

EduInspire-An International E-Journal

An International Peer Reviewed and Referred Journal (www.ctegujarat.org)
Council for Teacher Education Foundation (CTEF, Gujarat Chapter)

Patron: Prof. R. G. Kothari

Chief Editor: Prof. Jignesh B. Patel

Email:- Mo. 9429429550 ctefeduinspire@gmail.com

EduInspire

- An International Peer Reviewed and Referred Journal

VOL: XIII

ISSUE: I

JANUARY-2026

Patron

Prof. R. G. Kothari

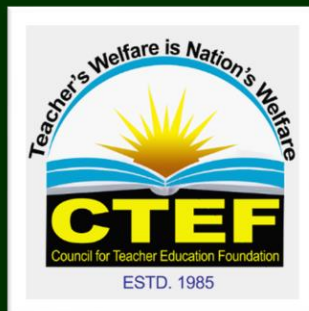
Chief Editor

Prof. Jignesh B. Patel

Mo. 9429429550

drjigp@gmail.com

ctefeduinspire@gmail.com



Council for Teacher Education Foundation
(CTEF, Gujarat Chapter)



EduInspire-An International E-Journal

An International Peer Reviewed and Referred Journal (www.ctegujarat.org)
 Council for Teacher Education Foundation (CTEF, Gujarat Chapter)
 Patron: Prof. R. G. Kothari
 Chief Editor: Prof. Jignesh B. Patel
 Email:- Mo. 9429429550 cteduinspire@gmail.com

Status of Mental Health of Juvenile offenders in Pune City

Dr. Nisha Valvi

Associate Professor, Department of Education and Extension
 Savitribai Phule Pune University
gourinisha77@gmail.com

Miss. Sana Dingankar

M.Ed. Student, Department of Education and Extension
 Savitribai Phule Pune University

Abstract

The concept of Mental health is presently being given quite importance in the field of education. The mental health of not only the students but also the teachers & teacher educators is being taken into consideration. Mental health of an individual largely contributes to the maintenance of his physical health and social effectiveness. The social factors that to a greater extent influence mental health of an individual are the home, the school and the community. If we consider the marginalized children. These social factors singly or even in a combination can have a negative impact on the mental health of such children. The World Health Organization defines mental health as “a state of well-being in which the individual realize 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 2005). Youth in the juvenile justice system are at high risk for mental health problems that may have contributed to their criminal behavior and that are likely to interfere with rehabilitation (Lobber et al., 1998; Lyman, 1996). Also the juvenile justice system is too slow; the juvenile courts in India meet only twice a week. Hence justice has to take a long route to reach the juvenile. This creates anxiety & loss of hope among the juvenile offenders. Secondly, the child has to spend his whole life in a feeling of guilt. They do not know what to do after getting released from the observation home, the government has neglected this issue. Most of the research has been conducted in the juvenile justice system in our country but not in the psychological aspect of it. Research in this field is necessary for an insight into the mental problems faced by the juvenile offenders. This paper focuses on mental health of juvenile offenders of Pune City.

Keywords: Mental Health, Juvenile offenders

Introduction

The concept of Mental health is presently being given quite importance in the field of education. The mental health of not only the students but also the teachers & teacher educators is being taken into consideration. Mental health of an individual largely contributes to the maintenance of his physical health and social effectiveness. The social factors that to a greater extent influence mental health of an individual are the home, the school and the community. If we consider the marginalized children. These social factors singly or even in a combination can have a negative impact on the mental health of such children. The World Health Organization defines mental health as “a state of well-being in which the individual realize 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 2005). In our country, in the recent past years, there has been a rapid increase in juvenile delinquency. According to the national institute of social defence one out of every five persons imprisoned is below 21 years crimes committed by the juveniles rose almost three times during 1956-59 periods and four times thereafter. In Maharashtra there are 46 observation homes that cater to over 9000-10000 children from both categories. These homes are run independently by the state department of women and child welfare or in collaboration with voluntary organizations. Another area of serious neglect is the shockingly slow justice system. There are over 3000 cases pending with juvenile justice court.

Statement of Problem

To find out the status of mental health of juvenile offenders in Pune city and suggest appropriate measures to ensure their proper mental health.

Need

Youth in the juvenile justice system are at high risk for mental health problems that may have contributed to their criminal behavior and that are likely to interfere with rehabilitation (Lobber et al., 1998; Lyman, 1996). Also the juvenile justice system is too slow; the juvenile courts in India meet only twice a week. Hence justice has to take a long route to reach the juvenile. This creates anxiety & loss of hope among the juvenile offenders. Secondly, the child has to spend his whole life in a feeling of guilt. They do not know what to do after getting released from the observation home, the government has neglected this issue. Most of the research has been conducted in the juvenile justice system in our country but not in the psychological aspect of it. Research in this field is necessary for an insight into the mental problems faced by the juvenile offenders.

Importance

This kind of research can be beneficial in creating awareness among the people about the condition of the juvenile offenders of our country. With the help of adequate information about the mental health of juvenile offenders, various effective measures to ensure proper mental health of such children can be suggested.

Objectives

1. To assess the dimensions of mental health of juvenile offenders in Pune city.
2. To suggest measures to improve mental health, if required, of juvenile offenders in Pune city.

Research Question

1. What is the status of mental health of juvenile offenders of Pune city?
2. What measures can be adopted to ensure proper mental health of juvenile offenders in Pune city?

Conceptual Definition

Juvenile offender: A person below age 18 who has committed to crime.

Mental health: It is a positive but relative quality of life, it is condition which is a characteristic of average person who meets the demands of life on the basis of his own capacities and limitations (Johns, Sutton, Webster)

Operational Definition

Juvenile offender: A boy in the age group 10 – 18 years kept in a residential placement in Pune city because of being charged with or adjudicated by the court for an offence.

Mental health: For the present research, mental health is defined as the overall score obtained on the mental health inventory used by the researcher.

Scope

This study has a broad scope. Since once the mental status of mental health of the juvenile offenders is determined, the factors underlying the present condition can be pointed out. Also necessary measures to be adopted by the system for ensuring proper mental health can be suggested.

Delimitations

1. The research was delimited to juvenile offenders in Pune city.
2. The research was delimited to present status of mental health of juvenile offenders in Pune city
3. The research was delimited to measuring and assessing the different dimensions of mental health mentioned in the mental health inventory.

4. The data was collected in year 2011-2012.

Limitations

1. The cooperation given by the remand home authorities is a limiting factor.
2. The assessment of the mental health of the juvenile offenders purely based on the responses given by them.
3. There is no control on the maturation, mental ability of the juvenile offenders in Pune city.
4. Names of the juvenile offenders have not been mentioned anywhere in the research report due to Juvenile Justice Act 2000.
5. Snaps have not been taken due to prohibition by the remand home authorities.

Population: All juvenile offenders in Pune city.

Sample: Juvenile offenders in Pune city (35) Researchers approached Jawaharlal Nehru Udyog in Yerwda and observation home in Shivaji Nager and the juvenile offenders placed there, were chosen for the research.

Sampling Technique: For this research, purposive sampling technique used for the selection of juvenile offenders of Pune city.

Data Collection Tool

Objective No.	Objective	Tool of data Collection	No. of questions	Type of question
1	To find out the present status of mental health of juvenile offenders in Pune city.	Psychological Test (Mental health inventory by Dr. Jagdish & Dr. A. K, Srivastav)	56	Closed ended
2	To suggest measures for ensuring proper mental health of juvenile offenders in Pune city.	Structured Interview	07	Open

Method: Survey method was used for this research study.

Procedure of the Study

Selection of Problem-----Framing the Objectives-----Review of related literature-----Preparation of research questions-----Selection of Psychological Test (Dr. Jagdish & Dr. Srivastav's Mental Health Inventory)-----and its translation-----drafting of interview schedule

(for Psychological counselor) Expert opinion-----Finalization of the tool-----Data collection-----Data analysis (quantitative and qualitative)-----Discussion and Conclusion.

Objective wise Analysis and Interpretation

For objective 1 – To assess the dimensions of mental health of juvenile offenders in Pune city.

Table 2: Analysis of juvenile offenders mental health according to 6 dimensions given the mental health inventory

Status	PSE	PR	IP	AUTNY	GOA	EM	N= 35
Very Good	-	-	-	-	-	-	-
Good	-	1 3%	-	1 3%	3 9%	1 3%	-
Average	6 17%	16 46%	-	10 29%	11 31%	12 34%	-
Poor	25 71%	18 51%	16 46%	14 40%	15 43%	22 63%	27 77%
Very Poor	4 11%	-	19 54%	10 29%	6 17%	-	8 23%

PSE: Positive Self-Evaluation, PR: Perception of reality, IP: Integration of Personality, AUTNY: Autonomy, GOA: Group-oriented attitudes, EM: Environmental Mastery

Observation

From the above table, the researchers observed that following things about the different dimensions of mental health of juvenile offenders,

Positive Self- Evaluation: No one has good positive evaluation. 6 out of 35 juvenile offenders have average positive self-evaluation. 25 out of 35 juvenile offenders have poor positive self-evaluation. 4 out of 35 juvenile offenders have very poor positive self-evaluation.

Perception of reality: 1 out of 35 juvenile offenders have good perception of reality. 16 out of 35 juvenile offenders have average perception of reality. 18 out of 35 juvenile offenders have poor perception of reality.

Integration of Personality: No one has good or average integration of personality. 16 out of 35 juvenile offenders have poor integration of personality. 19 out of 35 juvenile offenders have very poor integration of personality.

Autonomy: 1 out of 35 juvenile offenders has good autonomy. 10 out of 35 juvenile offenders have average autonomy. 14 out of 35 juvenile offenders have poor autonomy. 10 out of 35 juvenile offenders have very poor autonomy.

Goal oriented attitudes: 3 out of 35 juveniles have good goal-oriented attitudes. 11 out of 35 juvenile offenders have average goal-oriented attitudes. 15 out of 35 juvenile offenders have poor goal-oriented attitude. 6 out of 35 juvenile offenders have very poor goal-oriented attitudes.

Environmental Mastery: 1 out of 35 juvenile offenders has good environmental mastery. 12 out of 35 juvenile offenders have average environmental mastery. 22 out of 35 juvenile offenders have poor environmental mastery.

Overall Mental Health: No one has good or average mental health. 27 out of 35 juvenile offenders have poor mental health. 8 out of 35 juvenile offenders have very poor mental health.

Interpretation:

Positive self-evaluation: 17% of juvenile offenders have average positive self- evaluation. 71% of juvenile offenders have poor positive self- evaluation. 11% of juvenile offenders have very poor positive self-evaluation.

Perception of reality: 3% of juvenile offenders have good perception of reality. 46% & 51% of juvenile offenders have average and poor perception of reality respectively.

Integration of personality: No one has good or average integration of personality. 46% of juvenile offenders have very poor integration of personality. 54% of juvenile offenders have very poor integration of personality.

Autonomy: 3% of juvenile offenders has good autonomy. 29% of juvenile offenders have average autonomy. 40% of 35 juvenile offenders have poor autonomy. 29% juvenile offenders have poor autonomy.

Goal oriented attitudes: 9% of juvenile offenders have good goal-oriented attitudes. 31% of juvenile offenders have goal-oriented attitudes. 43% of juvenile offenders have poor goal-oriented attitudes. 17% of juvenile offenders have very poor goal-oriented attitudes.

Environmental Mastery: 3% of juvenile offenders has good environmental mastery. 34% of juvenile offenders have average environmental mastery. 63% of juvenile offenders have poor environmental mastery.

Overall Mental Health: No juvenile offenders has good or average mental health. 77% of juvenile offenders have poor mental health. 23% of juvenile offenders have very poor mental health.

Objective 2: To suggest measures to improve mental health, if required, of juvenile offenders in Pune city.

The researcher interviewed the counselor at child guidance centre at Shivaji Nager and her views as an expert are summarized as follows:

Psychological counseling is a must for juvenile offenders. The mental health of these children should be given importance in the observation and remand homes. On their entry into the remand home, they should be first screened using psychological tests. Once they are screened, steps should be taken to improve their mental well-being. A psychological counselor should be appointed in the remand home and should be available for the children. He should regularly counsel the children and maintain records of their progress.

Personality development programmes and workshops to enhance their creativity and other different life – skills should be conducted in the remand homes for these children. They should be given vocational training which will be useful to them and society in near future. They atmosphere of the remand home should be friendly, and the children should be engaged in different activities such as celebration of festivals, tree plantation, etc.

Discussion

The mental health of juvenile offenders in Pune city is quite low. Juvenile offenders are mostly suffering from family problems, peer group pressure, social environment, low I.Q. In the remand homes, the juvenile offenders express their feelings of guilt. They are mostly mentally disturbed, aggressive. They have a negative approach towards life. They suffer from low concentration, anxiety, suicidal tendency and cannot control their anger. Attention needs to be paid to the mental health of juvenile offenders and screening for psychological problems before their entry into the remand home should be done. The measures suggested may prove to be useful to these children. Active partnership with the mental health community and other child-serving organizations can improve the care and treatment of these young people and prompt healthier results for individuals, families and communities.

Major Findings

Not a single juvenile offender was found to have good or average mental health. 77% of juvenile offenders have poor mental health. 23% of juvenile offenders have very poor mental health. Thus the juvenile offenders are at high risk in terms of mental health.

Conclusion

Positive self-evaluation: It includes self confidence, self acceptance, self identity, feeling of worth whileness. Not a single juvenile offender has good positive self evaluation. 17% of juvenile offenders have average positive self- evaluation. 71% of juvenile offenders have

poor positive self-evaluation. 11% of juvenile offenders have very poor positive self-evaluation.

Perception of reality: It is related to perception free of distortion, absence of excessive fantasy and a broad outlook on the world. Only 3% of juvenile offenders have good perception of reality. 46 % and 51 % of juvenile offenders have average and poor perception of reality respectively.

Integration of personality: It indicates balance of psychic forces in the individual and includes the ability to understand and share other people's emotions the ability to concentrate at work and interest in several activities.

No one has good or average integration of personality. 46 % of juvenile offenders have poor integration of personality. 54 % of juvenile offenders have very poor integration of personality.

Autonomy: It includes stable set of internal standard for one's action, dependence for own development upon own potentialities rather than dependence on other people. 3% of juvenile offenders have good autonomy. 29% of juvenile offenders have average autonomy. 40% of 35 juvenile offenders have poor autonomy. 29% of juvenile offenders have very poor autonomy.

Goal oriented attitudes: It is associated with the ability to get along with others, work with others and ability to find recreation. 9% of juvenile offenders have good goal oriented attitudes. 31% of juvenile offenders have average goal oriented attitudes. 43% of juvenile offenders have poor goal oriented attitudes. 17% of juvenile offenders have very poor goal oriented attitudes.

Environmental Mastery: It includes environmental efficiency in meeting situational requirements, the ability to work and play, ability to take responsibilities and capacity for adjustment. 3% of juvenile offenders have good environmental mastery. 34% of juvenile offenders have average environmental mastery. 63% of juvenile offenders have poor environmental mastery.

Overall Mental Health: No juvenile offender has good or average mental health. 77% of juvenile offenders have poor mental health. 23% of juvenile offenders have very poor mental health. Thus the juvenile offenders are at high risk in terms of mental health.

References

Durand M. V. Barlow D. H., Essentials of Abnormal Psychology (2010) Edn.5. Wadsworth, Cengage Learning

Kashikar R. (1987). A study of the inmates of the observation home for boys and girls at Nashik. M.Phil. University of Pune

Henggeler, S.W. & Schoenwald, S. K. (2011) Evidence-based Interventions for Juvenile offenders and juvenile justice paper.

Mental Health Research in India (2005) Indian Council of Medical Research, October 26, 2011, www.ncjrs.gov/pdffiles1/ojdp/202713.pdf

Montaldo C. Juvenile offenders need mental health treatment, Dec 17, 2011, <http://crime.about.com/b/2005/10/10/juvenile-offenders-need-mental-health-treatment.htm>

The future of children: Juvenile Justice 18, Number 2, Fall 2008. November 12, 2011. www.futureofchildren.org.

Chris D. Erickson (Dec. 2011). Using Systems of care to reduce Incarceration of Youth with Serious Mental Illness. *American Journal of Community Psychology*, 48. December 14 2011, From <http://www.springerlink.com/cent/104830>

Maslow's Hierarchy of Needs Retrieved December 16, 2011.

http://en.wikipedia.org/wiki/Maslow's_hierarchy_of_needs

