"FACTORS THAT INFLUENCE THE MENTAL HEALTH OF HIGH LEVEL STUDENTS".

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The present work focuses on identifying the risk factors that influence the mental health of college students. Mental health is usually understood as the equilibrium situation that an individual experiences with respect that which surrounds him. When this state is attained, the person can participate in social life without problems, achieving his own well-being. Mental health is defined as a state of well-being in which the individual is aware of his own abilities, can front facing with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his community. The positive dimension of mental health is highlighted in the definition of health contained in the who constitution: "health is a state of complete physical, mental and social well-being and not just the absence of disease or illness."

Objective: Identify risk factors that influence the mental health of college students.

Material and methods: This research has a qualitative, descriptive, non-experimental approach.

Subjects: the sample of 60 upper-level students.

Instrument. Certificate for the evaluation of risk factors for mental health in women.

Results. In the section tobacco said that 18% answered that they smoked and 32% said no, in the same graph, alcoholism 35% said no and 15% said yes. Signs and symptoms of bulimia and anorexy, 41 students that they didn’t had.

Conclusions. The important thing is to take care of the students of the higher level the percentages that show the results are relevant in this people, nevertheless one has to be alert in the behaviors that present the students in the classrooms.

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Introduction:
According to the world health organization (who), mental health is the "well-being that a person experiences as a result of their good functioning in the cognitive, affective and behavioral aspects, and, ultimately, the optimal deployment of their individual potentialities the coexistence, the work and the recreation" (escandón c, r, 2000).

Although most of the mental health studies in university students have focused on emotional aspects, mainly depressive and anxious (cova et al., 2007), a third problem of mental health highly prevalent in the population, mainly among men, is excessive alcohol consumption (vicente et al., 2002).

In higher education it is not a minor problem either, since university admission is associated with an increase in alcohol consumption among adolescents, an intake that is characterized by stopping only from drunkenness, putting their health at risk and becoming involved in activities (londoño and valencia, 2008).

Excessive consumption of alcohol is a pattern that increases the probability that the subject faces negative consequences on their physical or mental health, and / or also for their surrounding environment. In this sense, the world health organization identifies excessive consumption with only a higher associated risk without the need for any problems (babor, higgins, saunders and monteiro, 2001)

Mental health as a basic need:
Within the basic needs of the human being is health that is why governments, communities, families and people always care to conserve and maintain optimal or "healthy" levels. Len doyal and Ian gough define basic human needs and stipulate what people should achieve if they are to avoid serious and sustained harm. In these terms, serious harm, is understood as "being fundamentally incapacitated to pursue what one considers good." the argument leads to basic needs: "since physical survival and personal autonomy are preconditions for any individual action in any culture and constitute the most basic human needs (those that must be satisfied to some degree before the actors can effectively participate in their way of life in pursuit of other goals).” Survival is not enough, since it is a basic human need for physical health. To perform properly in their daily lives, people not only need to survive, they also need to possess a modest basic health. The level of autonomy, understood as the capacity to initiate action, the capacity to formulate goals and strategies, and try to put them into action, is determined by three variables according to doyal and gough: the level of understanding of ourselves, our culture, and of what is expected of us; the psychological ability to formulate options for oneself (their mental health); and the objective opportunities to act accordingly and the freedom involved in it (boltvinik, j. 2002).

Mental health: causes and effects:
(vulnerability as a cause of mental disorders)
The need for all family members to integrate into the labor market, including mothers with young children and children themselves, as well as international migration, while representing opportunities for economic progress, increase the risks for mental, since the traditional roles of women and men are changed in families, as well as creating an environment that is not conducive to communication and supervision of all family members, causing additional stress that can lead to depression and anxiety (medina, m. Villatoro, j).

Poverty:
(secretary of health and assistance). Poverty as a problem of bad nutrition, lack of basic services, marginality of limited access to health and education services, has a direct impact on the living conditions of the family and society.

Work:
(unemployed people) have more depressive symptoms than those who find work (bolton and oakley, 1987; kessle). Even those in employment who lost their jobs are twice as likely to be depressed as those who are employed (dooley et al., 1994).
Education:-
A low level of education hinders access to most professional jobs, increases vulnerability and insecurity and contributes to the maintenance of diminished social capital. Illiteracy or low levels of education and disease are intimately linked in the area of poverty (WHO, 2004).

Violence and trauma:-
In communities affected by poverty, violence and abuse are frequent. They affect general mental well-being and can induce mental disorders in the most vulnerable (WHO, 2004).

Women workers:-
(program of action of the secretariat of health and assistance, SSA). Mexican families are in a complex transition due to the change of roles in the household and a double charge for women, in addition to fulfilling the tasks of the household, contribute a greater economic contribution, this has caused an increased intervention in family decisions, has resulted in a strong increase in tensions, which has considerably increased the incidence of mental problems in this group.

Mental health from a new perspective: seen as crucial to achieve well-being:-
who declared 2001 the year of mental health. In that year world health day was a resounding success. "mental health, long abandoned, is crucial to the well-being of individuals, societies and countries and must be seen from a new perspective." this was the message of 130 ministers participating in the world health assembly. More than 150 countries organized activities that were important because of their importance, including proclamations by the highest authorities in the countries and the adoption of up-to-date laws and mental health programs. The topic of the world health report 2001 was mental health, and its 10 recommendations were received very positively by all member states. As a result of the activities of 2001, the following year the world program of action on mental health was created. This program constitutes a new and energetic effort that seeks to implement the 10 recommendations and is based on four strategies to achieve its final purpose: to improve the mental health of populations (world health organization, investing in mental health, op. Cit. Page 40).

Information needs and strategies for improving mental health:-
Demographic, social, and economic transitions should be taken into account when attempting to diagnose the mental health situation in any country, and Mexico is no exception. The results obtained from the various studies carried out so far, in this context, according to the above and with specialists, Medina and Villatoro, invite to take into account that: alcohol abuse and dependence, among men, and depression, among women, are the most prevalent problems. However, it is expected that in the near future the burden of mental disorders will increase due to the increase in drug abuse. Exposure to violence and social insecurity is also reflected in the significant increase in suicide rates, including the young population. The prevalence rate is higher in urban areas, however - says Medina Mora - the burden of the disease is greater among rural dwellers, probably because of the increased risk of poverty and the scarcity of services. When new indicators of disease burden are used psychiatric disorders become more evident, therefore, greater efforts must be made to integrate these disorders into the health agenda (Medina, M, M).

Mental health:-
The world health organization (WHO) defines health as: ... A state of complete physical, mental and social well-being and not only the absence of disease or infirmity (WHO, 2001). The three core ideas for health improvement are based on this definition: SM is an integral part of health, MS is more than absence of disease and MS is intimately related to physical health and behavior. Similarly, who describes mental health (MS) as: - ... A state of well-being in which the individual realizes his / her own abilities, can cope with the normal pressures of life, can work productively and fruitfully and is capable of making a contribution to their community "(WHO 2001).

Ms and mental illness are determined by many socio-economic and environmental factors; of social, psychological and biological interaction, in the same way as health and disease in general. The clearest evidence of this is related to the risk of mental illness, which in the developed and developing world is associated with indicators of poverty, including low levels of education and, in some studies, poor housing conditions and low income, limited education, stressful working conditions, gender discrimination, unhealthy lifestyles, and human rights violations. (WHO 2004). Unfortunately, in most parts of the world, mental health and mental disorders are not accorded the same importance as physical health; in fact, have been rather object of ignorance or inattention. However, in the above definitions,
one can observe how the term is associated with four conceptions of mental health: a) as absence of dysfunctional symptoms, b) as physical and emotional well-being, c) as quality of life and d) as presence of individual positive attributes (Escobar and Cova, 1997).

Methods:
This research has a qualitative approach, with descriptive scope, with a non-experimental design. The sample consists of 60 upper level students of the autonomous university of Campeche. The certificate for the evaluation of risk factors for mental health in women was applied. The instrument is based on a certificate for the evaluation of risk factors of mental health in women, with several sections: smoking consists of seven items, alcoholism nine items, the other section is the signs and symptoms of bulimia and/or anorexia, six items of detection of the use of other drugs that affect the human body, the last section of alarm signs of family violence and gender, this section is divided into physical, sexual and psychological violence. The procedure was applied to the certificates of assessment of risk factors of mental health in women to the upper level students of the autonomous university of Campeche in different semesters, ages 18 to 26 years, and were told the reason of study of the investigation, and once it was applied a database was made and to do the analysis and later to obtain the results that are detailed below.

Results:
Of the results obtained in the analysis of data are detailed below, in the section smoking said that 18% answered that they do smoked and 32% said no, in the same graph, alcoholism 35% said no and 15% said yes (graph 1).

In the results of signs and symptoms of bulimia and anorexia, 41 students who did not and 19 said that did, the situation here is a worrying one (graph 2).

In detection of use of other drugs that affect the human body, 2% said that they do consume other drugs and 98% thought that they do not consume other drugs that affect the human body (figure 3).

In the section of alarm signs of violence: in physical violence they opined they did had 3% and 30% said no, in psychological violence, 20% said no and 14% said that they did had, in the case of sexual violence 30% said no and 3% said yes (graph 4).

Overall, graph 5 shows the results of the 60 respondents given low levels of smoking in upper-level students, as well as alcoholism, signs of bulimia and anorexia is regulating this symptom, as violence is given more in the psychological and the use of other drugs of this study only detected a student.

Graphic 1:- Smoking and alcoholism.
Graphic 2: Signs and symptoms of bulimia and anorexy

Graphic 3: Detection of the use of other drugs.

Graphic 4: Physical violence, sexual and psychological.
Graphic 5:-Mental health.

Conclusions:-
In this research the important thing is to take care of the students of higher level the percentages that show the results are relevant in this people, nevertheless one has to be alert in the behaviors that present the students in the classrooms in the case of alcoholism and smoking is under the percentage but this does not mean that we trust them, we should always observe our students. As for the symptoms and signs of bulimia and anorexia, 19 students said yes and 41 said no. In detecting use of other drugs that affect the human body. If we talk about violence we can say that of the three types of violence that we have analyzed, physical violence predominates, commenting that if a percentage of 14% and not 20% of the upper level students.

References:-