

## **A Study on the Relationship between Life Skill of Young People's Mental Health (Case Study: Young People aged 15-29 in Hajiabad)**

**Mohammad Hassan Sharbatiyan <sup>\*1</sup>**  
**Leila Rashidi Toroghi <sup>2</sup>**

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### ***Abstract:***

The present paper aimed at assessing the effects of young people's indicators of life skills. The theoretical foundation of this research was obtained from Adler's and the World Health Organization's viewpoints on life skill and mental health. The method of this study was a survey (applied, descriptive and correlation), and the sample group consisted of young people aged 15-29 in Hajiabad town in South Khorasan province. The sample group of this study included 368 people the achieved from the Cochran's formula. The study instrument was the standardized questionnaires of life skills and mental health. The evaluation of the questionnaires was 88% with respect to life skills and about 73% regarding mental health. Descriptive statistics indicated that the majority of the respondents were between the ages of 21 and 23. The majority of the participants held a high school diploma, and had an average income. Problem-solving and decision-making had the highest mean, and the critical thinking and creativity had the lowest mean among the life skills indicators. The young people's mental indicators did not have significant differences. The findings of regression test showed that decision-making and self-awareness explained mental health very well. Self-assertion and creative thinking, respectively, had a marginal role in explaining mental health. With respect to correlation coefficient (R) between the variables, there was a strong relationship (about 95%), and the amount of the adjusted coefficient of determination was 93% which showed that 93% of the total changes affected the mental health.

***Keywords:*** Life Skills, Mental Health, Young People, Haji Abad, relationship.

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1. \* Department of Social Sciences, Payam Noor University, Iran , sharbatiyan@pnu.ac.ir (Corresponding author)

2 .Department of Sociology, Quchan Branch, Islamic Azad University, Quchan, Iran

## **1. Introduction**

As it is clarified, various definitions have been proposed for “mental health” that all have emphasized the significance and integrity of personality system. Goldstein considers mental health to be the balance between members and the environment to reach self-actualization. Chahn defines mental health as a state of psychological maturity which is the maximum effectiveness and satisfaction achieved from the personal and social interaction which includes positive emotions and feedbacks towards one and others. On the one hand, today, given the cultural changes and disturbing factors in life and lifestyle, many people lack the essential and fundamental abilities and talents to confront the problems in their life, and this makes them vulnerable to the troubles in life. The orientation of formal training programs in our country is mostly directed towards offering information and knowledge; therefore, people do not have the opportunity to learn how to have a scientific attitude towards problems and skills they need in life” (Molavi, 2011, p. 2).

Teaching skills such as self-awareness, empathy, coping with emotions, coping with social stresses, effective interpersonal communication, interpersonal relationship skills, creative thinking and critical thinking, decision-making and problem solving at schools & universities, cultural centers, etc. Particularly at critical levels of education accompanied by personal growth and sensitive periods of youth and adolescence can, to a great extent, prevent the psychological damages. “In today’s communities, mental health interventions are needed for primary prevention, primary treatment, and development of mental health in people’s lives” (Salahshour, 2006, p. 2).

According to Darden et al. (1996), life skills are necessary due to their effectiveness, and are taken into consideration at all stages of life (childhood, adolescence and youth). The overall set of life skills are divided into family life, educational life, occupational life, and social life which are used for prevention and corrective treatment, and are based on a theoretical structure with general aims of counseling and mental health (Darden et al, 1996, p. 130).

Sociologists believe that health and mental problems are not mere psychological facts; but simultaneously, they have a social nature; as social factors play an important role in creating and maintaining health, they can have an essential part in incidence, prevalence, and persistence of psychological illnesses. The differences increase as influenced by social situations and even more importantly by people’s perception of that situation (Cochrane, 1997, p.47-8).

Therefore, considering the social factors effective in mental health gains more importance, and one of the most important factors is people's perceived social skill. Frequent studies have proved that as the mental health improves, the social health improves as well. Thus, being healthy is dependent on life skills (Riahi & et al., 2010: 39). Health is a part of a happy life and institutions play an important role in informing people about health issues and educating them the knowledge of life (Hosseini, 2008, p.14).

The concept of life skills exists in all cultures and has different definitions which, in every society, are based on people's shared experience of skill and their culture which prepares the ground for people's compatibility, and positive and helpful attitude. These skills enable people to take responsibility for their social roles, and fulfill demands and expectations, and resolve problems more efficiently, particularly those occurring in interpersonal interactions without hurting themselves and others (Tareman, 2003, p. 21).

Skill is one of the main components in life to place people in different social classes and is one of the important factors in creating opportunities for growth, development and excellence of people in society. Enjoying life skill indicator in different groups and classes of society including young people as the pioneers of development is an approach which yields improvement of life quality, welfare, and satisfaction. Regarding the constructive role of young people in society, it is of utmost importance to take this group into consideration.

Life skill includes the individual's perception of situations in life. This definition encompasses various aspects; physical, psychological, and social. On the one hand, this definition points to value and cultural systems in which the individual lives. On the other hand, this definition is linked with the individual's goals, expectations and concerns. Furthermore, it encompasses social interactions, beliefs, and environmental interactions. Therefore, in order to reach the quality of a desired life, it is essential to take into account all aspects of physical, social, psychological, and spiritual health.

Life skills create the necessary abilities for the individual's positive and compatible behavior, and enable the individual to provide oneself with mental health. Practicing life skills improves attitudes, values and behavior of people. Based on the conducted research, factors such as interpersonal skills, establishing optimal communication, determining goals, decision-making, problem solving, and identifying personal values play an important role in prevention from or reduction of behavioral abnormalities and psychological disorders (Nasseri & et al., 2015, p. 238).

This study aimed at identifying the effective factors in life skill of young people aged 15-29 in Hajiabad town in order to improve the necessary knowledge for cultural and social planning in the region. It also sought to offer solutions to improve life skills and its indirect effect on people's mental health and hence improvement of life quality in the younger generation so that, based on the obtained findings, those individuals and centers involved will implement their practical and applied plans to realize life skills, improve life quality, and develop social welfare.

Accordingly, the most important research questions addressed in this study were:

To what extent do young people in Haji Abad town benefit from life skill indicator?

To what extent do young people benefit from mental health?

To what extent do the life skills affect individuals' mental health?

What strategies and solutions can be offered to improve young people's life skills and mental health in the area?

## **2. Literature Review**

Motamedi et al. (2014) evaluated the effects of teaching problem solving life skill on improving teens' abilities in social competence, behavioral, cognitive, emotional, and motivational competence and ability. The sample of the study consisted of girls in third grade school in Jooybar, Iran. The group included 90 students selected based on random sampling. The findings showed the effectiveness of problem solving in improving social competence in the experimental group. This training has also been effective in behavioral, emotional, and motivational subscales. On the whole, teaching problem-solving was effective to improve the students' social competence in behavioral, emotional, and motivational subscales, and involving them in educational books can be influential in improving the social competence of the students (Motamedi & et al., 2012, p. 26).

In a paper titled "evaluating the effect of teaching life skills on high efficacy of female-headed households in Tehran", Jafari Shirazi (2012) explored this topic in 2011. This study aimed at evaluating the effects of teaching life skills on high general efficacy of female-headed households in Tehran in 2010-2011. The sample of the study included 220 women from Tehran Municipality. The method was semi-experimental pre-test and post-test with control group. The instrument was Schwarzer's General Self-Efficacy Scale. The findings indicated that "there was a positive significant relationship between life skills and general self-efficacy, and it can

be concluded that teaching life skills can have a significant positive effect on improving women's self-efficacy. Moreover, the findings of the analysis of research hypotheses indicated that there was no significant positive relationship between age and level of education. Nevertheless, teaching life skills to people especially women had a significant effect on improving general self-efficacy and social, individual, and cultural abilities" (Jafari Shirazi, 2011, p.66).

Goudarzi et al. (2010) evaluated the interactive effectiveness of spiritual intelligence and teaching life skills on university students' mental health. The interactive effectiveness of spiritual intelligence and teaching life skills was studied in a randomized block design. On the whole, to explain the findings of this study, it can be said that "although the interaction between the spiritual intelligence and teaching life skills did not have a significant effect on students' mental health, the effectiveness of each of the above factors, separately, indicated their important role in students' lives particularly their mental health. These findings are indicative of the fact that both spiritual intelligence and teaching life skills emphasize compatibility, self-awareness, controlling emotions, stress management, solving problems of life, creating empathy, establishing appropriate relationships with oneself and others, living a peaceful life, etc.; therefore, improving students' spiritual intelligence on the one hand, and teaching them the necessary life skills on the other hand, are of special importance and they should be considered in educational programs of universities" (Goudarzi et al., 2010, p. 36).

Turner et al. (2013) conducted a study on teaching life skills including problem-solving and effective relationship on young people. The study indicated that "these skills improve their ability to solve problems and effectively benefit from social supports" (Turner et al., 2013, p. 368 As cited in Momeni et al., 2015, p. 95).

Martin and Jones (2012) conducted a study about the life skill necessary for young people, and concluded that "individual skills including social skills, respect, leadership, family interaction, and personal relationships and skills including organizing, discipline, self-confidence, setting goals, performance outcome management, and motivation are their most important needed life skills" (Martin and Jones, 2012, p.166).

The World Health Organization (1999) studied the effects of life skills on the psychological profile of women with motor disabilities. The aim of this study was to investigate the effects of educational programs designed to teach life skills on the mental health, amount of stress, social maladjustment, and depression in women with

motor disabilities. "These skills included identifying one's characteristics and abilities, considering one's personal, family and social values, using correct methods of establishing relationships, decisiveness, making friends, setting goals, and achieving them, correct decision-making, avoidance from violence, and maintaining health. Immediately after the sessions of teaching life skills to both experimental and control groups ended, the post-test was implemented, and  $p > 0.05$  was obtained. The data were analyzed by covariance analysis and showed that teaching life skills significantly improved mental health and significantly reduced stress ( $p > 0.05$ ) and social maladjustment ( $p > 0.05$ ) in the participants, and it did not affect their depression significantly. Conclusion: the findings of this study can be useful to provide better services for the mental health of women with motor disabilities" (World Health Organization, 1999).

There are abilities and skills which enable the individual to effectively confront the tensions caused by exposing to stressful stimuli (Letseka and Breier, 2008, p. 85). A group of these skills have been conceptualized as life skills and taught as different educational programs. The foundation of life skills training program is based on 10 skills which can be placed under self-awareness and empathy, coping with emotions and the skills to cope with stress, establishing effective relationship and the skills to maintain interpersonal and social relationships, creative thinking and critical thinking, and decision-making and problem solving. The goal of these trainings can be summarized to improve mental health and prevention from social problem (Mikaeeli Moniee et al., 2011:128).

UNICEF (2007) defines life skills as an approach based on changing behavior or shaping behavior which consider creating balance between knowledge, attitude, and skills. World Health Organization has also defined life skills as the abilities which improve mental health, enrich human relationships, and increase health and healthy behaviors in society, and introduced 10 skills as the major skills in life. The emphasis on coping skills particularly coping with stress is due to the fact that people are always exposed to stress. If the source of stress is not controlled, the person will be exposed to various physical and psychological social disorders.

Adler's theories emanate from a sociological and psychological principle. In Adler's opinion, mental health means having determined goals in life and a strong well-founded philosophy for life. According to Adler, a psychologically healthy person is capable of taking steps to reach their goals. This person is healthy and happy, and has constructive social relationships with others. "According to Adler, a

healthy person is aware of his/her concepts and goals, and his/ her performance is not based on deception and pretense. In this theory, a psychologically healthy person is assured and optimistic, and while accepting the problems, he/she tries to resolve them as well as he/she can. Such person has intimate family relationships, knows his/her position in family and society. This person considers endeavor for superiority to be the basic truth of life, and this superiority means perfection and not complacency or hegemonic behavior towards others” (Schultz and Schultz, 2002, p. 82).

Based on Adler’s theory, a psychologically healthy person has the capability and the courage to take steps to reach their goals. Such a person is attractive and happy, and has constructive and positive social relationships with others. A healthy person, according to Adler, is aware of his/her concepts and goals, and his/her performance is not based on deception and pretense. A psychologically healthy person is assured and optimistic, and while accepting his/her mistakes, tries to obviate them as well as he/she can. This person has intimate and desirable family relationships, and knows his/her position in family and social groups. A healthy person is purposeful and goal-oriented, and his/her actions are directed to pursue these goals. “The most elevated goal of a healthy person is to realize “oneself”, according to Adler. A healthy person is constantly reviewing the nature of his/ her goals and perceptions, and corrects his/her mistakes. Such a person is the creator of his/her emotions and not their victim. Creativeness and physical innovation are other characteristics of psychological health”. A healthy person refrains from fundamental mistakes and fundamental mistakes include extreme generalization, incorrect and impossible goals, incorrect understanding of and unreasonable expectation from life, reduction or denial of one’s values, wrong beliefs and mistakes (Corsini, 1973, as cited in Shafi Abadi and Nasser, 2009).

One, whose mental health is endangered, “hates others and is pessimist towards everything; this person is always stressful. Stress embitters one’s life to a large extent; it keeps him/her from human communication, and this person’s hopes for a peaceful life will be destroyed. Meanwhile, the stressed person is always afraid of change of situations and start of every new job. This person has problems in his/her relationships with others and his/her social performance will be damaged” (Mehri, 2011, p. 78). In contrast, one with mental health has social interests and social contributions. Such a person tries to reduce his inferiority complex, and seeks to overcome his/her timidity, and eventually, such a person manages to transform his/her undesirable motivations.

With respect to different approaches and theories discussed in the literature about mental health and social skills (life), the theoretical model employed in this research is as follows:

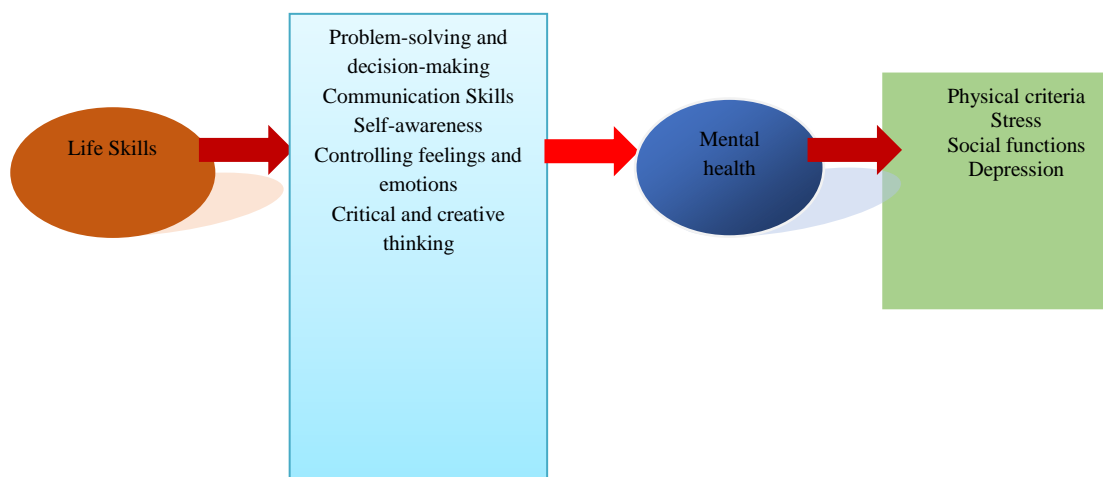


Figure 1. Research Model (Life Skills and the Effective Factors)

### 3. Research Hypotheses

**Main hypothesis:** As young people's life skills improve, their mental health will improve as well.

**Secondary hypothesis:** As the ability to solve problems and make decisions improves in young people, their mental health will improve as well. As young people's ability of communication skills improves, their mental health will also improve. As young people's ability of self-awareness improves, their mental health will improve as well. As the young people's ability of controlling emotions improves, their mental health will improve as well. As young people's ability of critical thinking and creative thinking improves, their mental health will improve as well. As young people's ability of self-assertion improves, their mental health will improve as well.

### 4. Functional Definitions

#### 4.1. Independent variable of life skill

Evaluation and recognition of life skills affect one's perception of their self-efficacy, self-confidence, and self-esteem, and play an important role in their mental health. Therefore, it also affects their performance and the quality of their



relationships with other people of the community where the person is a member. According to this definition, indicators of life skill include:

Table 1. Definitions of independent variable of life skill

Name of the Variable	Nominal definition	Functional definition	Introducers
Problem solving Decision-making	The ability to cope with and solve problems in life	People's assessment of problems and actively making decisions	1. Physical problems, 2. Psychological tensions 1. Evaluation of mental health, 2. The ability to make decisions
Self-awareness Controlling feelings and emotions	Self-awareness and awareness of one's strengths and weaknesses Recognizing one's emotions including fear, sorrow and happiness	People's assessment and their position towards their weaknesses and strengths Assessment and recognition of a skill and the ability to cope with it	1. Social relationships, 2. Interpersonal relationships 1. Controlling emotions, 2. Recognizing emotions
Creative and critical thinking	The power to discover and innovate, not accepting every idea before reviewing it	The ability to cope with problems and turning negative feelings into positive ones Doing jobs accurately and correctly	1. Turning negative feelings into positive, 2. Having opportunities 1. Correct communications, 2. Decision-making

#### 4.2. The dependent variable of mental health

Ones' evaluation and recognition of ones' performance and behavior in society and his/her quality of relationships with relatives and others, and the mental health of the social groups he/she is a member of. Based on this definition, indicators of mental health include:

Table2. Definitions of the Dependent Variable of Psychological Health

Name of the Variables	Nominal definition	Functional definition	Introducers
Physical criteria	To be physically healthy and suffer from no illnesses	Feeling good and healthy as a good force and not having unpleasant feelings	1. Feeling of being healthy, 2. Not having headaches and chaos, 3. Not having sufficient power
Conflict and stress	Factors which result from the effects of human and physical factors on individuals' mental health. Set of non-specific reactions and any demand of compatibility of the organism	Individuals' assessment of sleep, pollution, tantrum, fear, etc.	1. being stressful while sleeping, 2. Feeling of fear and tantrum,
Disorders in social functions	Inappropriate and insufficient use of equipment, and media; young people's unemployment	Individuals' assessment of their use of time and having the ability to make decisions	1. Being busy, 2. Spending so much time, 3. Decision-making, 4. Enjoying every day, 5. Feeling of doing things well, 6. Having an effective role at works, 7. Satisfaction with one's duty
Depression	Psychological illness which is accompanied by sorrow and loss of interest	Individuals' assessment of worthlessness; hopelessness, neurological disorders	1. Feeling of despair, 2. Feeling bored, 3. disorders

## 5. Methodology

In this research, survey method was used to collect and analyze the data. Survey research is carried out based on generalizing the information obtained from a group of the society (sample) to the whole population. Moreover, this research is an applied research and is a cross-sectional study which has been carried out at a certain time. The method is descriptive and correlational. To collect data about the group and to check their compliance with the hypotheses, survey and sampling methods were used since the opportunity to be selected is equal for all, and for analysis and testing the data, the suitable statistical tests were used.

The sample of this study included young people (male and female) aged 15-29 in Haji Abad town located in south Khorasan province. Table 3 shows the studied age groups.

Table 3: The population in the age groups 15-29

Age group	Male	Female	Number of male and females
15-19	1685	1698	3383
20-24	1590	1455	3045
25-29	1130	1108	2238
Total	4405	4261	8666

(Cited in the Census Bureau, Civil Status Registration, 2011)

The size of sample was calculated by Cochran formula, and the achieved number was 368.

$$n = \frac{nt \gamma \sigma^2}{nd \gamma + t \gamma \sigma^2} \quad N = \frac{8666 \times 1.16^2 \times 0.5^2}{1960 \times 0.005^2 + 1.16^2 \times 0.5^2} = 368$$

The sampling method was cluster-random sampling, and correlation coefficient test and regression test were used to investigate the relation between the variables and their effects on the dependent variable. Furthermore, SPSS 22 was used for descriptive and inferential statistics to explain and analyze the tables. The instrument used in this study was the life skill (Baharifard) and mental health (Goldberg and Hillier) standardized questionnaires. Table 4 shows the final alpha coefficients for each variable. Accordingly, the validity of the Life Skill Scale was 88% and Cronbach's alpha for mental health was 73% in this study.

Table 4: The reliability of the variables in the Life Skill Scale

Variables	Number of questions	Final alpha coefficient
Problem-solving and decision-making	5	0/993
Communication skills	5	0/986
Self-awareness	5	0/743
Controlling emotions and feelings	5	0/886
Critical and creative thinking	5	0/974
Self-assertion	5	0/737
Assessing life skill (total)	30	0/883
Physical criteria	7	0/758
anxiety	7	0/776
Social function	7	0/582
Depression	7	0/843
Assessing mental health (total)	28	0/735

## 7. Findings of the study

In the present study, among the descriptive statistics indicators, the most important demographic variables including gender, age, marital status, income were considered as the demographic variables. The findings are illustrated in table 5.

Table 5. demographic variables (background variables)

Age	The highest: the age group 21-31 with 36.4 frequency	The lowest: the age group 17-20 with 14.4 frequency
Gender	Male: 50.4	Female: 49.6
Marital status	The highest: single with frequency of 70.8	The lowest: Married with frequency of 27.6
Education level	The highest frequency: high school diploma (45.1%)	The lowest frequency: the illiterate people (0.8%)

Among the studied age groups, the majority of the participants were between 21 and 23 (34.4%), and the lowest frequency belonged to the age group 17-20. With respect to gender, the participants were almost equal, and with respect to the marital status, the majority of the participants were single. Regarding the level of education, the participants mostly held high school diplomas. According to table 6 which shows the amount of income, the majority of the participants (41.6%) had an average income between 101,000 and 300,000 tomans, and the lowest frequency of the amount of income was 12.4% (31 people) which was attributed to the amount between 101,000 and 500,000 tomans.

Table 6: Distribution of frequency of participants based on their monthly income

Income	Frequency	Percentage	Cumulative
Less than 100,000 tomans	56	22/4	22/4
Between 101,000 and 300,000 tomans	104	41/6	64
Between 301,000 and 500,000 tomans	31	12/4	76/4
More than 500,000 tomans	59	23/6	100
Total	250	100	1
Mean = 2/37			

With respect to the independent variable, i.e. the indicators of life skill, the participants' characteristics are as shown in Table 7.

Table 7. Summary of distribution of frequencies in items of life skill indicators

Life skill indicator		Low	Medium	High	Mean	Variance	Standard deviation
Problem-solving and decision-making	Frequency	58	215	95	2/15	0/381	0/647
	Percentage	15/8	58/4	25/8			
Life skill	Frequency	85	189	94	2/02	0/412	0/697
	Percentage	23/1	54/8	25/5			
Self-awareness	Frequency	60	210	98	2/10	0/510	0/647
	Percentage	16/3	57/1	26/6			
Controlling feelings and emotions	Frequency	88	208	72	2/01	0/469	0/658
	Percentage	23/9	56/5	19/6			
Critical and creative thinking	Frequency	76	166	126	1/87	0/312	0/729
	Percentage	20/72	45/1	34/2			
Self-assertion	Frequency	58	215	95	2/02	0/515	0/647
	Percentage	15/8	58/4	25/8			
Life skill (total)	Frequency	72	200	96	2/02	0/433	0/670
	Percentage	19/5	54/5	26			

According to table 7, (25.8%) of the participants stated their decision-making and problem-solving ability to be high and 15.8% said their decision-making ability to solve problems was low, and the majority of participants (58.4%) were at an average level. (25.5%) of the participants stated they had a high communication skill and 23.1% said they had a low communication skill, and the majority of the participants considered it at an average level. (26.6%) considered their self-awareness to be high and 16.3% considered it to be low, and the majority of the participants (57.1%) stated they had an average level of self-awareness; (19.6%) of the participants considered their control of emotions to be high and (23.9%) considered it to be low, and the rest (56.5%) considered it to be at an average level. (34.2%) of the participants stated they had high creative and critical thinking, and (20.7%) said it was low, and the majority (45.1%) stated they had an average level of creative and critical thinking. Therefore, problem-solving and decision-making were the most important ones to the participants, and creative and critical thinking had the lowest mean. On the whole, it is to be noted that about (54%) of the participants were at an average level with respect to the extent of benefitting from life skill indicators.

Regarding the dependent variable which examines mental health indicators in this study, Table 8 shows the condition of the respondents:

Table 8: Summary of distribution of frequencies of the respondents regarding items of mental health indicator

Mental health indicator		low	medium	high	Mean	variance	Standard deviation
Physical criteria	Frequency	116	154	98	2/06	0/752	0/697
	Percentage	31/5	41/8	26/6			
Anxiety	Frequency	123	168	77	1/47	0/761	0/607
	Percentage	33/4	45/6	21			
Social function	Frequency	106	182	80	2/29	0/428	0/754
	Percentage	28/8	49/5	21/7			
Depression	Frequency	127	152	89	2/01	1/06	0/667
	Percentage	34/5	41/3	42/1			
Mental health (total)	Frequency	118	164	86	1/95	0/750	0/681
	Percentage	32/2	44/5	23/2			

According to the finding in the table, (26.6%) of the respondents considered their physical criteria to be high and (31.5%) low and the majority of the participants (42%) stated their physical criteria were at an average level. Regarding stress, (21%) of the respondents said it was high, (33.4%) said it was low, and (45.6%) said it was at an average level. With respect to social function, (28.8%) of the respondents said it was low, (21.7%) high and about (49.5%) said it was at an average level. With respect to depression, more than (83.4%) of the young people suffered from depression. Finally, the mental health of the young people did not have a significant difference, and the studied population faced different problems in social life. Pearson's correlation coefficient was used for exploring the relationship between life skill and mental health and for the statistical study. Table 9 shows the results:

Table 9. Pearson's correlation coefficient between the dependent and independent variables

Dependent variable	Dependent variable	Significance level	Correlation coefficient	Result of the test	Type of relationship
Problem-solving	Mental health	0/034	0/46	confirmed	direct
Communication relationship		0/029	0/23	confirmed	direct
Self-awareness		0/019	0/34	confirmed	direct
Controlling emotions and feelings		0/021	0/22	confirmed	direct
Creative and critical thinking		0/018	0/21	confirmed	direct
Self-assertion		0/017	19/0	confirmed	direct
Life skill (total)		0/023	0/275	confirmed	confirmed

With respect to Table 9, the results of Pearson's correlation coefficient shows that the research hypothesis has been confirmed in all mentioned items, and the null

hypothesis (no relationship) has been rejected; that is, every indicator had a direct and significant relationship with mental health at different degrees. With respect to the first hypothesis (as young people's ability of problem-solving and decision-making increases, their mental health improves as well), the obtained correlation coefficient is 0.46, and there is a direct positive relationship; that is, as the ability of problem-solving and decision-making at different moments in life increases, the person will enjoy a better mental health. Thus, changes in problem-solving and decision-making variable will create fluctuations in the dependent variable (mental health). Moreover, the significance level of the test was lower than 0.05, thus the research hypothesis is confirmed. It can be concluded that there is a significant relationship between problem-solving and decision-making and mental health of the young people in Hajiabad town. With respect to the second hypothesis, the correlation between life skill and mental health has been evaluated to be average and direct. The obtained correlation coefficient was 0.23 and the direction of the relationship was positive and direct; that is, as young people's life skills improve, their mental health will improve as well. So changes in life skill variable will create fluctuations in the dependent variable (mental health). Furthermore, the significance level of the test is lower than 0.05; therefore, the research hypothesis is confirmed.

Regarding the third hypothesis, the correlation between the two variables of self-awareness and mental health has been evaluated to be direct and average. The obtained correlation coefficient was 0.34, and the direction of the relationship was positive and direct; (that is, as young people's ability of self-awareness increases, their mental health improves as well). So changes in self-awareness variable will create fluctuations in the dependent variable (mental health). The significance level of the test was lower than 0.05, thus the research hypothesis is confirmed. Regarding the fourth hypothesis (as young people's ability to control feelings and emotions increases, their mental health will increase as well), the correlation coefficient was 0.22 and the direction of the relationship was positive and direct; that is, as the ability to control feelings and emotions is higher, the mental health of the studied population is higher. So changes in the variable of controlling feelings and emotions will create fluctuations in the dependent variable (mental health).

With respect to the fifth hypothesis, the correlation coefficient between creative and critical thinking and mental health was evaluated to be strong and positive; the obtained correlation coefficient was 0.21, and the direction of the relationship was positive and direct. So changes in the variable of creative and critical thinking will

create fluctuations in the dependent variable (mental health). The correlation coefficient between self-assertion and mental health was tested in the sixth hypothesis, and the findings showed a strong direct relationship. The obtained coefficient was 0.19 and the direction of the relation was direct and positive. So changes in the variable self-assertion will create fluctuations in the dependent variable (mental health). The significance level of the test in each of the relationships was obtained to be less than 0.05, thus the research hypotheses are confirmed, and there is a significant relationship between each of the independent variables and mental health. With regard to the above table, the results of the correlation coefficients indicated that in all mentioned items, the research hypotheses have been confirmed and the null hypothesis (no relationship) has been rejected. In other words, there was a direct and significant relationship between each of the variables and young people's mental health at different degrees. On the whole, based on the results obtained from testing each of the research hypotheses and with respect to the correlation coefficients, it can be said that the total correlation coefficient between life skill and mental health of young people in Haji Abad town was 0.275, and the direction of the relationship was direct and positive; that is, as young people's life skills improve, their mental health improves as well. At the error level lower than 0.05, it was significant, thus we can conclude that there was a significant relationship between life skill and mental health of the young people, so the research hypothesis is confirmed. Table 10 shows the results of regression analysis. We used these results to observe the extent of effects of independent variables on the dependent variable. In this table, Beta coefficient explains the relative significance of the variables and the largeness of this coefficient signifies its importance in predicting the dependent variable.

Table 10: multivariate linear regression of independent and dependent variables indicators

Independent variables	Non-benchmark coefficients		benchmark coefficients	T	Significance level
	B	Standard error			
			Beta		
Decision-making	5/625	0/89	0/954	7/621	0/000
Self-awareness	4/374	0/74	0/662	5/623	0/000
Self-assertion	1/488	0/86	0/298	1/982	0/05
Communication skill		0/62	0/592	4/848	0/000
	3/598				
Creative-critical thinking	1/935	0/45	0/281	2/826	0/000
Controlling feelings and emotions	2/989	0/58	0/523	3/423	0/000



Table 11: Correlation coefficient of young people's mental health and the dependent variables

Correlation coefficient	R-squared	Adjusted R-squared	Standard error of the estimate	F	sig
0/95	0/93	0/93	7/42	6544/452	0/000

The findings of table 11 show the multivariate linear regression of dependent and independent variables. Among the independent variables in the regression model, the variables of decision-making and self-awareness best explain the mental health variables with beta coefficients of 4.374 and 5.625, respectively. So it can be concluded that for increase of one standard deviation in these variables, mental health will increase for 5.625 and 4.374 standard deviations, respectively. Self-assertion with beta coefficient of 1.44 and significance level of 0.05 had a very marginal role in explaining mental health dependent variable. The value of t shows the relative importance of presence of each independent variable in the model. Given that in this research, the value of t is larger than 1.98 and significant at the error level lower than 0.01 for all variables except self-assertion, we conclude that these variables had a significant effect on explaining the dependent variables. Given that the correlation coefficient (R) between variables is 0.95 which indicates that there is a strong multiple correlation between the independent variables and the dependent variable mental health; and the adjusted coefficient of determination is 0.93 which shows that 93% of total changes of mental health in the young people of Haji Abad is dependent on the independent variables mentioned in this equation. With regards to the amount of variance analysis (832.625) which is significant at the error level lower than 0.01, it can be concluded that the regression model of the study consisting of dependent (mental health) and independent variables has been a good model, and that the independent variables are capable of explaining 90% of the changes of the mental health of the young people. The obtained results are generalizable to the population, and all variables have a role in predicting the young people mental health.

## 8. Conclusion

Any attempt to achieve mental health which is a personal and social need requires a familiarity with issues which affect it directly or indirectly. Thus, recognizing such themes and resources and reinforcing them will help take steps to achieve a mentally healthy society. This study was a descriptive-survey research of the correlation type, and was carried out to study the effects of life skill components on young people's mental health. The sample of this study consisted of all young people aged 15-29 in

Haji Abad located in South Khorasan, and the sampling technique was cluster sampling. The major aim of this study was to address this question as to whether life skill can increase the mental health of the young people. In the present study, emphasizing Adler's theoretical approach to measure mental health, we used Goldberg and Hillier's Mental Health Scale which consisted of four components (anxiety, depression, physical criteria, and social function), and to measure life skill, with respect to the ten indicators mentioned earlier, we sufficed to Baharifard's questionnaire which combined the indicators and evaluated six components (problem-solving and decision-making, communication skill, self-awareness, controlling feelings and emotions, critical and creative thinking, self-assertion). These theories led us to identify six indicators to measure life skill. After evaluation and assessment of the indicators and evaluating their correlation with one another, we concluded that the people who had poor life skills constituted only 20% of our sample, and the highest life skill is attributed to those who are at an average level life skill (almost 70%). Accordingly, in this study, problem-solving and decision-making and self-awareness had the highest mean and significance for the respondents; creative and critical thinking had the lowest mean and significance to the youth in their daily social life. On the whole, it should be noted that about 54% of the respondents are evaluated to be at an average level with respect to life skill indicators. With respect to mental health, it can be said that about half of the respondents in this research had a low mental health which constituted 49.6% of the population which is the highest number, and the people who have high mental health constitute 6.4% which is the lowest number. Therefore, with respect to mental health indicators, the young people in the studied sample are not at a good condition, and the majority of the young people in Haji Abad suffer from depression. Testing the first hypothesis as the life skill increases, mental health improves as well. In order to test this hypothesis, Pearson's correlation test was used to achieve the relationship between mental health and the young people's life skill. The correlation coefficient in this study was 0.275. The direction of the relationship was positive, but the significance level was 0.000 which indicated there was a relationship between mental health and life skill. In other words, as the life skill increased or decreases, the mental health of the youth changed as well.

Regarding the results of Pearson's correlation table and regression in this study, problem-solving and decision-making, and self-awareness had the highest coefficient of correlation with the dependent variable and among life skill components, they had the most effect on the young people's mental health, and the effectiveness of critical

thinking and creativity was lower than other indicators. On the whole, life skill components could have an effective role in mental health up to 90%. According to Aghajani (2001). 1: Teaching life skills improves the participants' mental health, 2. The effect of teaching life skill on the participants' locus of control was not significant, 3. There was a positive and significant relationship between locus of control and coping strategies; however, there was no positive and significant relationship between mental health and control resource 5. There was a significant relationship between mother's education, mother's occupation, and students' educational performance with mental health and the coping strategies. One of the main aims of life skill programs is to improve people and young individuals' mental health. Many studies have been conducted to evaluate the effect of teaching life skill program on different aspects of mental health, and the findings have indicated that teaching these skills increases improvement of social skills and interpersonal relationship, positive social behaviors and social compatibility, family system's satisfaction and compatibility with family, the skill to resolve personal and interpersonal problems and coping skills. With respect to the achieved findings, it can be noted that mental health is effective on the young people's life skill in Haji Abad. The results of research hypotheses indicate that all factors of mental health significantly affect persistence of life skill. Mental health affects life skill directly and indirectly.

### **9. Suggestions and solutions**

It is suggested that young people and their families participate in training programs held by related organizations, and that more efforts put into improve of mental health and components of life skill. It is suggested that special courses be held to guide young people to improve their self-confidence and help them resolve problems in life and avoid a monotonous life

Given that mental health and life skill are among the main components in society, it is suggested that those involved sufficiently emphasize this matter particularly for the teens, adults, women and the elderly, and students.

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