

# Investigating the effectiveness of life skills' training on mental health promotion of visually impaired and blind students

Maryam Alsadaat Mirsalimi

Islamic Azad University, Tehran central Branch, Iran, Tehran.

*Corresponding author:* Maryam Alsadaat Mirsalimi

**ABSTRACT:** The present study was conducted to investigate the effectiveness of life skills' training on mental health promotion of visually impaired and blind students. This is a quasi-experimental study with pre- test, post- test and control group. The study sample consisted of 30 visually impaired and blind students in Khorramabad who were selected by available sampling. The subjects were randomly divided into two experimental (n = 15) and control (n = 15) groups. Individuals in the experimental group received life skills' training in 10 sessions of 45 minutes. In order to collect data, a clinical interview and General health question (GHQ) were used. Data collected were analyzed using multivariate analysis of variance. According to the results, a significant relationship is found between teaching life skills and promoting mental health of visually impaired and blind students.

**Keywords:** life skills, mental health, visually impaired and blind students.

## INTRODUCTION

Mental health can be defined based on a general and a broader definition of well-being. During the last century, our perception of health has been widely changed. A life longer than average, saving a human life from fatal diseases with antibiotics discovery and scientific and technical advances in diagnosis and treatment provide the current concept of health that reflects not only the absence of a disease, but also means achieving a high level of health. Such a concept requires a balance in all aspects of a person life in terms of physical, intellectual, social, occupational, and spiritual aspects. These aspects interact with each other, so that each person can be affected by others and the environment and affect them (Hershen,1988). The concept of mental health from the perspective of World Health Organization is more than the absence of mental disorders and includes mental well-being, self-efficacy perception, autonomy, competency and self-actualization of potential intellectual and emotional abilities (WHO,2001). A mental behavioral disorder is a clinically significant condition that changes thinking, mood, a characterized emotion or behavior, personal discomfort and anxiety and/ or life dysfunction. These changes are not in the normal range and are clearly abnormal, sick, persistent or recurrent(Noorbala,2011).

A person who is able to solve its internal problems and is consistent with changes and demands of his natural and social environment and tries to provide health and happiness for him and others has mental health, for mental health is a favorable condition for physical, emotional and consciousness development, without disturbing others. According to studies of National Institute of Mental Health, those with mental health have the following characteristics:

They feel comfortable, accept themselves as they are, benefit from their talents, feel less fear, anxiety and jealousy and have confidence. Their value system originates from their personal experiences. They feel better to others, regard interests of other people's and show a sense of responsibility towards them, trying not to dominate others, they encounter problems and show a sense of responsibility towards their actions, form their environment as much as possible and as much as necessary become consistent with it.

Life skills' training program was developed in 1993 by World Health Organization to prevent and also increase mental health level of the population. The organization has presented 10 main skills as life skills and put them into 5 groups: 1- self awareness, empathy (with an emphasis on skills of improving self-esteem and self-confidence), 2-

communication - interpersonal relationships (with an emphasis on interpersonal skills and self-expression), 3- Decision-making - problem solving, 4- creative thinking - critical thinking and 5- emotions' inhibition- stress coping(WHO,1993).

The importance and necessity of life skills training becomes clear when we know life skills training causes improving psycho-social abilities. These abilities help a person deals effectively with life conflicts and situations, and help him acts with other humans, his society, culture and environment positively and adaptively and provides his mental health. Thus, life skills' training causes reinforcing or changing a human attitude, value and behavior (Nasseri,2005). Life skills can help people take their decisions with awareness, communicate effectively, develop their coping skills and personal management and have a healthy life and fertility. Life skills training on the one hand makes the people more understand themselves and know their strengths and weaknesses and try to correct their weaknesses and reinforce strengths. Creating awareness on the strengths and weaknesses helps a person uses more efficient and convenient ways to deal with problems and, consequently, reduces his anxiety. Group training on the other hand can have a positive effect on reducing mental stress, because gathering the people in a group makes each individual feels that others have similar problems with them and uses the experiences of others in a group to cope with anxiety (Salemi and Zehtab,2012).

Different studies conducted after implementing school life skills' training program show its effect on different aspects of adaptation and mental health. In general, life and social skills' training has positive effects on the following cases: 1- positive social behaviors in schools (positive social interaction among peers, 2- increasing the ability of problem solving, 3- self- consciousness, 4- reducing anger, anxiety, depression, shyness and criminal behaviors, 5- creating internal locus of control, 6- social popularity, 7- crisis coping, 8- social confront, 9- increasing assertiveness, 10- positive self-concept, 11- appropriate social verbal and nonverbal skills(Haghighi, Mousavi, Mehrabzadeh, Beshlideh, K. ,2006). Hence, the present study investigated the effectiveness of life skills' training on mental health promotion of visually impaired and blind students in Khorramabad.

### **Materials and methods**

In this study, that is quasi-experimental, pre- test, post- test and control group were used. The population consisted of all visually impaired and blind students in Khorramabad special schools in academic year 2014. In order to select the subjects, available sampling method was used. Studied sample consisted of 30 visually impaired and blind students who were randomly assigned to experimental and control groups.

### **Tool**

#### **Question General Health Questionnaire (GHQ-28)**

Among screening tools for mental health, General Health Questionnaire is one of the tools that are widely used around the world. As well as there is a wide range of research in the field of psychometric quality. It is the most important tool for screening and determining psychological problems and identifying positive cases in the general population (Ebrahimi,2008). 28-question form of General Health Questionnaire was developed by Goldberg and Hillier in 1979 and its questions have been derived on the basis of basic 60- question factor analysis that includes 4 scales of somatization, anxiety and insomnia symptoms, social dysfunction and severe depression syndromes. High correlation available between the results of forms 28 and 60- question of General Health Questionnaire in the diagnosis of mental disorders indicates that 28-question General Health Questionnaire has the ability to assess the severity of mental disorders and could be used as a screening tool, saving time and costs of behavioral sciences' research (Noorbala,2008). Mentioned questionnaire has four sub-scales, each scale has 7 questions. Four sub-scales of General Health Questionnaire include somatization symptoms, symptoms of anxiety and insomnia, social dysfunction syndrome and depression syndrome. Total score of each person is obtained from the sum of four subscale scores. Keyes and Sheck reported Cronbach's alpha of the scale 0.93 and 0.88, respectively. In Rajabi (2004) study, Cronbach's alpha and split-half coefficients of General Health Questionnaire for female students were calculated 0.87 and 0.84 and for male students were calculated 0.88 and 0.90. Aman Elahi (2004) also reported Cronbach's alpha and split-half coefficients of General Health Questionnaire for female students 0.83 and 0.84 and for male students 0.85 and 0.86 (Nabors, Reynold and Weist,2000).

In the first step of the study, General Health Questionnaire (GHQ) was completed by students as a pre-test, then, the experimental group participated in 10 sessions of 45 minutes of life skills training. Each of the members of the experimental group received necessary practices to acquire life skills, while no intervention was performed for the control group. At the end of the sessions, both groups were evaluated again as post- test by General Health Questionnaire (GHQ).

**Findings**

According to the design of the present study that is pre- test - post- test (with control group), so the best way to analyze information is using multivariate analysis of covariance (MANCOVA). The data obtained after implementing the study were analyzed using descriptive statistics (mean, standard deviation) and inferential statistics (MANCOVA). In order to test the hypothesis, covariance analysis (MANCOVA) has been used. This test is a statistical method that allows investigating the effect of the independent variable on the dependent variable, while removes the effect of other variable. In multivariate analysis of covariance, four statistical tests of Pylapy effect, Hurtling effect, Wilks Lambda effect and the greatest root are shown. They all indicate whether the difference between the levels of the independent variable in a linear combination of dependent variables is significant. If given factor has 2 levels, F reported tests will be the same. And if the variable has than two levels, F reported tests for four statistical tests are usually different and most researchers reported Wilks Lambda values that also in this study Wilks Lambda results have been reported. So, before performing analysis report, first the test assumptions, including regression homogeneity, linear relationship, homogeneity of variance-covariance matrices, and variances' equality, were examined.

Table 1. The mean and standard deviation of the pre- test of the dependant variable micro components of the experimental and control groups

Dependant variable	G	SD	M
Somatization symptoms	experimental	1.30	7.67
	control	2.52	7.33
Anxiety symptoms	experimental	1.54	7.40
	control	2.55	7.53
Social function	experimental	2.07	6.73
	control	1.41	6.87
Depression syndrome	experimental	1.52	5.67
	control	2.39	6.27

In Table 1, the mean and standard deviation of the pre- test of the dependant variable micro components in the experimental and control groups are provided. As seen, both groups before the intervention have the same mental health in relation to the studied variables.

Table 2. Examining interactive effect of the independent variable and dependant variables' post- test

variables	SS	d.F	MS	F	Sig
Somatization symptoms	1.74	2	0.87	0.63	0.54
	29.12	21	1.39		
Anxiety symptoms	0.36	2	0.18	0.16	0.85
	22.82	21	1.09		
Social function	0.52	2	0.26	0.27	0.77
	20.28	21	0.97		
Depression syndrome	0.15	2	0.08	0.09	0.91
	17.18	21	0.82		

Table 2 shows that the interaction between the independent variable and dependent variables' pre- test is not significant ( $0.05 < P$ ), the two groups' function did not show a significant difference in pre-test, so homogeneity assumptions of regression are confirmed.

Table 3. Box test to examine the matrix homogeneity

s MBox	6.82
F	0.58
Df <sub>1</sub>	10
Df <sub>2</sub>	3748.21
Sig	0.84

As Box test shows regarding insignificant Sig= 0.84, F (10, 3748.21) = 0.58, so assuming the equality of variance-covariance matrices is confirmed.

Table 4. Levene test to examine dependent variables' variance equality

variable	f	df1	df2	Sig
Somatization symptoms	0.10	1	28	0.75
Anxiety symptoms	1.75	1	28	0.20
Social function	5.71	1	28	0.02
Depression syndrome	0.01	1	28	0.96

Levene test was performed to examine variances' equality assumption. As the results of the Table show the significance level of all Fs calculated except micro components of social function is more than 0.05 <P, so variances' difference is not statistically significant and assumption of equality of variances is confirmed.

Table 5. Adjusted mean and standard error of the dependent variable micro components of the experimental and control groups

Dependent variable	group	mean	Standard error
Somatization symptoms	experimental	4.82	0.30
	control	6.18	0.30
Anxiety symptoms	experimental	3.80	0.25
	control	6.34	0.25
Social function	experimental	4.21	0.25
	control	6.32	0.25
Depression syndrome	experimental	4.27	0.22
	control	6.13	0.22

Table 5 shows that after adjusting the experimental and control groups' scores in the post-test mental health micro components are different. In order to examine that whether this difference is statistically significant and is caused by training effect, MANCOVA analysis was performed by "Bonferroni" correction method.

Table 6. The test of measuring combined effect of according to Wilks Lambda

Wilks Lambda	Value	F	df1	df2	sig	$\eta^2$
	0.119	39.04	4	21	0.01	0.69

According to the above table results and based on adjusted Bonferroni alpha (0.01), the effect of life skills' training on mental health promotion of visually impaired and blind students in a combined variable (mental health) with partial  $\eta^2 = 0.69$ , Wilks Lambda = 0.119 and  $F(4,21) = 39.4$  was significant ( $0.01 > P$ ). That is, life skills' training is effective on mental health promotion of visually impaired and blind students. ETA square values seen in the above Table are a portion of the variance that is related to a new combined variable. The general rule is that if this value is larger than 0.14, the effect is large; ETA share square shows the severity of the effect (0.69), which indicates a very high severity.

### Discussion

The purpose of this study was to investigate the effectiveness of life skills' training on mental health promotion of visually impaired and blind students in Khorramabad. According to the results of Tables 5 and 6, life skills' training is effective on improving mental health and promotes mental health significantly (0.69), that the results are consistent with the findings obtained from the studies of Aghajani (2001), Haghghi, Mousavi, Mehrabzadeh, Beshlideh (2006), Nabos, Reginald, Weiss (2000).

In explaining this finding it can be said, life skills' training is a program that its benefits have been proven in several studies. In general, the findings of the present study and similar studies indicate that through mental health training we can attempt to promote mental health and adaptation of children and adolescents. According to World Health Organization's definition, life skills are a set of skills that their use is very effective on adjusting and improving interpersonal relationships, social responsibilities' acceptance, correct decisions and conflicts' resolution. Achieving these goals is impossible, unless basic skills are taught to children and adolescents. If a small part of a detailed school program is assigned to training negative emotional control, problem-solving process, decision-making, thinking and communicating good interpersonal relationships, and many disorders and malfunction will be prevented (Haghghi, Mousavi, Mehrabzadeh and Beshlideh, 2006). Those with low mental health and suffer from mental disorders such as anxiety and depression are those who are unfamiliar with these disorders and do not know how to cope with them. And as we know, in life skills' training, skills such as problem solving, effective communication, interpersonal relations, decision-making and planning, identifying negative thoughts and replacing positive thoughts, the ability to cope with stress, self-expression, coping emotions' skills, decision-making skills, critical thinking skills,

and other various methods are taught to subjects. Therefore, those who learn methods to cope with life's challenges are less prone to mental disorders.

According to the results of this study, we realized the points that blind and visually impaired students need to engage in life and social interactions. Blind and visually impaired students, in addition to their vision problem that is considered as an obstacle in one's social interactions, they have problems in communicating with others, because they do not have an active participation in the society, that lead to depression, anxiety, social function decline in them. These students with the help of learning life skills can reach higher levels of cognitive, behavioral, emotional and motivational skills. Life skills can be very effective on adjusting and improving their interpersonal relationships, social responsibilities' acceptance, correct decisions and conflicts' resolution, and generally contribute to improving all mental health components in them.

### **Conclusion**

Generally the results of this study showed that life skills training as a group can promote mental health of blind and visually impaired students (0.69). Therefore, a structured intervention program to teach life skills to visually impaired and blind students will have an important role in promoting mental health.

### **REFERENCES**

- 1- Hershen Sen, D. Power, P. (1988), mental health counseling: theory and practice, translated by Monshi Tousi, M., Mashhad, Razavi Publications.
- 2- World Health Organization Report. (2001), mental health: New understanding, new hope, Geneva, Switzerland: World Health Organization.
- 3- Noorbala, or. (2011), mental - social health and strategies to improve it, the Journal of Psychiatry and Clinical Psychology, Vol. VII, No. 2, 151- 156.
- 4- World Health Organization. (1993), Life Skills Education, Planning for research - Division of Mental Health and Prevention of Substance abuse: Geneva.
- 5- Naseri, H. (2005), Manual of Life Skills' Training Program, Handbook, Tehran, Department of Cultural and Prevention Affairs of the country Welfare Organization.
- 6- Zehtab Najafi, A. Salemi, S. (2012), the effectiveness of life skills teaching on reducing divorced women anxiety, Journal of Zang and Farhang, No. 13, 85-93.
- 7- Haghghi, J. Mousavi, M. Mehrabzadeh, M. Beshlideh, K. (2006), investigating the effect of life skills training on mental health and self-esteem of girls in high school, Journal of Education and Psychology of Shahid Chamran University, the third period, the thirteenth year, No. 1, 61-78.
- 8- Ebrahimi, A. (2007), psychometric properties, factor structure, clinical cut-off point, sensitivity and specificity of 28-question General Health Questionnaire (GHQ-28) in Iranian patients with psychiatric disorders, Journal of Research in Behavioral Sciences, Volume V, No. 1.
- 9- Noorbala, A. (2008), 28-question General Health Questionnaire validation as a screening tool for psychiatric disorders in Tehran, Hakim Research Journal, Volume XI, No. 4.
- 10- Aghajani, M. (2002), investigating the effect of life skills training on mental health and adolescent control of Qom, a Master's thesis, General Psychology, University of Al Zahra.
- 11- Nabors, LA., Reynold, MS., Weist, MD. (2000), Qualitative evaluation of a high school mental health program, J Youth and Adolescence 81-93: 29(2).