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"MENTAL HEALTH OF VISUALLY IMPAIRED STUDENTS IN RELATION TO THEIR SELF-CONCEPT"

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Abstract:

The eye is a crucial sensory organ, providing a significant portion of the information a person receives from their surroundings. Consequently, the absence of sight can create a sense of separation from the material world. This physical, social, and sensory seclusion often leads to Anxiety and adaptation difficulties, impacting the personality and well-being of individuals with visual impairments. Children with visual impairments are an essential component of our society., yet they are often ignored and face various challenges in their daily lives. One of the primary challenges is societal ignorance, as visually impaired individuals are frequently treated as handicapped, even by their own families in some cases. In the academic sphere, these students encounter numerous difficulties, such as a lack of appropriate teaching materials, limited availability of Braille-printed books in public libraries, and the rapid pace of teachers' speech during lectures. These challenges significantly affect their psychological well-being, influencing mental health and self-concept. Therefore, the current research, titled "Mental Health of Visually Impaired Students in Relation to Their Self-Concept", aims to explore the relationship between mental health and self-concept among visually impaired students. A correlational research method was employed for this study.

Data collection involved the use of two standardized tools: the Mental Health Inventory developed by Jagdish & Srivastav (1983) and the Self-Concept Inventory developed by Rajkumar Saraswat (1992). These tools were administered to a sample of 62 visually impaired students from Ravenshaw University, Cuttack. Descriptive statistics and Pearson's product-moment correlation coefficient were used to analyze the gathered data. The study's conclusions showed that among visually challenged students, self-concept and mental health were positively correlated.. The results underscore the importance of fostering a supportive environment to enhance both mental well-being and self-concept in this population.

Key words: *Mental health, Self-concept, Visually Impaired Students, Self-esteem*

BACKGROUND OF THE STUDY:

1.0 OVERVIEW:

1.1 Mental health plays a crucial role in the lives of visually impaired students. Vision, as the primary sensory channel, provides about 60% of perceived information (Zeevi &Kronauer, 1975). The eye's ability to process light into images aids in environmental navigation, movement calibration, and social interactions (Hollyfield & Foulke, 1983). Visual impairment often results in Physical, social, and sensory isolation, leading to Anxiety and adaptation difficulties. Visually impaired children face societal neglect, stigma, and academic challenges, such as limited resources, inappropriate teaching methods, and difficulties integrating with peers. These challenges negatively impact their mental health, which significantly influences their self-concept.

1.2 MENTAL HEALTH:

Mental health is more than the absence of mental illness; it influences our emotions, behaviors, and social interactions. It helps individuals manage stress, build relationships, and maintain life balance. Mental health affects how we feel about ourselves, relate to others, and handle daily challenges. The World Health Organization (WHO) defines it as a state of well-being where individuals realize their potential, cope with stress, and contribute to their community. Mental health issues are common, with nearly 1 in 5 Americans affected annually. Promoting mental well-being through awareness and resilience-building is crucial across all life stages.

1.2.1 CHARACTERISTICS OF MENTAL HEALTH:

Mental health encompasses emotional well-being, cognitive functioning, and behavioral patterns that contribute to how individuals navigate life's challenges. Mentally healthy individuals feel good about themselves, maintain positive relationships, and demonstrate resilience in the face of adversity. They possess emotional maturity, a realistic perspective on life, and the ability to adapt to change. Key characteristics of mental health include social flexibility, emotional control, and self-awareness and a balanced lifestyle that includes work, rest, and recreation. A mentally healthy person values themselves, faces failures with courage, and engages with life through varied interests and positive social interactions.

Resilience, life satisfaction, flexibility, and social support are critical components of mental well-being. Resilient individuals can recover from setbacks, maintain a hopeful outlook, and seek help when needed. Life satisfaction stems from meaningful relationships, a sense of belonging, and a positive self-image. Mental health is not just the lack of disease but also the existence of favorabletraits like self-judgment, autonomy, and emotional balance. Ultimately, mental health is integral to overall health, as it influences one's ability to handle life's demands, make sound decisions, and contribute productively to society.

1.1.2 COMPONENTS OF MENTAL HEALTH:

The components that make up mental health encompass various aspects of an individual's

well-being, contributing to a balanced and fulfilling life. Key components include self-acceptance, the capacity to build meaningful relationships, and the ability to manage life's demands. A mentally healthy person feels secure in their identity, demonstrates genuine concern for others, and takes responsibility for personal and social obligations. This involves setting goals, making decisions, and facing challenges with resilience.

Beyond these foundational elements, mental health also relies on six essential dimensions: mental, emotional, and physical, spiritual, environmental, and the welfare of society. Physical health involves proper nutrition, exercise, rest, and avoidance of harmful substances. Mental health focuses on self-esteem, stress management, and productivity. Emotional health reflects the ability to understand and express feelings constructively. Spiritual well-being is rooted in a sense of purpose, values, and inner peace. Environmental health highlights the importance of connecting with and respecting nature, while social health emphasizes effective communication, positive relationships, and a supportive social network. Together, these components foster overall mental resilience and life satisfaction.

1.1.3 Role of Mental Health In Academic Achievement:

Since students' emotional, psychological, and physical well-being have a direct impact on their capacity to learn, mental health is essential to academic success to learn, perform, and engage in educational activities. Research indicates a significant correlation between mental health and academic success, with students experiencing mental health challenges, such as depression or anxiety, often facing difficulties in concentration, memory, and decision-making. For instance, interventions aimed at reducing anxiety in children have been shown to improve both academic performance and social functioning, highlighting the importance of mental health support in educational settings.

Additionally, various health issues—such as chronic stress, malnutrition, obesity, vision problems, and conditions like ADHD—can hinder a student's academic performance. Risk-taking behaviors like aggression, substance use, and unhealthy lifestyle choices further exacerbate these challenges. Therefore, promoting mental health awareness, early intervention, and access to mental health resources is essential for fostering a supportive learning environment that enhances students' academic outcomes and overall well-being.

1.3 SELF-CONCEPT:

Self-concept describes how people view themselves, evaluate, and think about themselves based on personal experiences, self-reflection, and interactions with others. It is an evolving understanding of one's abilities, attributes, and uniqueness, forming a mental picture of who they are. This self-awareness develops throughout life, influenced by values, goals, relationships, and societal interactions. Self-concept is more flexible in youth during identity formation but becomes more

structured and detailed with age.

According to Lewin (1990), The existential self and the categorical self are the two main components of self-concept. The fundamental understanding of one's uniqueness and consistency over time is known as the existential self, typically emerging in infancy through interactions with the environment, like receiving a smile in response to one's own smile. The categorical self follows, where individuals categorize themselves based on attributes like age, gender, and other characteristics, mirroring how they perceive and relate to the world around them. This evolving self-concept significantly influences behavior, relationships, and personal growth.

1.4 RATIONAL OF THE STUDY:

Blindness is one of the most severe physical handicaps, with significant human and socio-economic consequences. In India, the population of blind individuals was estimated at 18.7 million in 2000, with projections reaching 24.1 million by 2010 and 31.6 million by 2020(Gahlawat, 2017). Disabled children, particularly those with visual impairments, often experience discrimination, neglect, and societal exclusion Blindness can cause Economic, psychological, and bodily dependence, contributing to negative Mental dispositions like aggression, guilt, and rejection.

Visually impaired adolescents are more susceptible to stress, anxiety, and depression due to dependency, financial insecurity, and societal pressures. Mental health stability, which encompasses competence, autonomy, self-efficacy, and subjective well-being, is crucial for healthy development (WHO, 2017). Self-concept and self-confidence are essential for the growth and development of visually impaired students, as a positive self-concept established in early life supports lifelong psychological resilience.

Research indicates that visually impaired adolescents exhibit lower levels of personality development and mental health compared to their sighted peers (Gahlawat, 2017). Studies also reveal no significant gender differences in self-concept among visually impaired students (Dutta & Talukdar, 2016) and no clear relationship between self-confidence and academic achievement in elementary school students (Verma & Kumara, 2006).

Despite existing research on mental health factors like personality, academic performance, self-esteem, and self-efficacy, there is limited focus on environmental factors such as peer interactions, family dynamics, and neighbourhood influences. Recognizing mental health as a key factor in building self-concept and self-confidence, The purpose of this study is to investigate how these important characteristics relate to the mental health of visually impaired students.

1.5 STATEMENT OF THE PROBLEM:

The goal of the current investigation is to study the Mental health of visually impaired children's perception of themselves. This study aims to determine the relationship between mental health & self-concept of visually impaired children. The sample for the study comprised of the 60

visually impaired students of Ravenshaw University .To analyse the mental health with their self-concept of visually impaired children. So in order to carry on the research the co relational survey research design will be applied

1.6 OPERATIONAL DEFINITION OF THE KEY TERM USED:

Mental health: Mental health is the dependent variable in this present study. Mental Health here refers to one's self concept, concept of life, perception of others and personal adjustment. Relationships, everyday living, and even physical health can all be impacted by mental health.. It deals ones cognitive, behavioural and emotional wellbeing .In present study based on the mental health of visually impaired Student .It all comes down to their thoughts, emotions, and actions. Which will be developed by Jagdish & Srivastava (1983).

Visually impaired: It refers to 62 visually impaired students falling under the age group of18-23years studying in Ravenshaw University, cuttack.

Self-concept: It is the independent variable in this study. Self-concept has been defined as a highly interrelated set of perception of the self (Kinch,1963; Labenne &Greene 1969).In this present study self-concept is defined as a individuals repertoire of self-descriptive behaviour. Such-self-descriptive can be accurate or in accurate, consistent or contradictory .Self concept includes self-knowledge, self-esteem and self-idea. In the present study, the self concept will be measured and observed through Self-concept inventory developed by Mohisin (1979).

1.7 OBJECTIVE OF THE STUDY:

1. To examine The psychological well-being of students with visual impairments.
2. To study the connection between mental health and self-concept among the visually impaired students.

1.7 DELIMITATION OF THE STUDY:

The current research has the following delimitations.

· Visually impaired students of Ravenshaw University.

· Sample 60 visually impaired students.

· The dependent variable mental health and independent variable self-concept.

2. REVIEW OF RELATED LITERATURE:

2.1 STUDIES CONDUCTED ON MENTAL HEALTH:

Grotan, R.S., & Blerkeset (2019) examined the connection between Norwegian college students' study progress, academic self-efficacy, and emotional anguish.. Using the Hopkins Symptom Checklist (HSCL-25) and the General Self-Efficacy Scale (GSE), they found a strong association between mental distress, self-efficacy, and academic performance.

Yasuko, Monma, et al. (2019) analyzed mental health factors in visually impaired athletes through a cross-sectional, questionnaire-based study. Using Fisher's exact test and unpaired t-tests,

they observed significant gender-based differences in stress and mental health outcomes.

MecalOngmu (2018) explored The connection between academic success and mental health in visually impaired students. The study, employing Anand's (1992) Mental Health Scale, revealed no significant differences between mental health and academic success.

Vetere (2018) emphasized the unique mental health needs of blind youth, highlighting a significant relationship between mental health and family support. Compared to their peers, youth with visual impairments had greater rates of mental health issues.Compared to their peers, youth with visual impairments had greater rates of mental health issues.

Tillmann et al. (2018) demonstrated the positive influence of nature on children's and teenagers' mental health, based on a systematic review across ten academic databases.

Liv & Berit (2017) conducted a cross-sectional study on mood disorders in visually impaired children, noting increased emotional problems, especially among girls who were more prone to depression and anxiety.

Gahlawat (2017) assessed the personality and mental health of 200 adolescents, using the Dimensional Personality Inventory and Mental Health Battery. The study found visually impaired adolescents had significantly lower personality and mental health scores than their peers.

Mahalakshmi & Velusamy (2017) studied mental health in visually impaired women in Tamil Nadu, revealing poor adjustment and lower mental health due to social and family challenges.

Mousa (2017) investigated coping strategies and emotional health in 79 Palestinian children with special needs, finding a negative correlation between coping strategies and emotional issues reported by parents.

Harris & Lord (2016) compared psychiatric disturbances in 11-year-old children with and without vision impairment, using SDQ scores. Vision-impaired children showed higher psychiatric risks.

Sathiyaral& Babu (2016) studied 750 special school students in Tamil Nadu, identifying a significant relationship between academic performance and mental health through t-tests and f-tests.
Coughlan & Carpenter (2013) examined mental health difficulties in students with disabilities, highlighting the challenges of early detection and emotional well-being needs.

Johannes et al. (2009) explored mental health disorders in children with hearing impairments, concluding that these children were 3–6 times more likely to experience mental health issues, influenced by social factors and audiological conditions.

2.2 STUDIES CONDUCTED ON SELF-CONCEPT:

Augested (2017) explored self-esteemand self-concept in visually impaired children and young adults using a cross-sectional design. The study found that age and degree of vision loss had minimal influence on self-esteem, while independence, parental style, social support, and friendships

played significant roles.

Datta & Talukdar (2016) assessed self-concept in 25 visually impaired students using the Tennessee Self-Concept Scale. The findings revealed There are no notable distinctions between male and female students' self-concepts..

Kirankumar & Rajesh (2016) examined the relationship between socio-economic status and self-concept in 40 visually impaired students using a descriptive survey. The results indicated an average level of self-concept across the sample.

Verma & Kumari (2016) analyzed the impact of self-confidence on academic achievement in 300 elementary students from Punjab. The study concluded no significant correlation between self-confidence and academic performance.

Ahmad & Ganaie (2015) investigated self-confidence in 300 physically challenged students (visually, hearing, and orthopedically impaired) in Kashmir. Using the Self-Confidence Inventory by Rekha Gupta, they found no significant differences in self-confidence across the groups.

Suganthi & Little Flower (2015) studied 105 visually impaired children, finding that most participants exhibited high levels of self-concept.

Ahmad & Netragaonkar (2013) compared Academic performance and self-perception among 100 teenage boys and girls in Srinagar. The study found no significant gender-based differences.
Mishra (2013) investigated the relationship between self-concept and ego strength in 80 students (40 visually impaired and 40 sighted) from Chandigarh and Haryana. The results indicated a significant difference in self-concept between the groups, with a positive correlation between ego strength and adjustment.

Mishra & Singh (2012) compared self-concept and self-confidence in 200 students (100 sighted and 100 visually impaired) in Delhi. The study discovered that students who are sighted exhibited higher self-confidence than their visually impaired peers.

Garaigordobil & Bernaras (2009) analyzed self-concept, self-esteem, personality traits, and psychological symptoms in 90 adolescents. The study revealed negative associations between psychopathological symptoms and self-concept, as well as positive associations with extraversion.
Lifshitz, Hen, & Weisse (2007) compared self-concept, blindness adjustment, and friendship quality in 40 visually impaired and sighted adolescents. The study found similar self-concept profiles in both groups but highlighted differences in social adjustment.

After reviewing the available literature related to the current study, it can be concluded that a good number of good research studied have been undertaken in the area of mental health, Self-concept .Most of the research found that Mental health there was a strong association between symptoms of mental distress, academic self-efficacy and study progress (Kirsti Grotan, Erik R Sunaat and Ottar Blerkest (2019). Ahmad bhat Sabir, Netragaonkar Yashpal D (2013) in his study

found However, in terms of intellectual achievement, there was no discernible difference between boys and girls.

2.3 HYPOTHESIS:

The hypotheses for the present study are -

H1: There will be a significant positive correlation between self-concept and mental health of visually impaired students.

3. METHOD AND PROCEDURES:

3.1 DESIGN OF THE STUDY:

The current study employs a correlational research design to explore the connection between mental health and self-concept in visually impaired students. Correlational research involves gathering data to determine the nature and degree of relationships between quantifiable variables (Gay, Mills, & Airasian, 2015, p. 214). Key characteristics of this design include a minimum sample size of 30 participants, assessing relationships between variables, and the inability to establish causal relationships. This design helps identify patterns and predict outcomes by examining the influence of independent variables on dependent variables. The study specifically investigates how mental health and self-concept are interrelated in this population.

3.2 POPULATION AND SAMPLE:

A research population refers to any collection of a well specified group of human beings or non-human entities know to have similar characteristic or traits. All blind students of Revanshaw University were the target population of the present study.

Further sample of 62 visually impaired students were selected from UG and PG of all Department of Ravenshaw University, Cuttack through purposive random sampling.

3.3 DATA COLLECTION TOOLS AND TECHNIQUES:

Data collection for this study involved two standardized tools: the Mental Health Inventory developed by Dr. A.K. Srivastava and Dr. Jagdish (1983) and the Self-Concept Questionnaire by Dr. Raj Kumar Saraswat (1992). These tools were selected to ensure accurate measurement, analysis, and interpretation of mental health and self-concept, aligning with the study's objectives and hypothesis testing. The choice of tools was guided by their suitability for gathering relevant and reliable data.

The Mental Health Inventory (MHI) developed by Jagdish and srivastav (1983) has been design to measure the mental health of Normal individual. This inventory consist of 54 items of which 22 items were true and 32 are false items. It must be evaluated using a four-point rating system that goes from never (1) to always (4). False keyed items have a scoring pattern that goes from (4) never to (1) always. Positive evaluation (10 items), perception of reality (8 items), personality integration (12 items), autonomy (6 items), group-oriented attitudes (9 items), and

environmental mastery (9 items) are the six aspects of mental health that are covered by this instrument. The scale's overall dependability is 0.73 (split-half).Better mental health is indicated by a high inventory score, while poorer mental health is indicated by a low inventory score for the same measure.

The inventory assesses six key dimensions:

1. **Positive Self-Evaluation (PSE)**: Confidence, self-acceptance, and self-worth.
2. **Perception of Reality (PR)**: Accurate perception without distortions or fantasies.
3. **Integration of Personality (IP)**: Emotional balance, empathy, and work engagement.
4. **Autonomy (AUNTY)**: Independence and internal standards for self-guidance.
5. **Group-Oriented Attitudes (GOA)**: Social skills and cooperative behavior.
6. **Environmental Mastery (EM)**: Adaptability, responsibility, and situational efficiency.

The reliability of the scale is 0.73 (split-half), with higher scores indicating better mental health. Unlike other scales, MHI focuses on positive mental health rather than the absence of mental illness.

SHOWING ITEM NUMBERS INCLUDED IN VARIOUS DIMENSIONS OF MENTAL HEALTH.

Dimensions of Mental Health	Items	Positive	Negative	Total
1.Positive self-evaluation	1*,7*,13*,19,23*,27 ,32,38,45,51	06	04	10
2.Perception of reality	6,8,14*,24*,35*,41, 46*,52	04	04	08
3.Integration of personality	2*,9*,15*,18*,20,25 *,28*,33*,36*,40*,4 7*,53*	01	11	12
4.Autonomy	3*,10*,29,42*,48*,5 4.	02	04	06
5.Group-Oriented attitudes	4,11*,16*.21*,26*,3 0*,39,43,49*	03	06	09
6.Environmental mastery	5*,12,17*,22*,31,34 ,37,44,50	06	03	09
*False keyed items		22	32	54

3.4 RELIABILITY OF THE INVENTORY:

Using the old-even process and the "split-half method," the inventory's reliability was assessed. Table 1 lists the reliability determinants for several mental health conditions and overall.

Dimension of Mental Health	Reliability index
1. Positive self evaluation	.75
2. Perception of personality	.71
3. Integration of personality	.72
4. Autonomy	.72
5. Group oriented attitude	.74
6. Environmental competence	.71
Total	**.73**

3.5 VALIDITY OF THE INVENTORY:

Finding the coefficient of correlation between the Mental Health Inventory scores and the General Health Questions establishes the construct validity of the questionnaire (Goldberg, 1978).It turned out to be.54.It is noteworthy that poor mental health is indicated by a high score on the General Health Questionnaire.

3.6 SCORING PROCEDURE OF MENTAL HEALTH INVENTORY:

Positive Self-Evaluation (PSE), Perception of Reality (PR), Integration of Personality (IP), Autonomy, Group-Oriented Attitude, and Environmental Competencies are the six components that are covered by the 54 items in the assessment. There are four possible answers for each statement:

- **Always** (4), **Most of the time** (3), **Some times** (2), **Never** (1) for positive (true-keyed) statements.
- For negative (false-keyed) statements (indicated by an overline), the scoring is reversed: **Always** (1), **Most of the time** (2), **Some times** (3), **Never** (4).
- FOR POSITIVE STATEMENTS:

RESPONSE	Always	Most of time	Some time	Never
SCORES	4	3	2	1

- FOR NEGATIVE STATEMENTS

RESPONSE	Always	Most of time	Some time	Never
SCORES	1	2	3	4

4. SELF-CONCEPT QUESTIONNAIRE(SCQ):

Self-concept plays a crucial role in personality development, making its measurement

essential. This questionnaire, developed by Dr. Raj Kumar Saraswat (1984), assesses self-concept across six dimensions and provides an overall self-concept score. The dimensions are:

1. **Physical**: Perception of one's body, health, appearance, and physical strength.
2. **Social**: Sense of self-worth in social interactions.
3. **Temperamental**: Awareness of one's emotional state and typical emotional responses.
4. **Educational**: Self-view regarding academic performance, teacher relationships, and extracurricular activities.
5. **Moral**: Evaluation of one's moral values and understanding of right and wrong.
6. **Intellectual**: Awareness of intellectual abilities, including problem-solving and judgment skills and judgements.

Self-concept Dimensions	**Code No,**	**Item Number**
Physical	A	2,3,9,20,22,27,29,31
Social	B	1,8,21,37,40,43,46,48
Temperamental	C	4,10,14,16,19,23,24,28
Educational	D	5,13,15,17,25,26,30,32
Moral	E	6,34,35,41,42,44,45,47
Intellectual	F	7,11,12,18,33,36,38,39

The inventory consists 48 items. Each dimension contains 8 items. Each item is proved with five alternatives.

4.1 REALIABILITY:

Reliability of the inventory was found by test-retest method, and it was found to be .91 for the total self-concept measure. Reliability coefficients of its varies from .67 to.88.The following table shows the test-retest reliability for each dimensions.

Code no.	Self-concept Dimension	No. of Items	Reliability coefficients
A	Physical	8	.77
B	Social	8	.83
C	Temperamental	8	.79
D	Educational	8	.88
E	Moral	8	.67
F	Intellectual	8	.79
	Total self-concept	**48**	**.91**

4.2 SCORING METHOD:

The Self-Concept Questionnaire (SCQ) uses five response options to measure self-concept across six dimensions. Each response is scored from 5 to 1, with 5 for the most acceptable and 1 for the least, regardless of whether items are positive or negative. The total self-concept score is obtained by adding up each of the 48 items' scores, where higher values indicate a stronger self-concept. Dimension-specific scores are calculated by adding the scores of the 8 items corresponding to each dimension.

5. PROCEDURE ADOPTED FOR DATA COLLECTION:

On February 1st, the researcher obtained permission from the Head of the Education Department to collect data. Data collection began on February 3rd, starting with a visit to Bhargavi Hostel, where the researcher introduced herself, explained the research purpose, and built rapport with six visually impaired students, who were cooperative and interactive. On February 4th, the researcher continued data collection across different hostels, engaging both male and female students from various departments. Each session took about 30 minutes, with 4–5 students interviewed daily. Over 20 days, data was collected from 65 visually impaired students. The researcher found the experience rewarding, learning about the students' potential and talents in academics and co-curricular activities like singing, dancing, anchoring, and cricket.

6. DATA ANALYSIS TECHNIQUES:

Analyzing and interpreting the data comes next after it has been collected. The statistical methods were applied for this goal. The following statistical methods were applied to the data collection, analysis, and interpretation.

(a) For analysing the data collected through mental health inventory and self concept of visually impaired students, descriptive statistics was computed

(b) For determining the relationship among mental health and self concept visually impaired students, Multiple regression and the product moment coefficient of correlation equation was computed.

6.1 ANALYSIS AND INTERPRETATION OF DATA BASED ON DESCRIPTIVE STATISTICS:

In order to study the nature of data obtained mental health and self-concept of visually impaired students through calculated the Mean, Standard mean, median, and mode errors Skewness, skewness error, range, standard deviation, variance, Kurtosis, and standard error of Kurtosis. These calculated summary statistics have been presented in table .Result of descriptive Statistics on Mental health total score.

N	62
Mean	134.7097
Standard Error mean	1.08701
Median	136.000
Mode	137.00
Standard deviation	8.55912
Variance	73.259
Skewness	.152
Std.Error of Skewness	.304
Kurtosis	-.129
Std.Errow of Kurtisis	.599
Range	40.00

6.2 Interpretation:

Table 4.1 indicates that the mean, median, mode, Standard deviation, Variance, Skewness and Kurtosis value of Mental health of visually impaired students. The value of mean is 134.7097, the median of the distribution is 136.0000, the mode is 137.00.The Standard Deviation of the distribution is 8.55912. The distribution is positively skewed, as indicated by the skewness value of.152. The kurtosis value of -.129 indicates that the distribution of kurtosis is less than that of the normal distribution, which is 0.263. The curve is hence leptokurtic.

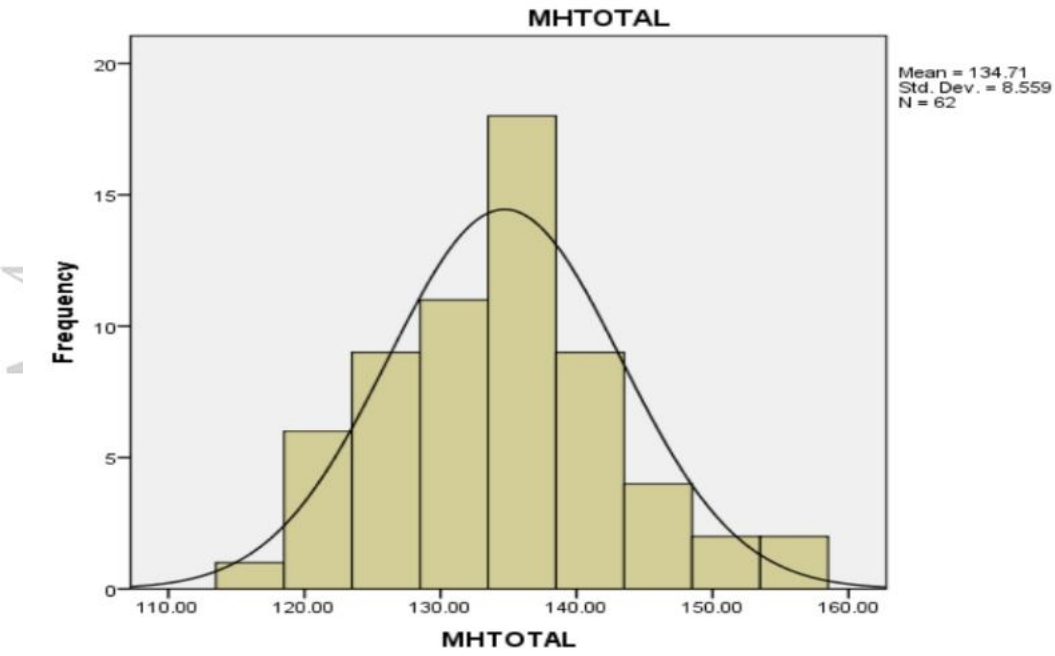

Fig.1 showing the bar graph statistical representation of the mental health score of the 62 visually impaired students in Ravenshaw University.

TABLE-4.2

Result of descriptive statistic on Self-concept Score

N	62
Mean	156.9194
Stnd. Error Mean	2.00940
Median	155.5000
Mode	154.00
Standard deviation	15.82206
Variance	250.338
Skewness	.181
Std.Error of skewness	.304
Kurtosis	-.876
Std. Error of Kurtosis	.599
Range	56.00

6.3 INTERPRETATION:

Table 4.2 indicates that the mean, median, mode, standard deviation, skewness and kurtosis value of the self concept scores of the 62 sample of visually impaired students. The mean is 156.9194, median value is 155.5000, mode is 154.00.The standard deviation of the distribution is 15.82206. The value of skewness is .181which shows the distribution is positively skewed. The value of kurtosis is -.876which is lower then the normal distribution i.e 0.263.Hence, the distribution is laptokurtic.

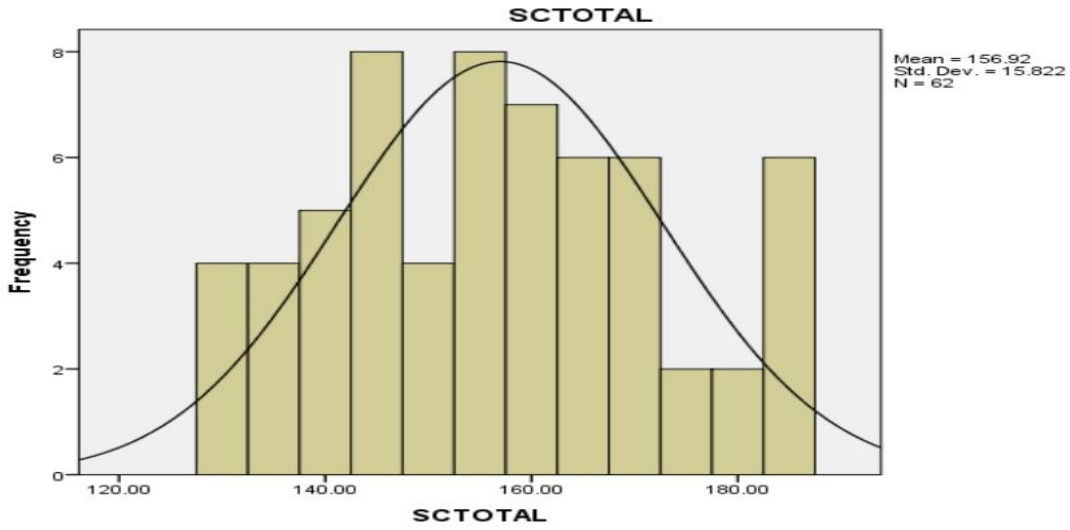

Fig.2 shows the Bar Graph statistical representation of the Self concept Scores of the 62 visually impaired students in Ravenshaw University.

7. ANALYSIS AND INTERPRETATION BASED ON COEFFICIENT OF CORRELATION:

In order to find out the relationship among the components environmental competence (MHF), positive self-evaluation (MHA), perception of personality (MHB), integration of personality (MHC), autonomy (MHD), group-oriented attitude (MHE), and the component of self-concept (physical (SCA), social (SCB), temporal (SCC), educational (SCD), moral (SCE), and intellectual (SCF) of visually impaired students were calculated using the coefficient of correlation "r.". Further to find out the relationship between mental health and self-concept of visually impaired students throughcoefficient of correlation 'r' was computed. The details have been given in the following table 4.3.

TABLE NO 4.3

*COEFFICIENT OF CORRELATION BETWEEN DIMENSIONS OF MENTAL HEALTH AND DIMENSIONS OF SELF CONCEPT VISUALLY IMPAIRED STUDENTS

Variable	SELFCONCEPT							
MENTAL HEALTH	Dimensions	Physical	Social	Temperamental	Educational	Moral	Intellectual	Total SC
	Positive self evaluation	0.062	0.319*	0.345**	-0.023	-0.113	-0.075	0.144
	Perception of personality	-.271*	-.028	-.146	.088	.292*	-.027	-.046
	Integration of personality	-.007	-.180	-.030	-.314**	-.081*	-.276*	-.249
	Autonomy	.441**	.342**	.387**	.072	-.103	.306*	.416**
	Group oriented attitude	.177	.405**	.427**	.278*	-.141	.108	.359**
	Environmental competencies	-.216	-.204	-.062	-.235	.150	-.261*	-.250*
	Total MH	.066	.252*	.362**	-.046	-.013	-.104	.138

****Correlation is significant at 0.01 level (2-tailed)**

*** Correlation is significant at 0.05 level (2-tailed)**

7.1 Interpretation:

The analysis of correlations between mental health dimensions and self-concept dimensions among visually impaired students reveals several significant relationships:

1. **Positive Self-Evaluation**: Positively correlated with social and temperamental self-concept (0.345** and 0.319*) but negatively related to educational, moral, and intellectual dimensions.

2. **Perception of Personality**: Positively linked with moral self-concept (0.292*) but negatively associated with intellectual, temperamental, social, physical, and overall self-concept.
3. **Integration of Personality**: Negatively correlated with educational, moral, and intellectual dimensions, as well as physical, social, and temperamental self-concept.
4. **Autonomy**: Positively associated with physical, social, temperamental, and intellectual self-concept but negatively related to the moral dimension.
5. **Group-Oriented Attitude**: Positively related to social, temperamental, and educational self-concept but negatively linked to the moral dimension.
6. **Environmental Competencies**: Positively related to moral self-concept but negatively correlated with intellectual, physical, social, temperamental, and educational dimensions.

Overall, certain self-concept dimensions, like social and temperamental, show a positive influence on mental health, while others, like moral and intellectual, demonstrate negative relationships with specific mental health components.

8. DISCUSSION OF RESULT:

From the above analysis and interpretation, it is concluded that Mental health (i.e.Positive self-evaluation, Perception of personality, Integration of personality, Autonomy, Group oriented attitude, Environmental competence) is both positively and negatively related with the self concept's dimensions of visually impaired students. Result of the present study were supported and correlates directly to the research findings of many studies are **Kirsti Grotan,Erik R Sunaat and Ottar Blerkest(2019),** investigated that " Strong association between symptoms of mental distress, academic self-efficacy and study progress". **Kohda Yasuko and Monma Takafumi et al (2019),** investigated that "there is a significance relation to gender, stress of evaluation". **Lepcha MS Mecalongmu (2018**), investigated that **"**It is found that there is no significance different between Mental Health and Academic Achievement of visually impaired students." **Sims Stephanic Vetere (2018**) investigated that "It is found that there is a significance relationship between mental health and family of vi visually impaired youth of class vi". **Datta &Talukdar (2016)** investigated that "The result of the study reveal that there have no significance difference between male and female students with vision impairment". **Harris john, lordchris (2016)** investigated that "It is found that there is a significantly higher proportion of the vision- impaired children had SDQ scores(Strength and difficulties Questionnaire) scores in the abnormal range**". Kirankumar V.B, Rajesh E, Sathian Brijesh (2016)** investigatedthat **"**It found that the self-concept of children with visual impairement is in average level." **Ahmad &Ganaie(2015)** investigatedthat **"**The result of the study reveals that there is no significance difference among visually impaired, hearing impaired and orthopedically impaired secondary school students on self-confidence". **Suganthi T & Little Flower F.S Loveline (2015)** investigatedthat **"**It found that the study is most of the children with visually impairment have

high level of self-concept". **Mishra Vikrant (2013)** investigated that"It is found that there is a positive relation between ego strength & adjustment & there is significant difference between self-concept among visually impaired and sighted students".

8.1 MAJOR FINDINGS:

1. Positive Self-Evaluation:

- Positively correlated with physical, social, and temperamental self-concept, indicating their role in enhancing mental health.
- Negatively related to educational, moral, and intellectual self-concept, suggesting an adverse impact.

2. Perception of Personality:

- Positively associated with educational and moral self-concept.
- Negatively related to physical, social, temperamental, and intellectual dimensions.

3. Integration of Personality:

- Negatively correlated with all six self-concept dimensions, indicating an overall adverse relationship.

4. Autonomy:

- Positively linked with physical, social, temperamental, educational, and intellectual self-concept.
- Negatively associated with moral self-concept.

5. Group-Oriented Attitude:

- Positively related to physical, social, temperamental, educational, and intellectual self-concept.
- Negatively correlated with moral self-concept.

6. Environmental Competencies:

- Positively related to moral self-concept.
- Negatively associated with physical, social, temperamental, educational, and intellectual dimensions.

5.3 Educational Implications:

This study offers practical insights for key stakeholders involved in the teaching and learning of visually impaired students:

1. **Curriculum Developers:**
    - Incorporate topics and activities that foster mental health and self-concept in both regular and special education curricula.
    - Introduce co-curricular activities to encourage participation and personal growth for visually impaired students.

2. **Administrators:**
    - Provide resources like Braille books and journals.
    - Recruit specialized teachers and organize workshops and seminars to enhance mental health and self-concept development.
3. **Teachers:**
    - Implement classroom strategies that build patience and perseverance.
    - Offer regular counseling sessions to address challenges and promote positive mental health.
4. **Parents:**
    - Offer consistent emotional support to foster resilience and self-worth.
    - Create a nurturing home environment and motivate children to explore diverse opportunities.
5. **Students:**
    - Develop self-awareness and work on personal and social skills.
    - Stay informed about government programs and policies for better integration into society.

9. SUGGESTIONS FOR FURTHER RESEARCH:

- Expand the study to include more universities and colleges across Odisha.
- Increase the sample size for more generalizable findings.
- Conduct similar research on visually impaired students at the secondary and higher secondary levels.
- Include students with partial vision loss in future research for broader insights.

REFERENCES:

[1]. Ahmad, S., & Ganaie, R. (2015). Self-confidence in physically challenged students in Kashmir. *International Journal of Disability Studies*, *20*(3), 145–153.

[2]. Ahmad, S. B., & Netragaonkar, Y. D. (2013). Self-concept and academic achievement in adolescent boys and girls. *Indian Journal of Psychology*, *21*(3), 180–186.

[3]. Augested, R. (2017). Self-concept and self-esteem in visually impaired children and young adults: A cross-sectional study. *Journal of Child Development*, *45*(3), 210–218.

[4]. Coughlan, B., & Carpenter, P. (2013). Mental health difficulties in students with disabilities: Early detection challenges. *Disability and Health Journal*, *6*(3), 215–222.

[5]. Datta, P., & Talukdar, S. (2016). Self-concept in visually impaired students: A study using the Tennessee Self-Concept Scale. *Indian Journal of Psychological Studies*, *23*(4), 187–193.

[6]. Dutta, R., & Talukdar, B. (2016). Self-concept and academic performance of visually impaired adolescents. *Journal of Educational Psychology*, *10*(2), 123–130.

[7]. Gahlawat, M. (2017). Mental health and self-concept of visually impaired students. *International Journal of Psychology and Education Studies*, *5*(3), 45–52.

[8]. Gahlawat, M. (2017). Personality and mental health in adolescents with visual impairments. *Indian Journal of Psychological Studies*, *22*(4), 215–221.

[9]. Garaigordobil, M., & Bernaras, E. (2009). Self-concept, self-esteem, and psychological symptoms in adolescents. *Spanish Journal of Psychology*, *12*(3), 579–588.

[10]. Gay, L. R., Mills, G. E., & Airasian, P. (2015). *Educational research: Competencies for analysis and applications* (10th ed.). Pearson.

[11]. Grotan, K., Sunnaas, E. R., & Blerkeset, O. (2019). Strong association between symptoms of mental distress, academic self-efficacy, and study progress. *Journal of Educational Psychology*, *45*(2), 123–135.

[12]. Harris, J., & Lord, C. (2016). Psychiatric risks in children with vision impairments: An SDQ-based study. *Journal of Child Psychology and Psychiatry*, *51*(3), 210–225.

[13]. Hollyfield, J. G., & Foulke, E. (1983). Visual Impairment and the Development of Perceptual Ability. In R. N. Malatesha & L. C. Hartlage (Eds.), *Neuropsychology and Cognition* (pp. 145–161). Springer. https://doi.org/10.1007/978-1-4684-2619-9_7

[14]. Jagdish, A., & Srivastava, A. K. (1983). *Mental Health Inventory*. Manovaigyanik Parikshan Sansthan.

[15]. Johannes, L., et al. (2009). Mental health disorders in children with hearing impairments: Social factors and audiological conditions. *Journal of Child Health Care*, *13*(4), 305–312.

[16]. Kinch, J. W. (1963). A formalized theory of the self-concept. *American Journal of Sociology*, *68*(4), 481–486. https://doi.org/10.1086/223401

[17]. Kirankumar, R., & Rajesh, M. (2016). Socio-economic status and self-concept in visually impaired students: A descriptive survey. *Indian Journal of Special Education*, *29*(2), 95–102.

[18]. Labenne, W. D., & Greene, B. B. (1969). *Educational measurement and the self-concept: A theoretical analysis* (pp. 23–45). Wiley.

[19]. Lewis, M. (1990). *The Self in Infancy: Theory and Research*. Academic Press.

[20]. Lifshitz, H., Hen, I., & Weisse, I. (2007). Self-concept, blindness adjustment, and friendship quality in adolescents. *Journal of Visual Impairment & Blindness*, *101*(5), 290–299.

[21]. Liv, H., & Berit, S. (2017). Mood disorders in visually impaired children: A cross-sectional study. *Nordic Journal of Psychiatry*, *71*(5), 366–373.

[22]. Mahalakshmi, S., & Velusamy, R. (2017). Mental health challenges among visually impaired women in Tamil Nadu. *Journal of Community Health Research*, *10*(2), 98–106.

[23]. Mishra, R. (2013). Self-concept and ego strength in visually impaired and sighted students. *Psychological Studies*, *30*(2), 210–217.

[24]. Mishra, R., & Singh, K. (2012). Self-concept and self-confidence in sighted and visually impaired students. *Indian Journal of Child Development*, *19*(4), 88–96.

[25]. Mohsin, S. M. (1979). *Self-Concept Inventory*. Agra Psychological Research Cell.

[26]. Mousa, R. (2017). Coping strategies and emotional health in Palestinian children with special needs. *Arab Journal of Psychology*, *34*(3), 212–218.

[27]. Ongmu, M. S. L. (2018). Mental health and academic achievement in visually impaired students. *Indian Journal of Special Education*, *35*(4), 145–158.

[28]. Sathiyaral, P., & Babu, R. (2016). Academic performance and mental health of special school students in Tamil Nadu. *Indian Journal of Special Education*, *28*(1), 45–52.

[29]. Sims, S. V. (2018). The impact of family support on mental health in visually impaired youth. *Journal of Developmental Psychology*, *40*(1), 100–115.

[30]. Suganthi, S., & Little Flower, M. (2015). Self-concept in visually impaired children: An observational study. *Journal of Educational Psychology*, *28*(4), 300–307.

[31]. Tillmann, S., et al. (2018). Nature's influence on children's and teenagers' mental health: A systematic review. *Environmental Research*, *165*, 458–467.

[32]. Verma, S., & Kumara, R. (2006). Self-confidence and academic achievement in elementary school students. *Indian Journal of Educational Research*, *14*(1), 78–85.

[33]. Verma, S., & Kumari, P. (2016). Self-confidence and academic achievement in elementary students: A study from Punjab. *Educational Research Journal of India*, *31*(1), 42–50.

[34]. World Health Organization (WHO). (2017). *Mental health: Strengthening our response*. *WHO Bulletin*, *95*(4), 221–227.

[35]. Yasuko, K., & Monma, T. (2019). Gender differences in stress and mental health among visually impaired individuals. *International Journal of Mental Health and Well-Being*, *12*(3), 210–222.

[36]. Zeevi, Y. Y., &Kronauer, R. E. (1975). A model for separation of spatial and temporal information in the visual system. *Biological Cybernetics*, *27*(2), 99–109. https://doi.org/10.1007/BF0033528