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The role of life skills and self-efficacy in mental health among male students in High school

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ABSTRACT

The aim of this study was to investigate the role of life skills and self-efficacy in mental health secondary school students in Ardabil in the 2014-2015 school years. Research In terms of purpose, was functional and in terms of method was correlational. The population of this research was the secondary school students in Ardabil, with the number of 4067 people. For sampling, stratified random sampling method was used and the sample size of 351 patients was selected based on Morgan table. To collect data for statistical sampling the questionnaire (self-education (Oven and Franman, 1998), general health (Goldberg and Hiller (1979) and life skills (Saatchi et al., 2010) was used and for data analysis, descriptive and inferential statistical methods were used. The results of this study showed that mental health, self-efficacy and life skills of students are in a satisfactory condition. The results showed that there is positive direct relationship between mental health and life skills and components of life skills and mental health and self-efficacy of students. The results show that the factor of skill related to interpersonal relations have predicted variable of life skills and this component has explained 0/030% of changes in the mental health of students.

Keywords: mental health, self-efficacy, life skills, students

INTRODUCTION

Mental health is one of the important issues in psychology and psychiatry that each year is allocated to the large volume of research and factors affecting it have always been considered by critical psychologists. On the other hand, adolescence and youth is a period of transition, during which the self-efficacy is influential and important on psychological consequences. Because in this period people are faced with new challenges and how to cope and adapt to these challenges, to some extent is affected by person's self-efficacy beliefs; therefore, the issue of mental health of adolescents and young people should be given more importance than before. Several factors may have an impact on mental health [1].

Self-efficacy and life skills are including factors that can play a key role in improving mental health or weaken it [ibid.].

Self-efficacy refers to students' beliefs about their abilities to do homework and also it is as a motivating factor, activating and directing their behavior toward goals that sometimes is defined as level of confidence of people. Tierny [2002], believes that self-efficacy, is the belief in one's ability to have creative outcomes. Self-efficacy, sets up human performance through cognitive, motivational, thought processes and decision-making [2].

On the other hand, one of the ways to prevent mental and behavioral difficulties is psychological capacity building which takes place through life skills training. Multiple and extensive studies have showed that life skills training had a positive effect in reducing substance abuse, violent behavior prevention, strengthening confidence, increasing the pressure and stress coping skills, and also for positive and effective relationships and social responsibilities. As a result, the person is able to take responsibilities of their role in society without harm to him or others and deal effectively with the challenges and problems of daily living [3].

The results of EsmKahani and Akbari Nejad *et al* [2010] showed that there is a significant correlation between general health and self-efficacy [4]. Behdani *et al.*, [2010] showed that trust in God and self-efficacy explains 35% of the variance of mental health of diabetic patients and it is a strong predictor for it [5]. The results of Karami *et al.*, [2012] examined the relationship between life skills and mental health in the couple's marital conflicts, that results showed that there is a significant negative correlation between self-awareness, human communication and interpersonal relationships and depression and anxiety, and there is a significant positive relationship between marital conflict and stress, depression and anxiety [6]. The results of Gate Zadeh [2011], showed that the difference between experimental and control groups was significant at 99%. This indicates that learning life skills leading to increased mental health [7]. The results Momeni Mahmoudi *et al* [2011] showed that life skills training, improves mental health of students and their self-esteem. Life skills education impact on somatic symptoms, anxiety and insomnia was significant [8]. Sadr Mohammadi *et al* [2011] showed that mental health scores in the intervention group and control group had no significant difference in pretest, but by providing life skills training, test scores were significantly higher in the intervention group than the control group. The difference in following scores was also visible. Entries results showed that life skills training can be effective in increasing feelings of happiness and life satisfaction [9]. Kareshki and Pakmehr [2011] results showed that in addition to the self-efficacy, metacognition, and critical thinking having a direct interface mental health, self-efficacy mediated by meta cognition Have an indirect effect on mental health and it has the greatest overall impact on mental health [10].

Findings of Khalatbari and Aziz Zadeh [2011] showed that life skills training and coping with stress significantly increased mental health of students. Also, in comparing the effect of teaching the methods of coping with stress with Life Skills Training, it was found that the teaching of coping with stress is more effective than life skills training on depression of girl students [11]. Michaeli Manee *et al.*, [2011] compared the effectiveness of three life skills on public health of First year students, the difference between pretest and posttest scores and difference between control and experimental groups, in the entire experimental group was statistically significant in favor of public health.

In the departments of stress management and self-consciousness, anxiety, insomnia, and in effective communication component, component of somatic symptoms in comparison with the other components was further improved. Results of mean pairwise scale showed training were effective communication skills training in all aspects of public health and the overall score that compared with other skills, had more change and improvement [3]. The results khodabakhsh and Mansouri [2011] showed that life skills training is effective on mental health and increased mental health that these results are consistent with results from previous studies in this field about life skills training's effect on mental health skills [12]. Results of Sabri Nazar Zadeh *et al.*, [2010] showed that there is a significant positive correlation [S self-efficacy and self-esteem, mental health [13].

Esmkhani Akbarnejad *et al.*, [2010], examined self-efficacy and its relation to mental health and academic achievement of female students. The results showed that there is a relationship between self-efficacy and mental health and its components and the highest correlation is related to depression [4]. Yousefi and Grossi [2009] investigate the effect of life skills training on mental health, well-being and physical symptoms and anxiety of physically disabled patients in city of Tabriz. The results of the data analysis showed that life skills training, improved mental health, anxiety and physical symptoms of the physically disabled patients [14].

Fouladvand *et al.*, [2009] found the results that higher levels of physical and mental health, are predicted through higher grades in social support and self-education and lower scores on academic stress. Also, the interface between social support and physical and mental health is mediated through self-efficacy and academic stress. And the relationship between academic self-efficacy and academic stress is mediated through the physical and mental health. All relationships between the variables were statistically significant, and Model predictive variables explained 0/19% of physical and mental health variance [15]. Najafi and Fouladchang [2007] showed that there was a

significant inverse link between self-efficacy and pathological symptoms. There was a significant positive correlation between self-efficacy and mental health.

It was also observed between the two groups of boys and girls in terms of efficacy and mental health that there was no significant difference. In this study the significant relationship between self-efficacy and mental health [less pathological symptoms] was Confirmed [16]. Mir Samiee and Ebrahimi [2007] showed that the relationship between self-efficacy and mental health and relationship between social support and mental health was positive and the relationship between test anxiety and mental health are negative. It also found that there are no differences in means of self-efficacy, social support and test anxiety in both sexes. However, the average mental health of male students is significantly lower than average mental health of female students [17]. Results of Haghghi *et al.*, [2006] showed that life skills training increase mental health and self-esteem in the experimental group compared with the control group [18].

Yadavari [2004] studied the life skills education impact on general health, self-esteem and self-expression female high school students in Ahvaz city. The result shows a significant increase in general health, self-esteem and assertiveness in experimental group compared to the control group [19]. Aqajani [2002] in MA thesis investigated the effect of life skills training on mental health and locus of control of teens. The results showed that life skills training, improves mental health. But the effect of life skills training on locus of control of subjects was not significant. There is a significant positive correlation between mental health and coping styles as well as between locus of control and coping styles; but a significant positive relationship between mental health and locus of control does not exist. There is a significant correlation between level of maternal education, maternal employment and academic performance of students with mental health and coping styles [20]. Zofman and Loritzen [2012], reported that life skills training and guidance for self-decision making to patients increases the autonomy of patients and their health [21]. Tyuranym *et al* [2011] concluded that self-report training to people is a way to increase self-awareness that can lead to improve students' communication skills. That is why it concluded training due to increased awareness and understanding of the strengths and weaknesses of using them can help people in health growth [22]. Leung *et al* [2010] concluded that these skills are effective in increasing mental health and physical health [23]. Gotzman *et al.*, [2010] showed that diabetic patients have lower mental health and feelings of helplessness in them are high. Also, the patients have psychosomatic problems are [24]. Gupta and Kumar [2010] showed that self-efficacy has a significant positive relationship with mental health [25]. RAQI *et al* [2010] concluded that self-efficacy in changing health behavior is a good predictor [26].

Smith *et al.*, [2003] also showed that life skills training increases personal and interpersonal skills, problem-solving and coping skills [27]. The results Seo - Kachyng and Stephen [2004], suggest that the increased efficacy was associated with improved mental health. The study reports that among the ways to help people with anxiety and depression, is increase in efficiency and providing a social environment supportive of them. In addition, it was observed that poor self-efficacy and loneliness are both associated with depression and anxiety [4]. Kim [2003] in a study on high school students shows a significant relationship between self-efficacy and mental health component [28].

On this basis, and considering the material presented in this study we aim to predict mental health based on self-efficacy and life skills of Secondary school students in Ardabil in the academic year 2014-2015.

MATERIALS AND METHODS

The type and design of the study: The research, is applied research and descriptive, correlational and prediction.

Population, sample and sampling method: The population of samples includes 4067 high school students in Ardabil city were in the academic year 2014-2015. Sample size of 351 patients was determined using Morgan table. Since the list of schools and the community is available, thus by taking into account the number of people in each group of the society, as well as in subgroups they were selected, so sampling was stratified random sampling.

Research Tools

Academic Self-efficacy questionnaire:

In this study to measure students' self-efficacy, standard self-efficacy questionnaire of (Oven and Franmn, 1998) was used. Self-efficacy questionnaire has 32 items that measures students' trust associated with taking notes, asking questions, paying attention in class, using computers and library etc. The questions have Likert scale with 5 levels from very low to very high level, which is scored from 1 to 5. High scores indicate higher self-efficacy in this questionnaire and lower scores indicate low self-efficacy to fulfill assignments (29). Oven and Franmn (1998), to assess the reliability of the questionnaire, carried it out on 88 students and to find the reliability of the scale with the

retest procedure within 8 weeks it was found as 0/90. Concurrent validity of the questionnaire has been achieved using frequency criteria of performing any task and enjoying every task which have been raised by the self-efficacy theory (15). Choi (2005), reported the internal consistency as 0/93. Shokri et al. (2012), to evaluate the psychometric properties of self-efficacy questionnaire in Iranian samples, implemented it on 320 students. 0/91 internal consistency for the entire test shows that the instrument has good internal consistency.

The validity of the questionnaire is confirmed using exploratory factor analysis and confirmatory factor analysis is reviewed and approved (29). In study of (Lavassani, 2009), based on Cronbach's alpha coefficient of internal consistency of the questionnaire it was 0/75 (4).

General Health Questionnaire:

A screening questionnaire based on self-reporting method in clinical settings used in order to track those who have a mental disorder. General health questionnaire has 28 questions in the form of four subscales of physical symptoms, anxiety and insomnia, social dysfunction and depressive symptoms by Goldberg and Hiller (1979) and approved in terms of reliability and validity.

The results of the WHO study suggest that this form can be used in different cultures and developing countries. Also, compared to other versions, the 28-questioned version has the highest reliability, sensitivity and features. Review of Validation studies in different countries in the field of public health by Mari & Williams in 1985, Bridges and Goldberg in 1986, Sryram et al., in 1989, Astansfld et al., in 1992, Adrabije and Godzeh in 1992, Chong and Spears Goldberg and his colleagues in 1994 and 1997 indicate that the test has high reliability and validity. However it should be noted that confirmation of the psychometric properties of the questionnaire in different countries, does not mean that this questionnaire when translated will automatically in every culture show the same psychometric properties. According to surveys conducted, validating 28-questions General Health Questionnaire in Iran so far was done by Palahang, and Shah Mohammad Nasr in 1996 (with alpha coefficient 0/91), Najafi Solati Dehkordy and Fruzbakhsh in 2000 (with a coefficient alpha 0/89) and Noorbala et al., in 1999 (with alpha coefficient 0/85), (30).

Life Skills Questionnaire:

In this study, to assess the life skills for students the Life Skills Assessment Questionnaire of (Saatchi et al., 2010) was used. The questionnaire checks 18 skill with 142 items on the basis of 5 points Likert (1 = very small ... 2 = low ... 3 = average 4 = high...5 = very much). BahariFard (2002) reported alpha coefficient of the questionnaire 0/93 and Yousefi (2002) have reported Cronbach's alpha coefficient of the questionnaire 0/95 (31). In this study, the four skills of 18 skills of life skills questionnaire with the opinion of supervisor was examined and items of all skills are in Table 1.

Table 1. Skills and the number of items in each skill in variable of life skills

Component	Item amounts	Item number in questionnaire
Self-awareness skills	10	1-10
Skills related to human relationships	11	11-21
Skills related to interpersonal relationships	12	22-33
Skills related to problem-solving	6	34-39

Data analysis:

In this research descriptive and inferential statistical methods were used. Descriptive statistics including frequency, percentage, mean, standard deviation and inferential interferential statistical methods including t-test, Pearson correlation and multivariate regression test.

Results

Demographic information

Studying the Statistics based on grade variable shows that 25/3% of the statistical sampling population in the first year, 23/4 %from the second year, 20/3% of third year, and 31/00% of pre-university students. And based on the variable of field of study, it shows that out of 25.3% of the statistical sampling first-year students, 36/00 was studying Humanities, 9.34 percent studying in the experimental field and 3.8% studying mathematics and physics.

Table 2. Kolmogorov-Smirnov test (data normalization)

Variable	The amount of Kolmogorov	Significant level
Mental health	0/917	0/370
self-efficacy	0/750	0/627
Life Skills	0/920	0/366

The results of Table 2 in the data normalization showed that mental health with amount of Kolmogorov–Smirnov (0/917) was not significant. This amount also is not significant with amount of Kolmogorov–Smirnov for self-efficacy variable (0/750). Also, this amount in variable of life skills with the amount Kolmogorov-Smirnov (0/920) is not significant; the results indicate that the data are normal.

The descriptive findings

Table 3: Descriptive statistics of mental health of students

Variable	Number	Mean	Standard deviation	Mean of hypothesis	The amount of t	Degrees of freedom	Significance level
Mental Health	261	61/58	9/65	56	103/053	260	0/001

The results of Table 3 in investigating the students' mental health status shows that variable rates of mental health with mean of (61/58) and SD (9/65), is higher than the average of hypothesis (56) and the difference with calculated t (103/052), degrees of freedom (260) and sig = 0/001 is significant at the 95% confidence level. Therefore, statistically, it can be concluded that students' mental health condition is in a satisfactory condition.

Table 4: Descriptive statistics of status of efficacy in students

Variable	Number	Mean	Standard deviation	Mean of hypothesis	The amount of t	Degrees of freedom	Significance level
Self-efficacy	261	108/09	13/69	96	127/49	260	0/001

The results of Table 4 in investigating the students' self-efficacy status shows that variable rates of self-efficacy with mean of (108/09) and SD (13/69), is higher than the average of hypothesis (96) and the difference with calculated t (127/49), degrees of freedom (260) and sig = 0/001 is significant at the 95% confidence level. Therefore, statistically, it can be concluded that students' self-efficacy condition is in a satisfactory condition.

Table 5: Descriptive statistics of status of Life Skills of students

Variable	Number	Mean	Standard deviation	Mean of hypothesis	The amount of t	Degrees of freedom	Significance level
Life skills	261	131/87	16/69	117	127/62	260	0/001

The results of Table 5 in investigating the students' life skills status shows that variable rates of life skills with mean of (131/87) and SD (16/69), is higher than the average of hypothesis (117) and the difference with calculated t (127/62), degrees of freedom (260) and sig = 0/001 is significant at the 95% confidence level. Therefore, statistically, it can be concluded that students' life skills condition is in a satisfactory condition.

Inferential findings

Table 6: Results of correlation coefficient of mental health and life skills of students

	Statistical features	Life skills	Self-awareness skills	Skills related to human relationships	Skills related to interpersonal relationships	Skills related to problem-solving
Mental Health	The correlation coefficient	0/171	0/141	0/149	0/173	0/119
	The significance LEVEL	0/006	0/023	0/016	0/005	0/050

The results of Table 6 in the interface between mental health and life skills of students shows that the correlation coefficient of mental health and life skills of students respectively is $r=0/171$, $r=0/006$, $\text{sig}=0/141$, $r=0/041$, $\text{sig}=0/023$, $r=0/149$, $\text{sig}=0/016$, $r=0/173$, $\text{sig}=0/05$, $r=0/119$, $\text{sig}=0/50$, which at 95 percent is a significant relationship. Therefore, statistically, it can be concluded that there is the positive relationship between mental health and life skills and life skills components of students.

Table 7: Results of correlation coefficient of mental health and self-efficacy of students

Group	Variables	R	Sig
Students	Mental health	0/169	0/006
	Self-efficacy		

The results of Table 7 in examining the relationship between mental health and self-efficacy of students shows that the correlation coefficient of mental health and self-efficacy of students is $r=0/169$ sig and sig= 0/006. Which at 95 percent is a significant relationship? Therefore, statistically, it can be concluded that there is a positive relationship between mental health and self-efficacy of students.

Table 8: Results of multivariate regression for evaluation of self-efficiency variables and life skills and life skills variable components on the mental health of students

Step	Index Model	Sum of squares	Degree of Freedom	The average sum of squares	F	sig	R	R ²	S.E
1	Regression	725/163	1	725/163	7/989	0/005	0/173	0/030	9/52
	Remain	23508/316	259	90/766					
	Total	24233/479	260						

Step 1: Predictive variable: components of skills related to interpersonal relationships results in Table 8 indicate that among the variables (self-efficacy and life skills and life skills variable components) predicting the mental health of students, the components of interpersonal skills has been predicted. Other variables were removed from the equation because they had no predictive power. The F observed in 95% is significant and 0/030 percent of variance of these variables predicts students' mental health status.

Table 9: Stepwise regression coefficients of students' mental health on the variables

Models	Indexes	B	Standard error B	Beta	T	Sig
	Sources					
Model 1	Components related to interpersonal skills	0/304	0/107	0/173	2/827	0/005

In Table 9 Influence coefficient and t statistics relating to components of interpersonal skills is provided. Not standardized regression coefficient of components related to interpersonal skills were 0.304, standardized regression coefficient for this component is equal to 0/173 and was significant in 95% confidence level.

In this analysis, interpersonal skill component is the strongest predictor of mental health of students. This component positively and significantly ($p<0/05$, $\beta = 0/173$) predicts the students' mental health.

CONCLUSION

The results of this study showed that mental health, self-efficacy and life skills of students in the sample are in normal condition.

The results showed that between mental health and life skills of students there is a direct positive relationship. This means that having the necessary skills for life can cause mental and non-mental disorder and vice versa. Lack of life skills and mastery of life skills can cause disturbance in mental health and life. Also, there is a direct positive relationship between mental health and self-efficacy of students which suggests that having high self-efficacy and self-acceptance of capabilities and shortcomings as a valuable human being, has a positive impact on students' mental health and a normal mental state that the reverse direction is also true.

Therefore, the results of this study, are similar to the results of Solhi et al., Behdani et al.,(2012), Karami et al.,(2012), Najafi et al (2012), Gate zadeh (2011), Momeni Mahmoudi et al (2011), Sadr Mohamadi et al.,(2011), Kareshki and Pakmehr (2011), Khalatbary and Aziz Zadeh (2011), Michaeli Manei et al.,(2011), Khodabakhsh and Mansouri (2010), Sabri Nazarzadeh et al.,(2010), Esmkhany Akbarnejad, Etemadi and Nasirnejad (2010), Yusef Parvar and Grossi (2009), Fuladvand et al (2009), Najafi and Fouladchang (2007), Mirsamiei and Ebrahimi (2007), Haghghi et al.,(2006), Yadavari (2004), Aqajani (2002), Zorfman and Loritzen (2012), or Tiyuranim et al (2011), Leung et al. (2010), Gotzman et al.,(2010), Gupta and Kumar (2010), RAQI et al.,(2010), Smith et al.,(2004), SEO - Kachyng and Stephen (2004), Kim (2003).

To explain these results it should be noted that the school and educational environment are the focus of mental health experts. Since this people are concerned with age grip known as the sensitive groups. In addition, elementary school and middle and high school ages are known as the ages that the establishment of personality in adulthood is

formed at this age. It is noteworthy that this category of age groups spends most of their time in schools so it is clear that situations in these places have a significant impact on health in adulthood.

Accordingly psychological experts along recommendations to families in order to identify factors affecting the mental health and to provide it, pay attention to training centers and schools, and strongly recommend familiarity and maintaining these factors in schools.

Achieving the educational goals that the schools consider as their main objectives, requires providing mental health of students. Numerous studies show that mental health is associated with academic achievement.

And students who somehow suffer from mental health problems or the lack of appropriate mental health are often faced with educational failure.

Therefore, it is necessary to provide appropriate conditions for achieving the goals of education, training and ensuring the health of people in the community in different ages and strategies for providing mental health in school be conspired. Environment in which students are engaged in learning and training as all other environments that influence individual behavior, effects their mental health and behaviors. Clearly, the physical environment, including the school building conditions, light, color, health of environment affect students' mental health.

It is therefore essential that in order to enhance students' mental health to provide proper physical condition, and since the majority of students daily hours are spent in the school environment, inappropriate Physical conditions such as inadequate lighting, poor heating and cooling systems, and building security is very important. In providing mental health of students, attention to mental health officials and school personnel is also important. In addition to the effects of school officials on student behavior, the relation that they have with students can be beneficial or detrimental to the mental health of students. Therefore it is necessary to provide mental health of school officials and the selection of healthy people should be considered. Counselor is central point in school to provide mental health. Consultant by identifying factors disruptive for mental health and mental health promoting agents will try to create a healthy environment at school. In addition, role modeling by counseling can be a model for other teachers and by identifying the troubled students and helping to solve their problems and identifying other factors and using existing facilities they can improve the school' mental health.

Consultant usually draws the attention of teachers and students, and is often useful as a provider of solutions for education and training purposes. Using Active Consultants are essential steps in improving the mental conditions and environment of schools. Teaching life skills is considered as a preventive measure for the mental health of juvenile offenders. And this type of training can spread the groundwork for the growth and development of the family and provide mental health in the community. In general, life skills training if done in a principled way can be important in the prevention of mental disorders and may also be effective in improving psychological status.

In fact this training can be one of the most effective factors affecting the mental health of the population and prevention of social damage. This training is the capability that provides the basis for compatibility with positive and negative behaviors. And therefore the individual is able to accept social responsibilities and without prejudice to themselves and others, solve problems effectively. The importance and necessity of the training becomes clear when we know life skills training enhances mental - social abilities and assist individual in dealing with challenges and opportunities. Causing him to be positive and consistent with the culture and environment and maintain his mental health.

Positive social behavior in schools of social interaction between people, increase problem-solving ability, self-awareness, reduces anger and anxiety and depression, creating internal locus of control, social acceptance, and positive self-concept, all are effective in order to strengthen verbal and nonverbal life skills. Health is an essential part of a vibrant life and schools play an important role in informing the children about life skills. Research findings suggest that life skills training is effective on mental health of students and schools have an important role in the prevention of psycho - social damages and improving mental health promotion of students, thus, in recent years the school-based prevention programs have been expanded.

Evidence shows that life skills training are effective in reducing anxiety and insomnia, social dysfunction and depression of students. Thus the role and importance of life skills in different aspects of life considering their manufacturer targets for young generation is undeniable. Therefore, it is essential to create good grounds to promote mental health and health conditions in schools and conditions be provided to support children and adolescents about mental health issues to achieve healthy minds.

Also one factor effective in controlling and organizing behavior is self-efficacy. Self-efficacy plays an important role in dealing with the issues of life. As Brown and Ennio discovered, people whose self-efficacy is higher, are more stable when faced with unresolved issues. Self-efficacy is effective on confidence in their own abilities to control their thoughts, feelings and activities and actual performance, excitement and choice for individuals and ultimately the amount of effort spent on an activity. For example, a student with low levels of self-efficacy may not even prepare himself for an exam; because he thinks how much he tries it will not be enough. In contrast, a person with high self-efficacy level is more hopeful and more successful in performance at work (32). Judgments about the self-efficacy due to their important role in the development of intrinsic motivation are of particular importance. Because self-efficacy has been shown to be effective in overcoming and resistance against obstacles can be an important reason for the performance relative to the complicated interpersonal tasks (31).

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