

## The Sanandaj city adolescents mental health in the academic year of 2012-13

Mohamad. Khaledian<sup>1</sup>, Banafshe Hasanvand<sup>2</sup>

<sup>1</sup> Faculty of psychology department of Payame Noor University, PO BOX 19395 - 3697 , Tehran, I.R. of Iran,

<sup>2</sup> Faculty of psychology department of Payame Noor University, PO BOX 19395 - 3697 , Tehran, I.R. of Iran  
mohamad\_khaledian22@yahoo.com

**Abstract** Regarding the increase in the number of the adolescents population in Iran, rapid recognition and appropriate planning are two most important factors to control these disorders. The objective of this study was to examine the high school student's mental health. The sample included all the high school students (girls & boys) from Sanandaj city in the academic year of 2012- 2013. Therefore, 1517 students (1053 boys and 464 girls) were tested using the classified random sampling. To collect data a 90-questions questionnaire SCL-90-Relationship and the researcher-based questionnaire were applied. To analyze data: frequency, percentage, average, t test and Khi-2 were used. Results showed that the prevalence of the disorders among students was 6/2. There is a significant difference among girls and boys in 9 scales. Also, there is a relationship between parent's education level, father jobs and family dimensions with children mental health. There is no relationship between the residence and mental health.

[Mohamad. Khaledian, Banafshe Hasanvand. **The Sanandaj city adolescents mental health in the academic year of 2012-13.** *J Am Sci* 2013;9(4):330-338]. (ISSN: 1545-1003). <http://www.jofamericanscience.org>. 45

**Key Words:** mental health, student, SCL - 90 – R.

### 1. Introduction

Joy, pleasure and the feeling of prosperity are divine gifts that have been granted to man based on his mental health. Furthermore, mental health is one of the most important factors affecting man's evolution and improvement. This is of particular significance in students; since creating and maintaining mental health, the ability to encounter daily problems, the ability to make close relationships with others and having a powerful life are very important (Yoosefi et al 2010). One of the important dimensions of the health is the mental one. According to the definition by the World health organization, mental health is the competency to communicate with other people coordinately, transforming personal and social environment and solving contradictions or personal attitudes logically. (Abasi et al, 2001). The World health organization report showed that mental disorder have captured about 10% of the adolescents and it is estimated that about 450 million persons around the world are involved in mental disorders (Ahmadi, 1995 ; & Ansari et al, 2008). The term mental health has a vast concept and it includes cognitive welfare , self\_sufficiency , competency , understanding intergeneration coordination and the ability to recognize emotional and intelligence talents within individual, in a way that individual can recognize his/ her qualities and adjust usual stresses of the everyday life and is useful occupationally ( Emamhadi et al, 2006). Today, in most countries the globalizations efforts on one hand and the population

rapid growth, urbanization and migration on the other hand are ongoing. Following these fundamental changes, the communities social - mental problems increase rapidly and the world will witness major changes in disease epidemiology and people health needs. So the mental diseases are the priority among factors which lead to disorders or death. The high prevalence of the diseases and the long\_term disorders cause to pay more attention to these problems in any societies as a health priority (Murray et al, 2001). Most of the behavioral sciences scholars (Bandura and Walters, 1963) believe that if individual have more accurate recognition of their own behaviors, they can better control them. In other word, sometimes studying unreasonable actions lead to their reasonability. Recognizing the causes of unsatisfactory, individual will be more satisfied. Based on this, much of our effort should be assigned to study and recognize our best and the worst behaviors (Navainejad, 1993). However, health is the essential requirement to play social roles and man can act if she/he be health (Asadzandi et al, 2009).

Davidian et al (1974), studies results during studies results decade from 1341 to 1350 showed that the disorders prevalence have been between 11/9 to 18/6. The first wide study to examine the mental health in Iran during 1999 was performed in studies results through studies results national health program .in this study, the prevalence of mental disorders was 21 % ( in females 25/9 & in males 14/9 ) , among subjects more than 45 years old,

divorced, widows, married, unemployment, retired and housewives was more than other groups (Noorbala et al, 2002). The second study of the psychiatry epidemiological disorders in Iran, during 1380s was performed using emotional disorders questionnaire in urban areas; the illiterates, housewives and unemployment people were more than other groups. In this study, 10/9 % of the subjects were at least involve in one kind of psychiatric disorders (Mohammadi et al, 2003). Noorbala et al (2008), studies results about the status of mental health in 15 years old students and older from Tehran showed that females with 37/9 % were more suspicious to mental disorders than males with 28/6%. By aging, the probability of mental disorders increase, this rate in 65 years old and 15-24 years old were 49/9 and 29/2 % respectively. The probability of widow and divorced females involvement in mental disorders with 47/2 was more than other groups. Increasing the education level, the probability of mental disorder involvement decrease. The involvement rate in people with BA degree and higher and in illiterates were 22/1 and 43/6 respectively. Based on the studies in Europe and America, 9 to 26 % in females and 5 to 12 % in males have studies results depressor disease in their lifetime and about 4/5 to 9/3 % of females and 2/3 to 3/2 % of males are involved in this disorder during studies results period. The prevalence of anxiety in British and American has been estimated 2 to 4/7 (Ansari et al, 2008). Dastjerdi & Khazai (2003), studies results at Birjand medical science university showed that 8/6 % of all the approved were suspicious of mental disorder [13]. Zarabi et al (2001), studies results showed that the prevalence of the vulnerability in 9- dimension SCL-90 test has been varied from 3/2 to 39/1 % . Befler (2008), in his study reported that 20% of the children and teens have mental disorders and in 505 of adults the mental disorders have been started from their adolescence. Hyun (2001), studies results in Korea showed that 17% of the adolescents had anxiety disorder, 23% of them were affected by interpersonal sensitivity and 15% suffered from depression .

Sawyer et al (2001), in Australia reported that 40% of the children and the adolescents suffered from mental health problems and only 255 of them had visited specialists to treat. Sepehrmanesh et al (2008), studies results about mental health in Kashan high school adolescents showed that 10% of them were suspicious of mental disorder. The most prevalent mental symptoms based on 9-dimention test were as follow: paranoid thoughts, interpersonal sensitivity, depression, anxiety and aggression. There was studies results significant difference between girls and boys in interpersonal sensitivity,

depression and anxiety. In all dimensions, except in scruple, girls had more mean value compared to the boys. The PSDI, PST, GSI mean scores in girls were more than boys. Another factor which had been studied was the relationship between mental health and mother education levels, results showed that the averages of various mental dimensions in the students with illiterate mothers and mothers who had studies results primary education level had been higher. Also, it showed that poor teenagers had worse health status than teenagers in higher-income families .

Hosseini et al (2004), studies results at Sari showed that adolescents have the max averages in paranoid, depression, interpersonal sensitivity, anxiety and aggression. Girls averages in all 9 dimensions and in PSDI, PST, and GSI were more than boys. Also results showed that there was no relationship between mental health and mother education level. The averages of various mental dimensions among students with illiterate mothers have been higher. Hosseinifard et al (2005), studies results in Rafsanjan showed that adolescents have the max averages in paranoid, depression, interpersonal sensitivity, anxiety and aggression dimensions and girls averages were more than boys in all dimensions. Kaplan et al (1999), studied the adolescents sexual mature ages and the relationship between parents ages with the adolescents mental health showed that these factors have been accompanied with the increase in the average total rate of the mental health; adolescents in the low-income families had more mental disorder than others. Also, Johnson & Wang (2008), study showed that poor adolescents had worse mental health than adolescents in high-income families [23]. Robert et al 1998 studies results showed that the mental disorder prevalence was 12% .

Myers et al (1998) showed that the most prevalent diagnosis's for females are depression and fear of disease and in males they are alcoholism and drug addiction. other evidence showed that among children from 3 to 15 years old, the prevalence of mental disorder aew in studies results range of 5 to 15 %. Lader & Marks 1971 suggest that about 8% of all the standing mental patients are involved in the anxious problems. This value is more than Phobia disorders rate (3%) or the functional and thinking scruple disorders (1 to 2%), Some studies also showed that the intensity of the fear of illness in girls is proportionally more than boys (Kring et al, 2007). The prevalence of paranoid personality disorder is 0/5% to 2/5 %. This rate in males is more than females and it is believed that among minority groups, migrants and deaf people, this disorder is more prevalent than others (Kaplan & sadocks, 2006). Nourbala et al (2008), studies results indicated

the increase in the prevalence of disorders among females in all provinces of Iran comparing to the males. Yousefi & Hoseinchari (2002), studies results showed that in SCL-90 –Relationship questionnaire 9- dimensions, there is no significant relationship between girls and boys except in the fear of disease [28]. The studies and experiments in Germany showed that anxiety in female is at least twice more than males ( Degraaf et al, 2002). Jakobi et al (2004), study in Germany about the anxiety 12-months prevalence was carried out on 4181 subjects , its results showed that females are involved in anxiety twice more than males, fear of disease in female is here times more than males ( kring et al, 2007). Scruple is the only anxious disorder that is prevalent equally among males and females. Also results of Nolen – Hoeksema et al (1986), study showed that females are exposed to depression twice more than males and this discrepancy not only in United states and Canada or in western –Europe but also it has been found all over the world . Weissman et al (1996), studies results showed that the prevalence of the depression is varied from 1/5 % in Taiwan to 11/6 % in Newsland and 16/4 % in France, 19% in Beirut. This considerable difference emphasize on the attention to the cultural contexts of the psychological disorders .the depression among 18 to 29 years old people is prevalent about 10% (kring et al 2007). The results from various studies showed that the prevalence of the fear of disease in males 6/7 % and in males 15/7% , and in public it is 12/5 %. The prevalence of the psychosis during lifetime is less than 1% and the involvement of males and females in it is almost equal (kring 2007). The prevalence of the physical disorder during lifetime is estimated less than 5% in population; it is more prevalent in female ( Escobar et al 1987; Kaplan & sadok 2006). Maggini & Ampullini (2001), showed that PSDI, PST , GSI scores averages in girls is more than boys. The first factor of socialism for individual is family; it affects children's interests and wishes. There is studies results relationship between the smaller size of the family and higher education achievement (Majoribanks 1996 ; Eamon 2005) . The child's social and economical status is determined by combining parents training level, their job position and income (Jeynes, 2002 ) . Several studies showed that social and economical status affect the students achievement (McNeal 2001; Jeynes 2002 ; Eamon 2005). The results of Enayat and Aghapour (2010), entitled the study of social – cultural elements related to the quality of family mental health at Shiraz showed that there is studies results relationship between family income , parents education and family dimension with its members mental health.

Bagheriyazdi (2005), studies results among Tehran students and the study's results by Givens & Tjia (2002), among the Pennsylvania students indicated that there is no relationship between individual residence and the public mental health. The results of Ansari et al (2007) study , entitles the study of public health in the students of Zahedan medical science university showed that there is no relationship between individual residence and the public mental health . Vakalahi et al (2000), in studies results study showed that parents high education level is studies results protective factor and their low education level is studies results risky factor of drug abuse. Vazkoerbarkoer (1971), Hediafont (1987), Estansfeld (1999), studies results showed that there is studies results relationship between job position and peoples mental health , so unemployment people have low mental health (Ahmadvand et al, 2010). Because of the higher rate of vulnerability, students are increasingly expose to the problems such as depression, anxiety, subdivide, fear and drug abuse. Thus, the priority of the national health development plan is the consideration of mental health needs of the generation. Accordingly, the study of adolescents mental pathology prevalence and the effective elements will be helpful to find suitable approaches in future planning. This study considers the Sanandaj high school student's mental health dimensions.

## 2. Material and Methods

This study is carried out to examine Sanandaj city high school students mental health rate at the academic year of 2012 - 2013. The statistical society in this study includes all the students in the humanistic disciplines on sanandaj city high schools. 1517 subjects (1053 boys & 464 girls) were selected as studies results sample in studies results simple classified randomly manner and studies results questionnaire was distributed among them and finally results were collected. It should be noted that the entire questionnaire were completed. The sampling method in this study was classified randomly multi steps. So , at first, the city were divided into three central marginazed regions and new towns , then 30% of the schools in every regions were selected randomly and at the next step in every school the number of tests were chosen based on that school population. The present study is descriptive analytical in which an author-based questionnaire and studies results 90- questions reviewed questionnaire about the mental symptoms SCL-90-Relationship were used as studies results tool to collect data and to measure disorders . The SCL-90-R questionnaire has been applied in many researches. This test included 90 questions in 9 scales about physical complaints ,

functional thinking , scruple , sensitivity to interaction , depression, anxiety ,aggression , fear of disease , paranoid thoughts and psychosis. Also, it had studies results general pathological coefficient ( GSI) to obtain the prevalence of mental pathological scales , the scores sum of the questions relate to each scale divide to the number of questions and regarding the minimum score for each student in every scale is zero and its max is 4, based on the test instruction , scores higher than 2 were considered showed that determine vulnerable students; its stability and lawfulness in Iran has been reported to be more than 90% (Motamedi et al, 1999; Emamhadi et al, 2006) . In studies results research by Yousefi & Hosainchari (2002), on Shiraz medical students , its stability had been 79% . based on the test , the higher the general scores averages ( GSI) , the subjects mental health is lower. In this test, there is seven additional materials in none of which the mentioned dimensions had been

classified and they are considered as additional questions. This test gives three indexes: the general coefficient of the disease symptoms (GSI) which reflects the individual mental level without emphasizing on studies results special kind of disorder. It obtained by dividing the scores of 90-questions on 90 multiplying to 100. The sum of the positive disease symptoms ( PST) is which indicate the lowest disorder level and obtained by distracting 90 from the number of questions that their results are zero. The discomfort positive symptoms (PSDI) which show the disease severity ranges from healthy, boundary and severe, it obtained by dividing the sum of positive disease symptoms ( PST) to the discomfort positive symptoms (PSDI) index.

The author constructed questionnaire includes variables as: demographic, family, age, gender, parent education level, jobs.

## 2. Results

**Table 1:** the generality of subjects mental dimensions in terms of gender, average and mental symptoms differences in girls and boys

	boy		girl		df	t	Sig
	Mean	SD	Mean	SD			
Hypochondria	1/54	0/66	1/37	0/77	1515	4/47	0/002
Obsession	1/41	0/72	1/67	0/76	1515	6/5	0/003
disorder in interpersonal relations	1/45	0/68	1/28	0/78	1515	3/15	0/001
depression	1/50	0/72	1/79	0/62	1515	7/67	0/001
anxiety	1/55	0/67	1/80	0/84	1515	6/29	0/001
aggression	1/62	0/78	1/27	0/77	1515	8/25	0/001
fear of disease	1/48	0/51	1/71	0/63	1515	7/39	0/001
paranoia	1/81	0/76	1/99	0/87	1515	4/19	0/001
psychotic	1/36	0/63	1/24	0/72	1515	3/33	0/001
Additional Questions	1/40	0/63	1/35	0/65	1515	1/38	N.S
GSI	149/97	6/8	154/79	7/4	1515	12/35	0/001
PST	149/97	5/42	154/79	5/94	1515	3/34	0/001

N=1517

Data from table 1 showed that based on the data, the average and mean deviation of SCL-90, 9 parts are given based on gender and the above mentioned data showed that the min average is in psychotic girls and boys and the max average is personal ones. In physical posture (Hypochondria), disorder in interpersonal relations , aggression , psychosis , GSI , PSDI dimensions , the boys scores were higher than girls and in scruple Obsession, depression , anxiety , fear of disease and paranoia dimensions the girls scores were higher. The test

scores and the significance level showed that there is studies results significant relationship between girls and boys in 9-dimensions. Also, results show the difference between general coefficients of the disease based on gender. considering the cross-sectional 2 for each 9-dimensions and that sample averages in 9-dimensions aren't higher than 2, so subjects aren't involved in disorder and generally of all the studying students 94 ones (6/20%) were involved in disorder and 1423 ones (93/80%) had mental health .

**Table 2:** the relationship between the studying subject's parents education levels with their mental health

Parent education	mental health		Chi Square(d.f)	Sig
	Yes	Not		
Illiterate	369	29	14.92(5)	0.001
primary	469	37		
secondary	199	11		
diploma	180	7		
Degree(AA)	150	2		
BA or higher	58	8		

With respect to the obtained results from the table and the achieved significance level, it can be said that there is studies results relationship between parent's education and the students mental health. children with parents having Bachelor (BA) and higher with 12/3 %, illiterates with 7/3%, primary

with 7/3%, secondary with 5/2%, diploma with 3/7 %, Degree (AA) with 1/3 % respectively had disorders .it means that except BA and higher students whose parents have higher level of education have higher mental health than other groups whose parents have low-education level.

**Table 3:** the relationship between father job and the students mental health

father job	mental health		Chi Square(d.f)	Sig
	Yes	Not		
unemployment	85	11	13.25(5)	0.001
worker	253	24		
office	393	18		
farmer	141	7		
free	379	19		
others	172	15		

N=1517

Respecting the obtained results from the table and the significance level, it can be said that there is studies results significant relationship between students father jobs and their mental health. It means that students whose fathers are office workers, have higher mental health comparing to the

students whose fathers have other jobs. The range of disorders in the students with unemployment fathers was 11/7%, worker fathers 8/4%, others 7/4%, free 4/75%, farmer 4/72%, and office worker 4/6% respectively.

**Table 4:** the relationship between students mental health in terms of family dimension (size)

Family size	mental health		Chi Square(d.f)	Sig
	Yes	Not		
3 - 5	495	21	12.16(3)	0.001
6 - 8	771	53		
10 - 12	144	18		
13 & higher	13	2		

N= 1517

Regarding the obtained results from the table and the significance level, it can be said that there is studies results significant relationship between subjects family dimension (family member) and their mental health, that the more the number of

the families, their mental health decrease. Lpw-member families have higher mental health. children in families with 13 members and higher were involved in the disorders by 13/3%, 10 -12 members, 6-8 members 6/4% , 3-5 members 4% respectively.

**Table 5:** the relationship between subjects residence (Lodging) and their mental health

residence	mental health		Chi Square(d.f)	Sig
	Yes	Not		
Downtown	970	72	3.22(2)	N.S
New Town	155	8		
Around the City	297	14		

N= 1517

Based on the results from table 5 and the significance level, can be said that there is no relationship between subjects residence and their mental health

#### 4. Discussions

In this study the general prevalence of the mental pathology (mental disorder) in students was 6/20, that is consistent with the studied by Zarabi et al (2001) at Rasht, Dastjerdi & Khazai (2003) at Birjand, Sepehrmanesh et al (2008), at Kashan, the world health organization (quoted by Ahmadi 1995; & Ansari et al 2007), studies conducted in America and England ( Ansari et al, 2007), Meyers et al (1984) and to some extent it is insistent with the studies by Robert et al (1998), but it is not consistent with other countries studies: Hyun (2001) in Korea, Sawyer et al (2001) in Australia, Befler (2008). Perhaps it is because of the families close relationships and the Islamic or religious beliefs, classic lifestyle, social and cultural issues and; It is less than other studies before the revolution by Davidian et al(1974), it seems that more welfare facilities and paying more attention to the children and students and the educational programs are its causes.

Results showed that all the 9- dimensions between girls and boys vary significantly, it is in agreement with the study's results by Hosseini et al (2004), Hosseinifard et al (2005), Sepehrmanesh et al (2008), Nourbala et al (2008; The most prevalent mental symptoms based on the test's 9-dimensions were as follow : in boys : paranoia, aggression, anxiety, physical disorders and depression; in girls : paranoia, depression, anxiety, fear of disease and scruple. In Sepehrmanesh et al study (2008), it was paranoia disorder. In some dimensions as physical posture disorder in interaction, aggression, psychotic, GSI, PSDI, boy scores were higher than girls and in scruple, depression, anxiety, fear of disease and paranoia dimensions, girls scores were higher. To confirm these findings it can be pointed that perhaps females are more likely to report their anxiety symptoms; also, psychological differences can help to confirm these gender- based gaps, for example, males maybe develop in studies results way that they

will have more control on their situations .social-cultural interpretations such as gender- based roles are likely to have studies results role in this context. For instance, males have more experiences facing with the fear in community than females. Encountering to the fear and anxiety itself is one of the anxiety's treatments (kring et al, 2007). To interpret the higher scores of the depression in girls it can be pointed that the acceptance of the fixed social roles among girls can intense the self- criticism attitudes about the appearance and that during adolescence, girls more encounter many stressful elements and higher pressures about social roles and their appearances, so they create studies results mental rumination about negative feelings (kring et al 2007). The boys higher scores in comparison to the girls in physical disorders are not consistent with the researches results by Sepehrmanesh et al (2008), Escobar et al (1987), and in interpersonal interaction disorder, psychosis, they aren't in agreement to the Sepehrmanesh et al (2008), studies results [19]. Perhaps the aggression in adolescents is related to the resistance to the physical/ mental threats or personal needs to the power. One of the other elements which can reinforce adolescents to the aggression is aggressive parents, indifferent adolescents and aggressive coevals (Lotfabadi, 1990). In the present study also the paranoia scale of the aggression in boys was at the max average. In emotional disorders, the adolescents stated that if they live in families with low-paranoia bound mentally, they often are suspicious of the adults and their coevals, because of this; they show aggression and violence to protect themselves mentally (Lotfabadi 1379). The studying adolescents had the max averages in paranoid, depression, interpersonal sensitivity, anxiety and aggression dimensions respectively. The findings are consistent with studies results by Hosseini et al (2004) at Sari, Hosseinifard et al (2005) at Rafsanjan and Zarabi et al (2001), at Rasht. The results showed that PSDI, PST, GSI scores in girls were higher than boys that is consistent with the study's results by Hosseini et al (2004), Sepehrmanesh et al (2008), Maggini and Ampullini (2001).

The results also showed that there is a relationship between the studied subjects parents

education with mental health, that is students whose parents had a higher education level had more mental health than other groups whose parents had lower education level; this is consistent with the study's results by Hosseini et al (2004), Nourbala et al (2008), Enayat and Agha pour (2010), Ansari et al (2007), Vakalahi et al (2000), to interpret these findings it can be pointed to the parents' social-cultural constraints who had low education level and their weaknesses in using suitable methods to encounter stress to train children.

The results also showed that there is a relationship between the students' father job and their mental health, that is students whose fathers were office workers had higher mental health than groups whose fathers had other occupations. This is consistent with the study's results by Jeynes (2002), and researches which considered families' financial and economical position effective in their mental health such as Sepehrmanesh et al (2008), Kaplan et al (1999), Hediafont (1987), Stansfield (1999), and Ahmadvand (2010). It showed that there is a relationship between job position and the prevalence of the mental health and this prevalence in unemployment people had been higher than employees. Perhaps the lack of income, unemployment stress, social interaction restrictions and the monotony of everyday life can increase mental disorders in the unemployed. Another result of the research was the relationship between students' family dimension (family members) with their mental health. That is students whose family size were smaller had higher mental health. This is consistent with the researches by Ansari et al (2007), Enayat and Aghapour (2010), Sepehrmanesh et al (2008), Majoribanks (1996), Eamon (2005). The results showed that there is no relationship between students' residence and their mental health, that is consistent with the study's results by Bagheriyazdi (2005), Ansari et al (2007), Givens and Tjia (2002). The study's results indicate critical information about the adolescents' mental health and various elements related to it. As in Iran, considering adolescents' mental health is increasing and supplying their mental health will ensure the next generation's. Also regarding many disorders in this period and its consequences cause but not characterizing and treating these disorders such as drug abusing and delinquency, this research reveals the requirement to pay more attention to the adolescents' mental health especially activating students' consult centers and comprehensive planning to offer services related to psychological treatments and consultation. It is recommended that for bigger samples and for the samples from different classes and in societies with more different cultures, this study should be repeated

so the generality of the results will increase. This study was performed at Kordestan and some cultural issues were effective in sampling so it is recommended to repeat this study in other parts of the country. One of this study's shortcomings is that it has been conducted in Sanandaj city, so to generalize it to all the society we should be careful. Another shortcoming is the lack of a background and a research in this field; it is worth noting that searching societies – research databases and refer to the valid sites, there had been no researches about the mental health in Sanandaj city and the relationship between parents' job and education or their residence with the students' mental health. The present study is one of the peer studies at Sanandaj, it is recommended that researchers examine this topic among the students in other education levels and even in adults. This study's summation is that informing individual based on the consulting methods, their problems will decrease and also mental disorder will less occur that unfortunately is increasing.

#### References

1. Abasi, A.; panahanbari, A.; Kamkar, A.; & bagherizadeh, Gh. Analyze mental health of Yasuj medical science university students. *Journal of Tazkieh and Tab* 2001; 43, 34-38.
2. Ahmadi, J. Depression scale in at Students. *Journal of thought and Behavior* 1995; 4: 6-12.
3. Ahmadvand, A., Sepehrmanesh, Z., Ghorashi, F., Asarian, F., Mosavi, GH., Saei, R., & Eetesam, F. Prevalence of mental disorders in public population at Kashan city at 2008. *Journal of Iran Epidemiology* 2010; 6(2): 16-24.
4. Ansari, H., Bahrami, L., Akbarzadeh, L., & Bakhshaei, N. Analyze public health among Zahedan University medical students and some related factors in 2007. *Journal of Sharghi Tabib* 2007; 9(3): 295-304.
5. Asadzandi, M., Sayari, R., Ebadi, A., & Sanaeinasab, H. Mental health situation in military nurses military. *Journal of course* 2009; 11 (3):135-141.
6. Bagheriyazdi, A. Analyze mental health situation entrance students 83-84 Tehran University. *Journal of Thought & Behavior* 2005; 10 (34): 30-39.
7. Belfler, M. L. Child and Adolescent Mental Disorders; the magnitude of the problem across the globe. *J Child psychol psychiatry* 2008.
8. Dastjerdi, R.; & Khazaei, K. Analyze public Health entrance students 2002-2003 Birjand medical science university. *Jornal of Birjand medical science university* 2003; 8(1): 34-38.
9. Davidian, H., Ezadi, S., Nahapetion, V., & Motabar, M. Elementary analyze about extension

- mental diseases in Khazar port Rodsar city. *Journal of Iran hygiene* 1974; 3 (4): 145 – 156.
10. DeGraaf, R., Bijl, R. V., Ravelli, A., Smit, F., & Vollenberg, W. A. M. Predictors of first incidence of DSM-III-R Psychiatric disorders in the general population :Findings from the Netherlands mental health survey and incidence study. *Acta psychiatrica Scandinavia* 2002; 106: 303-313.
  11. Eamon, M. K. Social-demographic, school, neighborhood, and parenting influences on academic achievement of Latino young adolescents. *Journal of Youth and Adolescence* 2005; 34(2): 163-175.
  12. Emamhadi, M., Jalilvand, M., & Salehi, M. Mental disorders frequency in nonmistake murder qualities. *Seasonal Quarterly social welfare* 2006; 5 (20): 153 – 162.
  13. Enayat, H., & Aghapour, E. Analyze cultural – social factors related with family mental health quality. (Studying sample, Shiraz city families). *society and women quarterly* 2010; 2: 27 – 46.
  14. Escobar, J. I., Bumam, M. A., Karmo, M., Forsythe, A., Golding, J. M., et al. Somatization in in the community. *Archives of General psychiatry* 1987; 44: 713 – 720.
  15. Givens, J. L., & Tjia, J. Depressed medical student use of mental health services and barriers to use. *University of Pennsylvania School of medicine* 2002; 67(9): 918-921.
  16. Hosseini H, Khalilian A, Ahadi A. Screening Mental Psychopathology of High School Students in Sari With SCL-90-R, 2002-2003. *J of Mazandaran University of Medical Sciences* 2004 Fall; 14(44):60-67.
  17. Hosseini fard M, Birashk B, Atefvahid K. Epidemiology of Mental Disorder in High School Students in Rafsanjan. *J of Andeesheh Va Raftar* 2005 Spring; 11(1):71-79.
  18. Hyun, S. K. The effects of physical activity on health related psychological constructs in the old females, master thesis , HanYong university Korea 2001.
  19. Jaynes, W. H. Examining the effects of parental absence on the academic achievement of adolescents: the challenge of controlling for family income. *Journal of Family and Economic Issues* 2002; 23(2).
  20. Johnson, S. B., & Wang. C. Why do adolescents say they are less healthy than their parents think they are? The importance of mental health varies by social class in a nationally representative sample. *Pediatrics* 2008; 121(2): 307-313.
  21. Kaplan H & sadocks B. Synopsis of psychiatry . Eighth edition. Baltimor; Williams & Wikins . 2007; 42-45.
  22. Kaplan, S. J., Labruna, V., Oelcovitz, D., Salzinger, S., Mandel, F., & Weiner, M. Psychiatry abused adolescents: behavior problems, functional impairment, and comparison of in formants. *pediatrics* 1999; , 104 (1 pt 1):43-49.
  23. Kring, A. M., Davison, G. C., Neale, J. M., & Johnson, S. L. *Abnormal psychology Translated by H Shamsipour* 2009, Tehran: publication Arjmand, 2007.
  24. Lotfabadi H. *Development Psychology; Adolescence, Youth, Adulthood(1)*. Tehran Press, Samt Publications 2000:176
  25. Maggini, C., & Ampullini, P. The parma High school epidemiological survey: Oco symptoms. *Acta psychiatry Scand* 2001; 103(6): 441-446.
  26. Majoribanks, K. Family Learning Environments ans Students' Outcomes: A Review. *Journal of Comparitive Family Studies* 1996; 27(2): 373-394.
  27. McNeal, R. B. Differential effects of p arental involvement on cognitive and behavioral outcomes b y socioeconomic status. *Journal os Socio-Economics* 2001; 30(2):171-181.
  28. Mohammadi, M., davidian, H., Nourbala, A., Molkafzali, H., Bagheriyazdi, S. A., Naghavi, M., Poure'temad, H., Rahgozar, M., Alaghbandrad, J., Amini, H., & Razaghi, O. Epidemiology psychiatric disorders in Iran. *Jornal of Hakim* 2003; 6(1): 5 – 64.
  29. Motamedi, S. H., Yasemi, M. T., Nikian, Y., & Tarzi, H. Mental disorders extension scale in Kerman in University medical students 1999; 6 (3): 149 – 156.
  30. Murray, C. J. L., Lopez, A. D., Mathers, C. D., & Stein, C. *The Global Burden of Disease 2000 project: Aims, methods and data sources*. Geneva: World Health Organization 2001.
  31. Myers, M. G., Stewart, D. G., & Brown, S. A. Progression from conduct disorder to antisocial personality disorder. *American Journal of psychiatry* 1998; 155: 479 – 485.
  32. Navabinejad, Sh. *Normal and Abnormal Behaviors*. Tehran: teachers and parents association publications 1993.
  33. Nolen Hocksema, S., Girgus, J. S., & Seligman, M. E. Learned helplessness in children: A longitudinal study of depression, achievement, and explanatory style. *Journal of personality and social psychology* 1986; 51: 435 – 442.
  34. Nourbala, A., Mohammad, K., Bagheriyazdi, S. A., & Yasemi, M. Analyze mental health situation among fifteenth people and upper in Islamic Republic of Iran. *Jornal of Hakim* 2002; 5(1): 1 – 10.

35. Nourbala, A., Ramezan, F., Abedinia, N., & Bagheriyazdi, S. A. Analyze psychiatric disorders extension in pregnant and nonpregnant women. *Jornal of medical Daneshvar* 2008;16(77): 63 – 70.
36. Robert, Clifford, Abram. Prevalence of psychopathology among children and adolescents. *A M. J psychiatry* 1998; 155: 715 - 725.
37. Sawyer, M. G., Arney, F. M., Baghurst, P. A., clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J. M., Whites, L. C. & Zubrick, S. R. Thr mental health of young people in Australia: key findings from the child and adolescent component of the national survey of mental health and weiibeing. *Aust NZJ psychiatry* 2001; 35(6): 606-614.
38. Sepehrmanesh, Z., Ahmadvand, A., Yavari, P., & Saei, R. Adolescence mental health Kashan city high school students 2008.
39. Vakalahi, H., Harrison, S. , & Janzen, F. The Influence of family-based risk and protective factors on adolescent substance abuse. *Journal of Social Work* 2000; 4 (1): 21-34.
40. Weissman, M. M., Mayers, J. K., & Harding, P. S. Psychiatric disorders in a U.S. urban community. *American Journal of Psychiatry* 1996; 135: 456-462.
41. Yousefi, A., Baratali, M., & Erfan, A. Mental health relationship, employ and university education among women. *teaching Iranian journal in medical science, teaching Development special journal* 2010; 10(5): 748 – 754.
42. Yousefi, F; & Hosainchari, m. Analyze sample factors mental disorders in first students based on obtain information from SCL 90 - R. *Shiraz university human and social journal eighteenth course* 2002;18(2): 86 – 99.
43. Zarrabi H,Koosha M,Mohtashame Amiri Z.Prevalence of Psychopatology in High School Students in Rasht.J of Guilan University ofMedical Sciences 2000 Fall, Winter; 10(39,40):50-54.

3/23/2013