life. Self-actualization can be understood in two ways: a) as a general principle of life, that is, as the driving force that mobilizes the activity of all organisms; b) as a criterion of positive mental health that has two dimensions: motivation for life and involvement in life. Self-actualization as motivation for life.

3. Integration.- It refers to the interrelation of all the processes and attributes of the person. Psychic balance, personal philosophy about life and resistance to stress.

4. Autonomy.- It involves the person's relationship with their environment and the degree of dependence/independence from social influences. The psychologically healthy person has a certain autonomy and does not fundamentally depend on the world and others. Which entails a decision-making process. In this sense, autonomy means a conscious discrimination, on the part of the person, of the environmental factors that he wishes to accept or reject.

5. Perception of reality. It is the ability to adequately perceive reality. The perception of the environment cannot be totally objective, but it can be close enough to allow efficient interactions between the person and their environment. There are two

dimensions of the perception of reality: Objective perception and Empathy or social sensitivity.

6. Domain of the environment. It is the ability to handle reality. This criterion is linked to two fundamental themes: success (which emphasizes the achievement or result) and adaptation (which emphasizes the process). Within this criterion, Jahoda distinguishes six closely related dimensions: a.-Sexual satisfaction, b.-Appropriateness in love, work and free time, c.-Appropriateness in interpersonal relationships, d.-Ability to meet the demands of the environment, e.-Adaptation and Adjustment and e.- Problem resolution.

This mental health approach **Marie Jahoda** served as the inspiration for Dr. María Teresa Llunch Canut (1998) to elaborate in a creative and effective way an instrument that measures positive mental health and that has the scientific rigor of reliability and validity, said instrument has been used in this investigation . The factors measured by this instrument are the following:

Factor 1 “Personal satisfaction”, Self-concept, Satisfaction with personal life, Satisfaction with future prospects.

Factor 2 “Prosocial attitude” Active predisposition towards the social / towards society, "Altruistic" social attitude / Attitude of Help-support towards others, Acceptance of others and differential social facts.

Factor 3 “Self-control”.- Ability to cope with stress/conflict situations Emotional balance/emotional control, Tolerance to anxiety and stress. .

Factor 4 “Autonomy”.- Ability to have their own criteria, Independence, Self-regulation of their own conduct, Personal security / Self-confidence.

Factor 5 “Troubleshooting and self-updating”. -Analysis skills, Ability to make decisions, Flexibility / ability to adapt to changes, Attitude of growth and continuous personal development.

Factor 6 “Interpersonal relationship skills”.- Ability to establish interpersonal relationships, Empathy / ability to understand the feelings of others, Ability to provide

emotional support, Ability to establish intimate interpersonal relationships.

Method.-

It is a non-experimental investigation. Whose design is Descriptive Transectional The methodological orientation is quantitative, which aims to determine which indicators are the most outstanding in the positive mental health of the new student, as well as determine these with the choice of the Psychology career.

Research level and type of study.- Descriptive. This type of research aims to establish the characteristics, the levels of association, the forms of manifestation or the rates of occurrence of the research problem, such is the case of studies: diagnostic, exploratory, correlational, among others. In this case, the positive mental health of the Psychology student is evaluated.

Population The study was carried out with students from two generations: In the generation

2007 with a total of n= 72 students, of which n=19 (26.38%) are men and n=53

(73.61%) women. And the students of the 2008 generation, out of a total of n= 86, of the

which n=36(41.8%) are men and n=50(58.13%) are women. The total population studied

it was N=158 (100%). No sampling was used; we worked with the total population

made up of all newly admitted students selected by the EXANII.

(Official instrument with which the U.V. supports itself for the selection of students in

all races offered), generation 2008 and generation 2009.

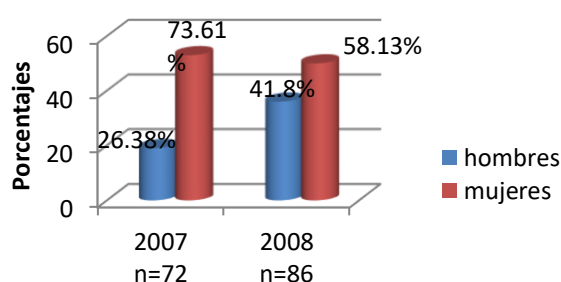


figura 1 Ambas Generaciones N=158

Instruments

Positive Mental Health Scale was rigorously subjected to a methodology that ensured reliability and validity. What led to the elaboration of 2 before this questionnaire, on which the one used in this investigation was perfected: It consists of 39 items. The distribution of these 39 items is among the 6 factors that are as follows: Factor 1 "Personal satisfaction": 8 items, Factor 2 "Prosocial attitude": 5 items, Factor 3 "Self-control": 5 items, Factor 4 "Autonomy ": 5 items, Factor 5 "Problem solving and self-actualization": 9 items, Factor 6 "Interpersonal relationship skills": 7 items.

Instruments used for criterion validity: . The General Health Questionnaire (GHQ-12) of Goldberg (1972) has been considered. As a complement, the questions related to: State of physical health,. State of mental health. Visits to the doctor, Visits to the psychologist

Analysis of data: For the psychometric analysis of the questionnaire, the data from the second study have been used and the following analyzes have been carried out:

a) Item analysis through the homogeneity index (item-factor correlation).

b) Reliability analysis through:- Alpha coefficient proposed by Cronbach (1951), to measure internal consistency. - Test-retest correlation, to measure temporal stability.

c) Validity Analysis: Content validity: Expert judges who have collaborated in previous studies have been consulted. Validity of criteria: through correlations with Goldberg's General Health Questionnaire (GHQ-12) and with variables related to physical and mental health. Construct validity: an exploratory factorial analysis has been carried out, according to the Principal Components method, applying an oblimin rotation. Correlations between factors are also analyzed. The various analyzes have been performed using the statistical program SPSS (Norusis, 1998), version 8.0.

Results

From the results of the new students of the 2007-2008 generation, with the Mental Health Scale considering the general distribution, 94.4% (n=68) was obtained with

Personal Satisfaction in 2007 and 98.6% (n=85) in 2008. as for without personal satisfaction in 2007, 5.6%(n=4) and 1.2%(n=1) in 2008 were obtained, the differences were not significant, X2 (p> 0.05), Table 12,

Table 12.

Frequency (%) of Personal Satisfaction and gender, with Mental Health Scale, in new students, Generation 2007-2008

N=158

Satisfacción	2007		2008		
Personal	n (n=72)	%	n (n=86)	%	X²
8-16 (Con)	68	94.4	85	98.6	1.242
17-32 (Sin)	4	5.6	1	1.2	

P =0.116 continuidad X² (p> 0.05) No significativa

overall satisfaction. Likewise, for Seva, Magallón, Merino and Sarasola (1990) and Shek (1998) satisfaction is a dimension of positive mental health. From the results of the new students of the 2007-2008 generation, with the Mental Health Scale considering the general distribution, 93% (n=67) were obtained with Prosocial Attitude in 2007 and 96.5% (n=83) in 2008. when without Prosocial Attitude in 2007, 7%(n=5) and 3.5%(n=3) in 2008 were obtained, the differences were not significant, X2 (p> 0.05), Table 17.

Table 17.

Frequency (%) of Prosocial Attitude and gender, with Mental Health Scale, in students of the new ingreso, Generación 2007-2008. N=158

Actitud	2007	2008
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The Prosocial Attitude factor.- is defined as the active predisposition towards the social, towards society, it is the "altruistic" social attitude, the attitude of help, of support towards others, of

<i>Prosocial</i>	<i>n (n=72) %</i>		<i>n (n=86) %</i>		<i>X²</i>
Con	67	93	83	96.5	0.388
Sin	5	7	3	3.5	

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$X^2 =$ Continuidad $p = 0.534$ X^2 ($p > 0.05$) No significativa

acceptance of others and differential social facts. (Lluch 2002 p.243). The prosocial attitude is a necessary condition to maintain satisfactory interpersonal relationships and a prerequisite for social skills. From the results of the new students of the 2007-2008 generation, with the Mental Health Scale considering the general distribution, 54.1% (n=39) was obtained with Self-control in 2007 and 45.9% (n=33) in 2008. as soon as without self-control in 2007, 64%%(n=55) and 36%(n=31) in 2008 were obtained, the differences were significant, X^2 ($p > 0.05$), Table 22.

Table 22

Frequency (%) of Self-control and gender, with Mental Health Scale, in new students, Generation 2007-2008. N=158

$P = 0.212$ X^2 ($p > 0.05$)
Significativa

	2007		2008		
<i>Autocontrol</i>	<i>n (n=72) %</i>		<i>n (n=86) %</i>		<i>X²</i>
Con	39	54.1	55	64	1.558
Sin	33	45.9	31	36	

X^2 ($p > 0.05$), Tabla 22.

This factor is defined as the ability to cope with stress in conflict situations, emotional balance and emotional control (Lluch 2002 pp.244). Self control is a

"Integration" criterion of the original Jahoda model (1958).

It is a fundamental dimension to maintain emotional balance, an antidote

against stress and a basic requirement for the person's adaptive functioning. From the results of the new students of the 2007-2008 generation, with the Mental Health Scale considering the general distribution, 80.9% (n=59) were obtained with Autonomy in 2007 and 57% (n=49) in 2008. without Autonomy in 2007, 19.1%(n=13) was obtained and 43%(n=37) in 2008, the differences were significant, X² (p> 0.05), Table 27.

Table 27.

Frequency (%) of Autonomy and gender, with the Mental Health Scale, in new students, Generation 2007-2008. N=158

<i>Autonomía</i>	<i>2007</i>		<i>2008</i>		<i>X²</i>
	<i>n (n=72)</i>	<i>%</i>	<i>n (n=86)</i>	<i>%</i>	
Con	59	80.9	49	57	11.294
Sin	13	19.1	37	43	

P = 0.001 X² (p> 0.05) Significativa

The Autonomy factor refers to the ability to have their own criteria, Independence, Self-regulation of their own behavior, Personal Security and Self-Confidence (Lluch, 245).

Costa (1994) considers autonomy as a characteristic of health

mental linked to personal freedom.

From the results of the new students, generation 2007-2008, with the Mental Health Scale considering the general distribution, 80.5% (n=58) were obtained with Problem Solving in 2007 and 94.2% (n=81) in 2008.) as for without Problem Solving in 2007, 19.5%(n=14) and 5.8%(n=5) in 2008 were obtained, the differences were significant, X² (p> 0.05), Table 32. Table 32

Frequency (%) of Solving Problems and gender, with the Mental Health Scale, in new students, Generation 2007-2008. N=158

<i>Resolución de</i>	<i>2007</i>	<i>2008</i>
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Both the procedure and the result in the solution of the problems are included in this dimension indicator. A way to understand problem solving is putting the emphasis on the

<i>Problemas</i>	<i>n (n=72)%</i>	<i>n (n=86)%</i>	<i>X²</i>
Con	58 80.5	81 94.2	6.882
Sin	14 19.5	5 5.8	

$P = 0.009 \quad X^2 (p > 0.05)$ Significativa

Final product; the right answer. Success is a criterion of positive mental health, if this criterion is applied to real problems. The expert in solving problems mixes the three capacities:

- 1.-The tendency to overcome all the stages,
- 2.-The maintenance of an appropriate emotional tone,
- 3.-The direct attack on the problem. From the results of the new students of the 2007-2008 generation, with the Mental Health Scale considering the general distribution, 94.4% (n=68) were obtained with the Skills in interpersonal relationships in 2007 and 93% (n= 68) in 2008. 80) as for without Interpersonal Relationship Skills in 2007, 5.6% (n=4) and 7% (n=6) in 2008 were obtained, the differences were not significant, X2 (p> 0.05), Table 37

Tabla 37

Frequency (%) of skills in interpersonal relationships and sex, with the Mental Health Scale, in new students, Generation 2007-2008. N=158

<i>Resolución de</i>	<i>2007</i>	<i>2008</i>
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Skills in Interpersonal Relations.-

Includes the ability to interact with others, maintaining satisfactory and affective interpersonal relationships.

Competence in interpersonal relationships is presented in the way that members

	Problemas n (n=72) %		n (n=86) %		X²
Con	68	94.4	80	93	0.001
Sin	4	5.6	6	7	

P = 0.715 X² (p> 0.05) No Significativa.

of a relevant group, for example the family, are able to live together to achieve common goals and, at the same time, maintain their development and individual self-expression. From the results of the new students of the 2007-2008 generation, with the Mental Health Scale considering the general distribution, 88.7% (n=63) were obtained with Global Mental Health in 2007 and 97.7% (n=84) in 2008.) while without in 2007 was obtained 11.3%(n=8) and 2.3%(n=2) in 2008, the differences were significant, X² (p> 0.05), Table 42 ,

Table 42.

Frequency (%) of Global Mental Health and gender, with the Mental Health Scale, in new students, Generation

2007-2008 N=158

	Salud Mental 2007		2008		
	n (n=72) %		n (n=86) %		X²
Global					
Con	63	88.7	84	97.7	3.823
Sin	8	11.3	2	2.3	

X² (p> 0.05), no significativa

Marie Jahoda (positive mental health) are the attitudes related to oneself, including the accessibility of one's conscience, a correct self-concept, a self-acceptance in the sense of identity. Some aspects of mental health are: emotional well-being, competence,

autonomy, aspiration, self-esteem, integrated functioning, adequate perception of reality, among others. (Alvaro, 2002).

conclusion

Mental health as a complex and multifactorial process that is built and processed in the field of interpersonal relationships is profoundly affected, in terms of its development and consolidation, by the degree of solidity and consistency of the values that mediate the encounter and coexistence Between people. Although it is true that in the two generations the highest percentage was obtained by the presence of mental health; Comparing the 2007-2008 generation, considering the general distribution, 88.7% (n=63) was obtained with Global Mental Health in 2007 and 97.7% (n=84) in 2008, while without in 2007 11.3% was obtained (n=8) and 2.3%(n=2) in 2008, the differences were significant, X2 (p> 0.05),

Table 42 .

ESCALA	2007		2008	
	Con	Sin	Con	Sin
Salud Mental Global	88.7%(n=63)	11.3%(n=8)	97.7% (n=84)	2.3%(n=2)

This indicates that Educational Institutions in general, particularly the one in this study (Faculty of Psychology of the Universidad Veracruzana), have a great challenge to overcome in the professional training of their students, which is not only to maintain mental health and the values with which the student arrives, but also promote those that are specific to the discipline and that society demands.

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