

## INCREASING GENERAL MENTAL HEALTH OF REHABILITATION CENTER EMPLOYEES BY LIFE SKILLS TRAINING

Dawood Hosseinzadeh<sup>1</sup>, Azar Pakdaman Savoji<sup>2\*</sup>

<sup>1</sup>Department of Educational Management, Collage of Human Sciences, Saveh Branch, Islamic Azad University, Saveh, IRAN.

<sup>2</sup>Department of Educational Psychology, Collage of Human Sciences, Saveh Branch, Islamic Azad University, Saveh, IRAN, [pakdamanazar@yahoo.com](mailto:pakdamanazar@yahoo.com)

\*Corresponding author

### Abstract

The purpose of this study was to investigate the effectiveness of Life Skills Training (LST) program on general mental health of Parastoo rehabilitation center employees. The sample was comprised of 24 employees who were selected based on the higher scores that they gained in pre-test that indicating of pathological symptoms and assigned randomly in two (12 experimental and 12 control) groups. The design of pretest-posttest with control group was employed. Participants answered to General Health Questionnaire (GHQ, 28 items) before and after they received the LST program that held on 12 sessions of two and half hours. The results showed that there was a significant effectiveness of LST program on increasing general mental health of employees. Implications of LST program and guidelines for further researches proposed.

**Keywords:** life skills, mental health, employees.

### 1 INTRODUCTION

Complexity and rapid changes put many challenges in human life. How to cope with difficult situations in work place are the main concerns of many people. One aspect of performance in any organization and institution is physical and mental health of their employees. Undoubtedly, this aspect plays an important role in efficiency of the organization in fulfilling the main goals and services. The importance of this matter is more obvious in some organizations such as hospitals and health services.

General mental health is one of the most important criteria for human health, which covers social, physical and psychological aspects. There are several definitions for mental health. According to Adler, mental health could be depend on appropriate familial and social relationship, assisting others and control of emotions and feelings (Wenzel, Weichold and Silbereisen, 2009). Roger's pattern from healthy personality and mental health is a highly effective human with full performance who takes advantage of all abilities and talents and has characteristics such as preparation for the gaining experience, feeling free and innovation (Avison et al., 2012). Caplan defined general health as continuous adaptation to changing conditions and efforts to achieve moderation between internal demands and requirements of the changing environment. Therefore, individuals with high mental balance resist inevitable workplace failures and provide happy environment for themselves and their colleagues and even patients (Rahimian Bougar et al., 2013). According to Truer and Duckmanton (2010), healthy and normal people in terms of general health realize their position in the family, social groups and work environment properly, and are able to communicate with others in a constructive relationship.

Dealing with life pressure and acquiring individual and social skills were always part of human life. Serious attention and precise educational programming is needed in order to enhance the ability of individuals for encountering stressful issues, because ability in dealing with problems and issues plays an important role in the provision of mental health, individual success and healthy life. Therefore, in the studying of behavioural disorders and social deviation, researchers know individual's disability in proper analysis of himself and real life situation, lack of feeling control and personal accomplishment to deal with difficult

situations and lack of preparedness to solve life problems and issues properly as reasons for many disorders and behavioral abnormalities (Baker and Williams, 2009).

Life skills training is one of the applications of psychology in today's world with applying the principles of psychology in finding ways of living and prevention of personal, familial, social and job problems. The trainings are held with the aim of promoting mental health, and prevention of mental, physical and social health problems. These skills promote individual's skills in dealing effectively with the demands of living with stress and act as a primary preventive factor (Wellford, 2005).

Life skills are a set of mental capabilities that provide positive adaptability and enable the individual to accept his social responsibilities and to deal with daily demands, expectations and problems and working and administrative concerns without damaging him or others (Kamian, 2008). In fact, the purpose of training life skills is to enhance psychosocial abilities and consequently, preventing the development of harmful behaviors to health and promotion of mental health. According to Albertyn, Kapp & Croenewald (2011), training life skills helps individuals to be flexible against changes, and show more abilities in controlling problems and issues. According to WHO (1999) life skills comprised of ten skills: ability for effective communication skills, effective interpersonal relationship, decision making, problem solving, creative thinking, critically thinking, the ability of being aware of the self, the ability of having sympathy with others, the ability to deal with emotions (e.g. anxiety, depression, failure,...) and the ability to deal with stress. These skills can help individual to cope with his situation.

LST program was found effective and useful in various studies such as prevention of drug abuse (Botvin, Boker and Botvin, 1984; Botvin and Kahtor, 1999; Botvin, Baker and Dusenbary, 1999; Botvin and Griffin, 2013; Wenzel, et al., 2009), reduce cigarette consumption (Gorman, 2005), prevention of unrestrained sexual behaviour (Pick, Givaundan, and Poortinga, 2003), HIV prevention (WHO, 1999; Bova, Burwick, and Quinones, 2008). Also, there are reasonable data on the effect of life skills training on self-esteem (Sobhi-Gharamaleki & Rajabi, 2010; Esmaeilinasab, Malek Mohamadi & Ghiasvand, 2011), stress reduction, promotion of mental health level (Pakdaman Savoji & Ganji, 2013; Sobhi-Gharamaleki & Rajabi, 2010), communication skills (Kazemi, Momeni, Abolghasemi, 2014), marital satisfaction (Hosseinkhanzadeh, Yeganeh, 2013), decision-making skills and excitement management (Mahdavi Haji, Mohammadkhani, Hahtami, 2011).

Also, many researches have been conducted in the field of the effectiveness of life skills trainings in job situations. For instance, Wenzel et al. (2009) demonstrated that life skills trainings affect problem solving, self-awareness skills, self-supervision, coping skills, reality measurement skills, psychosocial competency, motivation and reduction of job stress. Gask et al. (2012, cited in Rahmanpour and Sharifi, 2012) showed that communication skills trainings lead to improvement of assessment, depression management and general health promotion in general practitioners. Ghorbani (2008) showed that the life skills course leads to reduction in depression, anxiety, psychosomatic disorders and social issues symptoms of the participants. Also, Hodayi, Hosseinzadeh & Pakdaman (2014) demonstrate that life skills training increased the level of work life quality of employees.

By reviewing on the researches on life skills training, there wasn't enough data on people who works in rehabilitation centres. Therefore, according to the important and significant role of employees general health in providing better services to the clients on one hand, and importance and application of life skills in the promotion of individuals' mental health level in the society on the other hand, the present study is aimed to investigate the effectiveness of life skills training on increasing general mental health of Parastoo rehabilitation centre employees.

## 2 METHODOLOGY

The site of this research was Parastoo rehabilitation centre that reigned in Isfahan, IRAN. It gives services to 110 psychiatric patients including Schizophrenia, Schizoaffective, bipolar disorder and depression, and more than 40 employees provide health services for them. In this experimental study, we employed pre-test, post-test with control group design. All employees answered to General Health Questionnaire (GHQ, 28 items) as pre-test. The sample comprised of 24 employees who were selected based on the higher scored that they gained in pre-test that indicating of pathological symptoms and assigned randomly in two (12 experimental and 12 control) groups. The experimental and control group had no contact together during the experiment, as they came to work place at different work days. Experimental group received life skills training program in 12 sessions and control group didn't receive any instruction during the plan. All participants take part in the post test after the program.

## 2.1. Instrument

The General Health Questionnaire designed by Goldberg, 1972, consisting 28 items was used for assessing mental health, the total score was used as a mental health score. It consist of four sub-scales of psychosomatic symptoms, anxiety and sleep disorder symptoms, social dysfunctions scale and depression symptoms scale, each scale consist of 7 items. A total score above 22 is indicating of pathological symptoms. Validity and reliability of the test had confirmed in different studies; for example, (Tajalli, Sobhi, and Ganbaripناه, 2010 cited in Pakdaman savoji and Ganji,2013), repotred Cronbach's alpha was 0.94 for this scale. In the present study, Cronbach's alpha for the total scale was 0.88 and for the sub-scales of psychosomatic symptoms, anxiety symptoms, social function, and depression symptoms were 0.79, 0.85, 0.58 and 0.81, respectively.

## 2.2. Life Skills Training program

LST program was conducted as a workshop that held on Parastoo rehabilitation centre. The workshop was 12 sessions of 2 and half hours and each session was dedicated to practice one of the skills. Table 1 is illustrated the content of LST program.

Table 1. LST program

| Session | Title                      | Description  |
|---------|----------------------------|--|
| 1       | Introduction               | Explanation of importance of life skills education and pre-test    |
| 2       | Self-awareness             | Identify our strengths and weaknesses and can answer to "who am I" |
| 3       | Decision making            | Choosing the best solution by assessing different solution         |
| 4       | Problem-solving            | How to solve the problems by dividing it into smaller components   |
| 5       | Creative thinking          | Thinking in a different way and beyond our own direct experiences  |
| 6       | Critical thinking          | Accept or reject ideas or issues by reasoning                      |
| 7       | Interpersonal relationship | How to start and continue the relationship with others             |
| 8       | Control of emotions        | Where and when show which kind of emotions                         |
| 9       | Empathy management         | Can understand people and fell their feelings                      |
| 10      | Stress management          | Can control stress in stressful situations                         |
| 11      | Conflicts management       | Can choose the best solution in a conflict situation               |
| 12      | Review                     | Review and post-test   |

## 3 RESULTS

Multivariate analysis of covariance (MANCOVA) was conducted to examine differences between the two group's general mental health and its subscales. The results are presented in table 2. MANCOVA was performed after confirming requirement of homogeneity of covariance matrix, BOX' M= 19.8, (F (10, 37482.2) =1.7, P=.08). Although MANCOVAs are robust to this presumption, because the sample size of two groups are equal. Results indicate a statistically significant difference between two groups, Wilks Lambda=0.1, (F (4, 15) =35.02, P<.001). Furthermore, univariate F-tests indicate that there were significant differences between experimental and control group in all subscales of psychosomatic symptoms, Anxiety symptoms, Social dysfunctions symptoms, and Depression symptoms.

Table 2. MANCOVA for general mental health and its subscales between experimental and control group

| Variables                    | Groups | test  | M     | SD   | F     | Sig  | $\eta^2$ |
|------------------------------|--------|-------|-------|------|-------|------|----------|
| Psychosomatic symptoms       | Exp.   | Pre.  | 15.49 | 4.86 | 38.4  | .01  | .681     |
|                              |        | Post. | 11.86 | 4.35 |       |      |          |
|                              | Con.   | Pre.  | 15.64 | 4.79 |       |      |          |
|                              |        | Post. | 14.96 | 4.43 |       |      |          |
| Anxiety symptoms             | Exp.   | Pre.  | 14.24 | 3.03 | 19.6  | .01  | .522     |
|                              |        | Post. | 8.44  | 1.92 |       |      |          |
|                              | Con.   | Pre.  | 14.57 | 3.25 |       |      |          |
|                              |        | Post. | 14.84 | 3.36 |       |      |          |
| Social dysfunctions symptoms | Exp.   | Pre.  | 18.82 | 4.84 | 44.2  | .01  | .71      |
|                              |        | Post. | 13.43 | 3.38 |       |      |          |
|                              | Con.   | Pre.  | 19.56 | 4.51 |       |      |          |
|                              |        | Post. | 19.23 | 4.37 |       |      |          |
| Depression symptoms          | Exp.   | Pre.  | 16.64 | 4.26 | 11.9  | .01  | .397     |
|                              |        | Post. | 9.51  | 3.02 |       |      |          |
|                              | Con.   | Pre.  | 15.29 | 4.64 |       |      |          |
|                              |        | Post. | 14.3  | 3.83 |       |      |          |
| General mental health        | Exp.   | Pre.  | 65.19 | 7.06 | 35.02 | .001 | .78      |
|                              |        | Post. | 48.03 | 7.26 |       |      |          |
|                              | Con.   | Pre.  | 64.73 | 5.22 |       |      |          |
|                              |        | Post. | 63.33 | 6.93 |       |      |          |

As the results shows after training the mean scores of experimental group decreased at post-test in general mental health and all its subscales. As the lower scores in the scale means higher mental health, we can reject the null hypothesis at  $p < 0.01$  level and conclude that life skills training program increased mental health of participants. It could be concluded that life skills trainings lead to increase of the level of general mental health and its dimensions in the employees of Parastoo rehabilitation centre.

#### 4 CONCLUSION

According to the fact that mental health of the employees of health care centres are in relation with the quality of their performance in taking care of patients and clients, existence of mental health and healthy work environment is so necessary in all organizations including Parastoo rehabilitation centre, which delivers services to psychiatric patients.

As the result of this study showed, life skills trainings lead to increase of the level of general mental health

and its dimension in the employees of Parastoo rehabilitation centre. The results of the present study were in line with the findings of other researchers such as Wenzel et al., 2009; Baker and Williams, 2009; Rahimian Bougar et al., 2013; Rahmanpour et al., 2012; pakdaman savoji and Ganji, 2013; Sobhi-Gharamaleki & Rajabi, 2010; Esmaeilinasab, Malek Mohamadi & Ghasvand, 2011; Kazemi, Momeni, Abolghasemi, 2014; Hosseinkhanzadeh, Yeganeh, 2013; Mahdavi Haji, Mohammadkhani, Hahtami, 2011; Botvin, Boker and Botvin, 1984; Botvin and Kahtor, 1999; Botvin, Baker and Dusenbary, 1999; Botvin and Griffin, 2013; Gorman, 2005; Pick, Givaundan, and Poortinga, 2003 ; Bova, Burwick, and Quinones, 2008.

To explaining the effectiveness of LST program, It could mention that this program help participants to know their weakness and strengthen and move from disabilities towards abilities. LST program training a set of skills and abilities such as decision making, problem solving, creative thinking, critical thinking, interpersonal relationship, self-awareness, conflict resolution, empathy with others, coping with stress and emotions and ... that each have a significant role in mental health.

In order to explain more about the findings, it can be said that life skills trainings help people to deal with changes more properly, have higher self-esteem and show more control in confronting with issues and problems. In fact, the purpose of life skills trainings is enhancing social-mental capabilities and eventually, preventing creation of harmful behaviours and promotion of mental health. LST program that presented by Botvin, 1980, tries to increase coping resources of people that increase self-efficacy and self-esteem that are essential factors in mental health. The purpose of LST program is increasing mental and social ability and training creative individuals that can generate new ideas in the society (WHO, 1999).

According to WHO (1999), life skills are a set of abilities that enhance adaptability and positive and effective behaviour, so the person can adopt responsibilities associated with his social role without damaging himself or others, and can deal with routine life challenges and problems effectively. Moreover, Wellford (2005) believes that these skills promote individual's skills in dealing effectively with the demands of living with stress and act as a primary preventive factor. Ability in dealing with problems and issues plays an important role in the provision of mental health, individual success and healthy life. Wenzel et al. (2009) demonstrated that life skills trainings affect solving problems, self-awareness skills, self-supervision, coping skills, reality measurement skills, psychosocial competency, motivation and reduction of job stress. Therefore, it seems that these factors play an important role in the improvement of employees' general health status.

Finally, it should be said that there are so many people who did not learn specific methods and ways of dealing with issues, stress management and statement of their own feeling in the society. Many people usually use inhibitory and avoidance reactions such as disobedience, breaking the law, cheating and aggression in dealing with environmental threats and problems. Therefore, if we consider these behaviours as a result of improper training patterns and accept the fact that the society and family were unable in transferring basic and fundamental life skills to the person, the importance of planning for life skills trainings will be much more obvious. Consequently, if we are looking for someone who has mental health it means someone who owns features such as readiness to gain experiences, feeling free, creativity, high mental balance and resistance in dealing with inevitable failures of life and work environment, we had to pay more attention to life skills trainings.

Life skills training is a program that its usefulness has been shown in numerous studies. The overall finding of this study and similar studies suggest that life skills training increase mental health. So it is necessary for educational systems to pay attention to this matter and include this program as a part of curriculum materials in different part of the society, especially in work places.

## REFERENCES

- Albertyn, R. M., Kapp, C. A., Croenewald, C. J. (2011). Patterns of empowerment in individuals through the course of a life skills program. *Journal of human studies*, 1(4), 36-49.
- Avison, R., Aneshensel, C. S., Schieman, S. & Wheaton, B. (2012). *Advances in the Conceptualization of the Stress Process*. New York: Springer.
- Baker, S. R. & Williams, K. (2009). Relation between social problem-solving appraisals, work stress and psychological distress in male firefighters. *Stress and Health*, 17(4), 219–229.
- Botvin, G, J. Boker, E. Botvin, E, M. (1984). Alcohol abuse prevention through the development of personal & social competence. *Journal of studies on alcohol*, 45, 550-552.

- Botvin, G, J. Baker, E. Dusenbary, L. (1999). Preventing adolescent's drug abuse through a multimodal cognitive- behavioral approach: result of 3 years study. *Journal of Consult Clinical Psychology*, 58, 437- 446.
- Botvin, G. J., Griffin, K. W. (2013). Life skills Training Empirical finding and future Directions. *The Journal of Primary Prevention*, 25(2), 56-68.
- Botvin, G, J. Kahtor, I, W. (1999). Preventing alcohol tobacco use through the Life Skills Training. *Journal of alcohol research and health*, 24, 4, 250-258.
- Bova, C. Burwick, N, T. Quinones, M.(2008). Improving Women's Adjustment to HIV Infection: Result of the Positive Life Skills Workshop Project, *Journal of the Association of Nurses in AIDS Care*, 19, 1, 58-65.
- Esmailinasab,M., Malek Mohamadi,D. , Ghiasvand,Z.( 2011). Effectiveness of life skills training on increasing self-esteem of high school students. *Procedia-Social and Behavioral Sciences*,30,1043-1047.
- Ghorbani, M. (2008). Evolution of the Effectiveness of life skills training for Iranian working women. *Iranian Journal of psychiatry and behavioral sciences*, 2 (2), 34-45.
- Gorman, D. (2005). Does Measurement dependence explain the effects of Life Skills training on smoking outcomes? *Prevention Medicine*, 40, 479-487.
- Hodayi,S.M., Hoseinzadeh,D., Pakdaman,A. (2014).The effectiveness of life skills training on increasing the level of work life quality on Parastoo rehabilitation center employees. *Advances in Environmental Biology*,8(10), 1308-1313.
- Hosseinkhanzadeh, A. A., Yeganeh, T. (2013). The effects of life skills training on Marital Satisfaction. *Procedia-Social and Behavioral Sciences*,84, 769-772.
- Kamian, F. (2008) Life skills, Definitions and Theoretical Foundations, *Journal of Deep in Training*, 1(4)86-94.
- Kazemi,R., Momeni,S., Abolghasemi, A.(2014).The effectiveness of life skill training on self-esteem and communication skills of students with dyscalculia. *Procedia-Social and Behavioral Sciences*, 114, 863-866.
- Mahdavi Haji,T., Mohammadkhani, S., Hahtami,M.( 2011). The effectiveness of life skills training on happiness, quality of life and emotion regulation. *Procedia-Social and Behavioral Sciences*, 30,407-411.
- Pakdaman Savoji, A. and Ganji, K. (2013). Increasing mental health of university students through life skills training. *Procedia-Social and Behavioral Sciences*, 84, 1255-1259.
- Pick, S. Givaundan, M. Poortinga, V, H.(2003). Sexuality and life skills education: A multistratigy intervention in Mexico. *American Psychology*, 58, 3, 230-234.
- Rahmanpour, J. and Sharifi, M. (2012). Studying the effect of life skills trainings on students' mental health. *Journal of Development of School Management*, 7, 68-76.
- Rahimian Bougar, E., Mohammadifar, M.A., Najafi, M. and Dehshiri, Gh. (2013). The effects of life skills training on students' mental health. *Journal of Clinical Psychology and Personality*, 2(8), 213-223.
- Sobhi-Gharamaleki,N. ,Rajabi, S. (2010). Efficacy of life skills training on increase of mental health and self-esteem of the students. *Procedia- Social and Behavioral Sciences*,5, 1818-1822.
- Truer, T., Duckmanton, A. (2010). The assessment of clinically significant using life skills profile. *Australian and New Zealand Journal of psychiatry*, 31 (2), 257-2 63.
- Wellford, J. (2005). Life skills training. *Journal of International Relations*, 19, 641-78.
- Wenzel, V. Weichold, K. Silbereisen, R. (2009). The Life Skills program IPSY. Positive influence on school bonding and prevention of substance misuse. *Journal of Adolescence*, 32, 1391-1401.
- World Health Organization. (1999). Partners in life skills education, Geneva, Switzer land: World Health Organization Department of Mental Health.