

**MANUAL  
FOR  
Mental Health Check-List**

*Constructed and Standardised by*  
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# **MENTAL HEALTH CHECK-LIST (MHC)**

## **Purpose**

Mental Health Check-list (MHC) has been developed with a view to provide a handy tool for identifying persons with poor mental health and in need of psychodiagnostic help.

## **Introduction**

Mental health is an index which shows the extent to which the person has been able to meet his environmental demands-social, emotional or physical. However, when he finds himself trapped in a situation he does not have matching coping strategies to deal with it effectively, he gets himself mentally strained. This mental strain is generally reflected in symptoms like anxiety, tension, restlessness or hopelessness among others. If it is felt for too long and too extensively by the person, these symptoms may take a definite form (or get 'syndromized'), representing a given illness. Mental health, therefore, should not be confused with mental illness; it is a study of pre-illness mental condition of the person (Kumar, 1991).

Mental health, as such, represents a psychic condition which is characterized by mental peace, harmony and content. It is identified by the absence of disabling and debilitating symptoms, both mental and somatic in the person (Schneiders, 1964).

## **Development of the Check-list**

Interpreting mental health as a psychic condition identified by the absence of disabling and debilitating symptoms, both mental and somatic in the person, 5 teachers of psychology were asked to list all such symptoms the presence of which according to their understanding showed poor mental health. Following this, a list of 21 such symptoms was prepared. This list of symptoms was then submitted to 5 practising clinical psychologists for their comments and observations regarding the relevance of those symptoms as far as the study of mental health was concerned. Finally, a list of 16 such symptoms showing complete agreement amongst the judges was selected to form the Mental Health Check-list.

## **Item Selection**

The Mental Health Check-list was administered to a group of 122 adults-60 males and 62 females, in the age range of 18-28 yrs. They were all educated and drawn from the towns of Anand and Nadiad of Gujarat State. It was impressed upon them that the very success of the project depended on their being free and frank while giving their replies.

27% Ss with the highest and 27% Ss with the lowest scores on the check-list served as criterion groups for item-analysis (Garrett, 1961). Finally, 11 items having discrimination value of .30 or above were selected to form the Mental Health Check-list.

### Mental Health Check-list

The final form of the Mental Health Check-list (MHC) consists of 11 items 6 mental and 5 somatic, presented in a 4-point rating format.

#### Its Scoring

A numerical value of 1, 2, 3 and 4 is assigned to the 4-response categories, i.e. for 'Rarely', 'At times', 'Often' and 'Always', respectively. The total score varies from 11 to 44, showing the highest to the lowest (poorest) mental health status of the person.

#### Results

The Mean, Median and SD for the sample ( $N = 122$ ) have been found to be 15.16, 15.05 and 2.25, respectively (TABLE 1). The distribution appears to be slightly positively skewed.

**Table 1**

**Showing Mean, Median and SD ( $N = 122$ )**

Mean	Median	S. D.
15.16	15.05	2.25

**Skewness and Kurtosis** have been calculated to see if the sample deviated from normality. These have been found to be .14 and .31, respectively (Table 2). Since the Standard Error of Skewness and Kurtosis has been less than  $\pm 1.96$ , the .05 level of confidence, it is interpreted that the sample does not differ from normality (McNemar, 1962).

**Table 2**

**Showing Skewness and Kurtosis ( $N = 122$ )**

Indices	Value	S.E.	p
Skewness	.14	.22	N.S.
Kurtosis	.31	.44	N.S.

## Reliability

The split-half reliability, correlating the odd-even items (applying the Spearman-Brown formula for doubling the test length), has been found to be .70 ( $N = 30$ ) with an index of reliability of .83 (Garrett, 1961).

The test-retest reliability has also been studied. It has been found to be .65 ( $N=30$ ) with an index of reliability of .81 (Table 3). The retest was given with a time interval of two weeks.

**Table 3**  
**Showing Split-half and Retest Reliability Indices**

Indices	N	r-value	Index of reliability
Split-half	30	.70	.83
Re-test	30	.65	.81

The  $r$ -values of .70 and .65, respectively, have been found to be significant at .01 level of confidence, showing that the test is reliable both in terms of its internal consistency and stability of scores.

## Validity

The face validity of the MHC appears to be fairly high as items were prepared by asking teachers of psychology to list all such symptoms which, according to them, showed poor mental health.

The content validity was adequately assured as only those symptoms which showed 100 percent agreement amongst the judges regarding their relevance to the study of mental health were selected.

Of these, only those items which gave a fairly high discrimination value, i.e. .30 or above, following item-analysis were finally included in the check-list.

On the assumption, that maritally high adjusted couples (having had a higher satisfaction of basic needs like love, companionship and sexuality) would show better mental health status than poorly adjusted couples, the MHC was administered to a group of 108 couples-54 showing high marital adjustment and 54 showing poor marital adjustment (Kumar, Mori and Patel, 1989).

**Table 4****Showing Mental Health Status of Maritally High and Low Adjusted Couples**

Groups	N	Mean	S. D.	t	p
Husbands	MHA 54	12.72	2.30	4.46	.01
	MLA 54	14.82	2.58		
Wives	MHA 54	12.56	2.48	2.68	.01
	MLA 54	13.90	2.76		

As hypothesized, the couples showing high marital adjustment scored significantly lower on the check-list than the couples showing poor marital adjustment (Table 4)

**Percentile norms**

Separate percentile norms have been prepared for male and female groups (Table 5). These are to be interpreted in the conventional manner; that is, if a person gets a score equivalent to  $p_{90}$  or more, it shows that he is under great mental strain and needs urgent psycho-diagnostic help.

**Table 5**  
**Showing Percentile Norms**

Percentile	Males (N=111)	Females (N=138)	Mental Health Categories
$P_{90}$	23.19	22.82	Very poor
$P_{75}$	20.67	20.63	Poor
$P_{50}$	18.07	18.56	Average
$P_{25}$	15.47	17.47	Good
$P_{10}$	13.55	14.27	Very good

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# MENTAL HEALTH CHECK-LIST (MHC)

by

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## निर्देश :

नीचे कुछ एक शारीरिक तथा मानसिक लक्षण दिये गये हैं। आपसे विनती है कि आप इनको ध्यान से पढ़ें तथा बतायें कि आप इन लक्षणों से किसी सीमा तक परेशान हैं। आपको अपने उत्तर इन लक्षणों के सामने दिये गये विकल्पों में से किसी एक पर, जो आपकी व्यक्तिगत स्थिति को सही रूप से व्यक्त करता हो, सही (✓) का निशान लगाकर देना है। आपके उत्तर पूर्ण रूप से गोपनीय रखे जायेंगे। अतः आप कृपया सही उत्तर ही दें।

धन्यवाद!

## कृपया इसे भरें :

नाम .....	आयु .....
लिंग .....	शिक्षा .....
व्यवसाय .....	आय .....
	वैवाहित/अवैवाहित .....

## प्राप्तांक तालिका :

भाग	क	ख	योग
प्राप्तांक			

### भाग — क

क्या आप इनसे परेशान रहते हैं?	हमेशा (4)	अक्सर (3)	कभी-कभी (2)	न के बराबर (1)
चिन्ता	—	—	—	—
बेचैनी	—	—	—	—
नर्वसनेस	—	—	—	—
अकेलापन	—	—	—	—
निराशा	—	—	—	—
क्रोध	—	—	—	—

### प्राप्तांक

### भाग — ख

क्या आप इनसे भी परेशान रहते हैं?	हमेशा (4)	अक्सर (3)	कभी-कभी (2)	न के बराबर (1)
सिरदर्द	—	—	—	—
थकान	—	—	—	—
ठीक से नींद न आना	—	—	—	—
अपच	—	—	—	—
ऐसिडिटी	—	—	—	—
प्राप्तांक				