

**PSYCHOLOGICAL CAPITAL AND MENTAL HEALTH
IN STUDENTS OF CHULALONGKORN UNIVERSITY'S
RESIDENCE**

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OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SCIENCE
(CLINICAL PSYCHOLOGY)
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RESIDENCE**

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PSYCHOLOGICAL CAPITAL AND MENTAL HEALTH IN STUDENTS OF
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ABSTRACT

This research was designed to study the psychological capital (PsyCap) and mental health in students of Chulalongkorn University's residence. The sample was 400 undergraduates of the residence and 361 of them replied. The research instruments were a demographic data questionnaire, the Thai-Psychological Capital Inventory, and the Thai Mental Health Questionnaire (TMHQ)

The results showed that the sample had a mean PsyCap score at a moderately high level, and most of them had normal mental health in all domains. The Hope score is different when classified by GPA, and mental health scores are different when classified by sex, year, and duration of living in the residence. Additionally, PsyCap and mental health scores had significantly negative correlation ($r = -0.18$ to -0.63 , $p < 0.01$). The results of this study suggest that PsyCap and mental health negatively correlate. Developing and promoting PsyCap in students are ways to prevent mental health problems.

KEY WORDS: PSYCHOLOGICAL CAPITAL / PsyCap / MENTAL HEALTH /
STUDENT

117 pages

ต้นทุนทางจิตวิทยาและสุขภาพจิตในนิสิตหอพักจุฬาลงกรณ์มหาวิทยาลัย

PSYCHOLOGICAL CAPITAL AND MENTAL HEALTH IN STUDENTS OF CHULALONGKORN
UNIVERSITY'S RESIDENCE

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บทคัดย่อ

การวิจัยครั้งนี้มีจุดประสงค์เพื่อศึกษาต้นทุนทางจิตวิทยาและภาวะสุขภาพจิตในนิสิตหอพักจุฬาลงกรณ์มหาวิทยาลัย กลุ่มตัวอย่างคือนิสิตหอพักระดับปริญญาตรี จำนวน 400 คน มีนิสิตตอบแบบสอบถามและส่งกลับคืนจำนวน 361 คน เครื่องมือที่ใช้คือ แบบสอบถามข้อมูลส่วนบุคคล แบบสอบถามต้นทุนทางจิตวิทยาสำหรับคนไทย และแบบสำรวจสุขภาพจิตสำหรับคนไทย (TMHQ)

ผลการวิจัยพบว่า นิสิตหอพักมีคะแนนต้นทุนทางจิตวิทยาโดยรวมอยู่ในระดับค่อนข้างสูงและส่วนใหญ่มีสุขภาพจิตอยู่ในเกณฑ์ปกติทุกด้าน ต้นทุนทางจิตวิทยาด้านการมีความหวังมีความแตกต่างกันตามผลการเรียนเฉลี่ย ส่วนสุขภาพจิตมีความแตกต่างกันตามเพศ ชั้นปี และระยะเวลาการอยู่หอพัก คะแนนต้นทุนทางจิตวิทยาและคะแนนสุขภาพจิตมีความสัมพันธ์เชิงลบ ($r = -0.18$ ถึง -0.63) อย่างมีนัยสำคัญทางสถิติระดับ ($p < 0.01$) จากงานวิจัยนี้ชี้ให้เห็นว่าต้นทุนทางจิตวิทยาและสุขภาพจิตมีความสัมพันธ์กัน ดังนั้นการส่งเสริมและพัฒนาต้นทุนทางจิตวิทยาในนิสิตหอพักเป็นอีกแนวทางหนึ่งที่จะช่วยป้องกันการเกิดปัญหาสุขภาพจิตได้

CONTENTS

	Page
ACKNOWLEDGEMENTS	iii
ABSTRACT (ENGLISH)	iv
ABSTRACT (THAI)	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
CHAPTER I INTRODUCTION	
Background and Significance of the Problem	1
Research Question	3
Research Objectives	4
Scope of the Research	4
Benefits	5
Definitions of Terms	5
CHAPTER II LITERATURE REVIEW	
Psychological Capital	7
Mental Health	18
Context of the Residence of Chulalongkorn University	26
Related Researches	32
Conceptual Framework	47
CHAPTER III MATERIALS AND METHODOLOGY	
Population and sample	48
Materials of the study	51
Data collection	54
Data analysis	55

CONTENTS (cont.)

	Page
CHAPTER IV RESULTS	
Part 1: The analysis of the general characteristic of the samples	57
Part 2: The analysis of the information to answer the research questions	58
CHAPTER V DISCUSSION, CONCLUSION AND RECOMMENDATION	
Conclusion	73
Discussion	74
Limitations	85
Recommendations	85
REFERENCES	87
APPENDICES	95
BIOGRAPHY	117

LIST OF TABLES

Table	Page
3.1 Sample group divided by sex and year	50
3.2 The number of the questionnaires which are handed out and sent back	50
4.1 The demographic data	57
4.2 The level of Psychological Capital of students in Chulalongkorn University's residence	58
4.3 Mental Health of students in Chulalongkorn University's residence	59
4.4 The comparison result of Psychological Capital, divided by sex	60
4.5 The comparison result of Psychological Capital, divided by year	61
4.6 The comparison result of Psychological Capital, divided by GPA	62
4.7 The comparison result of Psychological Capital, divided by income	63
4.8 The comparison result of Psychological Capital, divided by duration of living in residence	64
4.9 The comparison result of Mental Health condition, divided by sex	65
4.10 The comparison result Mental Health condition, divided by year	66
4.11 The comparison result of Mental Health condition, divided by GPA	67
4.12 The comparison result of Mental Health condition, divided by income	68
4.13 The comparison result of Mental Health condition, divided by duration of living in the residence	69
4.14 The conclusion of the comparison result of Psychological Capital and Mental Health condition, divided by sex, year, GPA, income, and duration of living in the residence.	70
4.15 The result of the relation between Psychological Capital scores and Mental Health scores	71

LIST OF FIGURES

Figure	Page
2.1 Explanation of Expanding capital for competitive advantage	9
2.2 Positive Psychological Capital	9
2.3 Conceptual Framework	47

CHAPTER I

INTRODUCTION

Background and Significance of the Problem

In the era of the boundaryless communication, the society, economy and life style of people have changed very quickly and all the time. Thailand as one part of the globalization world has become the severely competitive society in the economic, political, social, educational dimensions and life style. The problems have become more complicated in several aspects such as family problems, drugs, the problem of acknowledging the negative information, problem of environmental pollution and other problems which cause the stress to people. Adaptation to be able to live a happy life amid the changes and several problems is the necessary quality for the present world. In the circle of scholars who study the Positive Psychology, there are the interests in the development of personal ability to be the positive characteristic such as comfortableness, satisfaction, happiness which are the characteristic strength of persons which guide them to the well – being for their life (Seligman & Csikszentmihalyi, 2002 cited in Marie Diane Wisner, 2008).

Psychological Capital is the study of the positive characteristic of people for their ability to overcome the problems, positive thinking, self-esteem by using the knowledge of Positive Psychology as the foundation. The Psychological Capital is devied into 4 aspects; Efficiency/Confidence, Hope, Optimism and Resilence (Luthans F., Youssef C.M. & Avolio B.J., 2007). There are the researches that show the persons who have the Positive Psychological Capital such as Efficiency, Optimism etc. will have the psychological well-being (Sandeep Singh and Mansi, 2009) and be effective in development of their work. In the contrary side, the persons who have Psychological Capital in low level will have the stress in high level (Abbas M. & Raja U., 2011). The well-being, occupational effectiveness and having the stress in proper level are reflexing the mental health of the persons according to the definition of the World Health Organization for ‘Mental Health’. ‘Mental Health’ means the condition

that person have the well – being along with their ability and can deal with the stress in daily life, can work effectively and efficiently including doing the useful things for their society in addition to illness or diseaselessness (World Health Organization, 2007)

Nowadays, Thai society is confronting the problem of mental health illness of its population, especially the population living in the big city. From the survey of the number of the patients with mental health illness in many public health areas in the provincial level in 2010, it is found that in Bangkok the number of the patients with the mental health illness is upto 251,053. The Psychosis, Anxiety disorder and Major depressive disorder are the one of five diseases with the highest number of patients (Bureau of Mental Heal Strategy, Department of Mental Health, 2010). This situation is the same situation in many big cities in the developed countries which are confronting with the mental health problems of their citizens and this can be seen in the report of Tessen M, Slade T, Mills K. (2009). The information from the National Survey of Mental Health and Well-being of Australia indicated that the common mental disorder; affective, anxiety and substance use disorders still occurs continuously and it is still found that 25.4% of the patients categorised into the group of common mental disorder; affective, anxiety and substance use disorders will have other mental disorder at least 1 disease group at the same time.

In addition to the Mental Health problems found in the general population, the mental health problems also happen in the group of students and this problem should be paid of attention to study. If students have the good mental health, this can be one of the immunity for them to be successful in studying, working and being the qualified human resources for the society in the future. But the study finds that the mental health problems are threatening their life. Many researches in many countries reported the increasing number of the mental health problems in students i.e. Said D., Kypri K. & Bowman J. (2012). This study reported that students at least 30% will have at least one of these disorders (depression 8%, anxiety 13%, eating disorder 14% and harmful drinking 8%.

Majority of Students who live in the university residence have the domiciles in other cities and they have to adapt themselves when they move to study in the big cities with the severe competition and full of the problems threatening their

life and property. To move from their homes to live in the university dormitory with others and to comply strictly with the rules and regulation of the university dormitory are one of the stress they have to face in addition to the stress from studying. If they can adapt themselves to live a university student life well, they can learn happily but if not, they will have the stress and this can lead them to the mental health problems. And the mental health problem will affect their life in the college in many levels from personal level and interpersonal level to college level, especially in personal level which affects their life all in physical, emotional, cognitive aspects and interrelationship (Burris JL, Brechting EH, Salsman J, Carison CR. , 2009; Martha, 2003).

From the information and theories, we will find that the group of students who live in the university dormitory is one group who is at risk to get the mental health illness. The researcher of this study is interested in the study of the level of the Psychological Capital and Mental Health of the Bachelor's degree students living in the Residence of Chulalongkorn University because the university is one of the educational institutions which has the highest competition ratio to study. It also is located in the important economic area of Thailand and provides the systematic service of the accommodation to students. This study focuses on the study of the current condition concerning the Psychological Capital and Mental Health of the dormitory students in order to trigger the public awareness of the issue and to get this information as basic data for the educational institutions and the organizations related to make the plan for preventing and improving the mental health problems in students, setting the activities to support students to live a happy life in universities, to use full of their ability for their study and to develop themselves to reach their goals in the future.

Research Question

1. In which level are the Psychological Capital and Mental Health of the Bachelor's degree students living in the Residence of Chulalongkorn University?
2. Are the Psychological Capital and Mental Health of the Bachelor's degree students living in the Residence of Chulalongkorn University different in

accordance with Sex, Year, GPA, Income and duration of living in the residence? And How?

3. How does the Psychological Capital of the Bachelor's degree students living in the Residence of Chulalongkorn University relate to their Mental Health?

Research Objectives

1. To study the level of Psychological Capital and Mental Health in students of Chulalongkorn University's Residence.

2. To compare the differences between the level of Psychological Capital and Mental Health of students according to the sex, year, GPA, income and duration of living in the residence.

3. To find the relations between Psychological Capital and Mental Health in students of Chulalongkorn University's Residence.

Scope of the Research

1. The population and sample groups used in this study consist of the following group;

- Population is the Bachelor's degree students living in the Residence of Chulalongkorn University in the 1st semester of 2013. The number of population for this study is 2,708 students

- Sample group is the Bachelor's degree students living in the Residence of Chulalongkorn University in the 1st semester of 2013 and the number of sample group for this study is 400 students.

2. The variables used in this study consist of;

- Independent Variables are the personal factors i.e. sex, year, GPA, income and duration of living in residence.

- Dependent Variables are the Psychological Capital and Mental Health.

Benefits

1. For generals, this research will be the basic information for the persons interested in studying more the Psychological Capital and Mental Health in students.
2. The University and the residence administrative committee will receive the basic information on the Psychological Capital and Mental Health of the Bachelor's degree students living in the Residence of Chulalongkorn University and use this information for planning to prevent and find a solution for the mental health problems for students and use this information for setting activities to enhance the good Psychological Capital and Mental Health for the students.

Definitions of Terms

Psychological Capital refer to the development of positive psychological condition of persons divided as follows; 1) Self – efficacy which is the driving force for persons to succeed in the challenging work, 2) Optimism which is connected to their success at the present and in the future, 3) Hope which leads person to their goals or changes their way to the goals if necessary and 4) Resilience, with this, persons can confront and return to the normal condition when they have to face the problems and sufferings (Luthans et al, 2007). This state will be measured with the Thai-Psychological Capital Inventory approach developed by Haruetaitip Tuntatead (2012) which consists of 53 items. Measured by the approach, the alpha Coefficient of the whole Thai-Psychological Capital Inventory (Thai-PCI) is 0.9833 and the standardized item alpha is 0.9834 which are in high level.

Mental Health refer to the state of persons who have well-being, the mental and emotional stability, adapt themselves to the society and the environment properly, are able to do the task useful to themselves and society. The Mental Health will be measured by The Thai Mental Health Questionnaires of Sucheera Phattharayuttawat, Thienchai Ngamthipwatthana, and Kanokrat Sukatungka (1999). This approach is the Ordinal rating scale measurement with 5 measures namely; 1) Somatization, 2) Anxiety, 3) Depression, 4) Psychotic 5) Social Function. In which group of the mental health problems the persons get the T-score more than 65, it means that the persons have the mental health problem in that group.

Residence Students refer to the Bachelor's degree students living in the Chulalongkorn University's residence in the 1st semester of 2013.

Personal Factors refer to sex (male, female), year, GPA, income and duration of living in the residence.

- Year refer to the study year which students are in and there are 4 levels; 1st year, 2nd year, 3rd year and the 4th year up.

- GPA refer to students's GPA upto the 1st semester of 2556 B.E./ 2013 A.D. For the 1st year students, their GPA will be GPA from the high school level. In this study, the researcher divides the GPA into 3 groups; 1) Low GPA; lower than 2.00, 2) Medium GPA; GPA from 2.00 – 2.99, 3) High GPA; GPA from 3.00 – 4.00.

- Income refer to all amount of income that students receive each month from their parents, scholarship, education loan and part time jobs. In this study, the income is divided into 4 levels; 1) less than 5,000 Baht, 2) 5,000 – 10,000 Baht, 3) 10,001 – 15,000 Baht and 4) more than 15,000 Baht.

- Duration to live in the residence refer to the total time of living in the university residence from the day that students informed to live in the residence to the day that they answered the questionnaires. It is divided into 4 groups; 1) less than 6 months, 2) 6 months – 1 year, 3) 1-2 years, 4) more than 2 years.

CHAPTER II

LITERATURE REVIEW

This chapter will present the study of the documents, ideas, theories and researches related to the Psychological Capital and Mental Health in the students living in the residence of the Chulalongkorn University to be framed as the conceptual framework for this research. The steppings of the presentation of contents with its details are as follows; 1) Psychological Capital, 2) Mental Health, 3) Context of the Residence of Chulalongkorn University and 4) Related Researches.

1. Psychological Capital

Definitions of Psychological Capital

Psychological Capital means the positive characteristic of persons which can be measured and developed. It is divided as follows; 1) the confidence in Self – efficacy which is the motivation for persons to succeed in the challenging work. 2) Creating the positive thinking or Optimism concerning the success in the present and in the future. 3) Having Hope and determination to reach the goals or ability to change the way to reach the goal in case there is the necessity aiming to success. 4) the flexibility when confronting with the difficult things or Resilience when person needs to face the problems and suffering and can face the problems and come back to the normal condition in order to reach the goals. (Luthans et al, 2007)

The Psychological Capital theory is derived from 2 main theories; Positive Psychology by Martin Seligman which emphasizes on building ability in general population in order that they can live a better life and be much more happier and they can extremely use their ability and lead themselves to find their highest potential (Luthans et al, 2007) and Positive Organizational Behavior –POB theory developed by Gallup Leadership Institution of University of Nebraska which is interested in

individuals level. This is the study and application of positive resources of persons and mental condition which can be measured, developed and used to manage effectively with several situations in the work. (Luthans & Avolio, 2003 cited in Luthans et al, 2007)

Moreover, the study of Psychological Capital is still the further development from the Capital theories that have the advantage in business competition. They are the Human Capital (what you know: experiences, education, skills, knowledges and ideas) and the Social Capital (who you know: relationship, network and friends) (as in Figure 2.1). The Psychological Capital not only is interested in what you know or who you know, but also is interested more in your ability or who you are in order to reduce the interests in the weak point or disability in persons and to emphasise on the strength or good quality in person. It is because the development of Self – Efficacy, Optimism, Hope and Resilience in the leaders or colleagues can help increase the working effectiveness in personal level and organisational level (Luthans F. Luthans K. and Luthans B., 2004) and it is still found that the Psychological Capital is related to the well-being of the employees in all periods of time (Avey J. B., Luthans F., Smith R. M., and Palmer N. F., 2010).

For the education benefit, it is found that the Psychological Capital is positively related to the educational achievement (Tjakraatmadja J. H. and Febriansyah H., 2007), especially the Hope which can be used well to predict the score of leadership in students (Wisner M. D., 2008). From the research as stated, it is found that the Psychological Capital helps develop personal ability and leads to the interest to study the level of Psychological Capital in the group of students in order to apply the information for planning and supporting students to extremely use their ability and develop themselves to be the qualified human resources in the future.

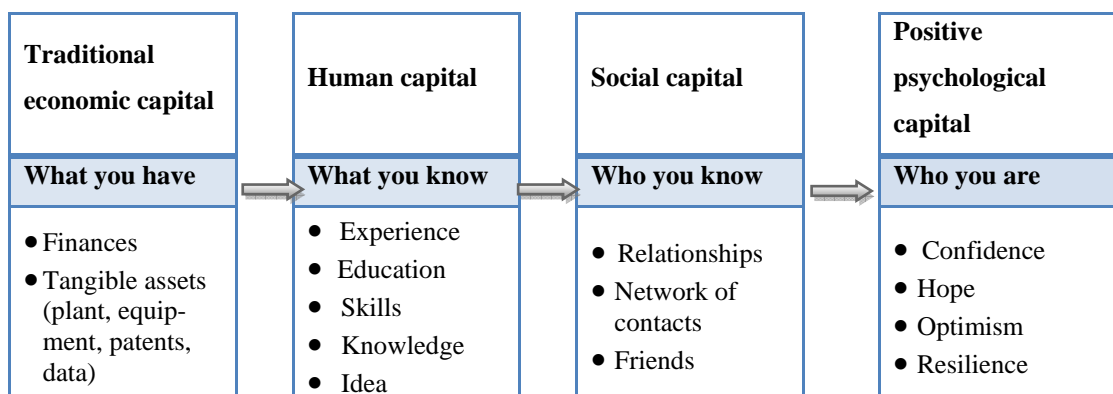


Figure 2.1 Explanation of Expanding capital for competitive advantage

From: Luthans F. Luthans K. and Luthans B. (2004). Positive psychological capital: Beyond human and social capital. *Journal of Business Horizons*, 47(1), p. 46

Components of Psychological Capital

Psychological Capital is the flexible characteristic, changeable and State – Like (Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007). It consists of 4 important characters; Self - efficacy, Hope, Optimism and Resiliency as in Figure 2.2.

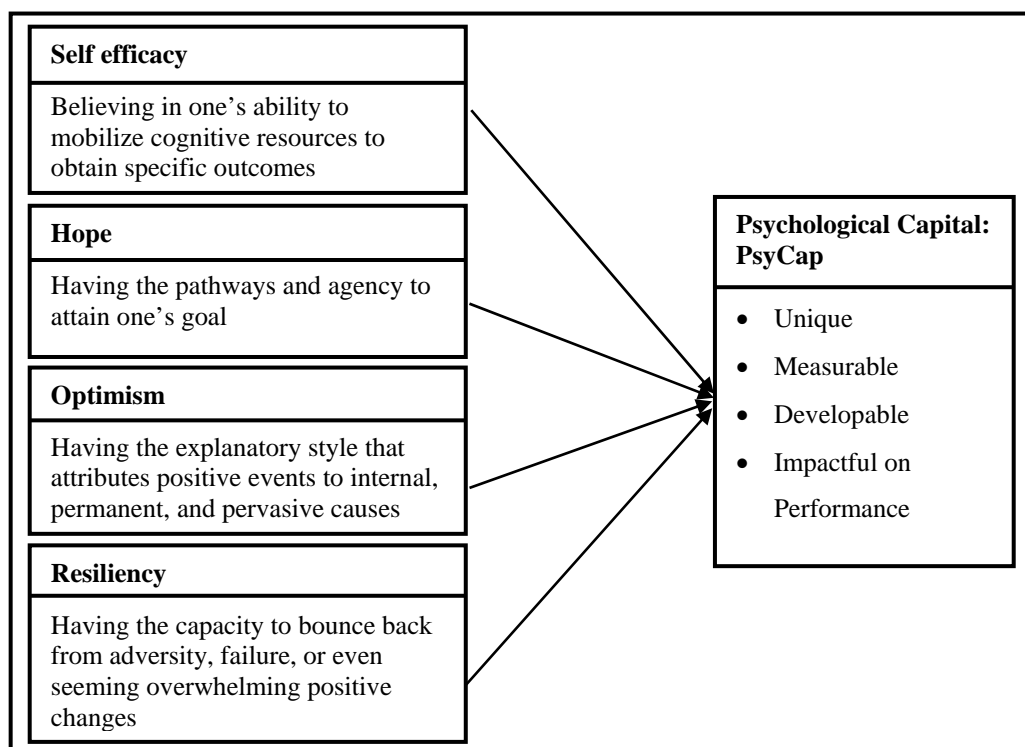


Figure 2.2 Positive Psychological Capital

From: Snyder C.R., Lopez S.J. & Pedrotti J.T. (2011). Positive psychology: the scientific and practical explorations of human strengths, (2nd ed.). California: Sage p.441

Self – Efficacy

Albert Bandura (1997. Snyder C. R., Lopez S. J. & Pedrotti J. T., 2011) is the person who triggered the psychologists to turn to spend more interests in this issue. Bandura defines “Self-efficacy” as a person’s belief that she/he is capable of performing a particular task successfully. This definition is similar to the definition of Stajkovic & Luthans (1998, p.66) which explains that “Self – efficiency is an individual’s conviction about his/her abilities to mobilize cognitive motivation and behavioral facilities needed to successfully execute a specific task within a given context”. To have the high level of Self-efficacy will help increase the effectiveness for overall functioning (Bandura, 1997 cited in Wiedenfeld S.A., O’Leary A., Bandura A., Brown S., Levine S. & Raska K., 1990). Luthans et al (2007) explain the characteristic of the person who have the high level of self-efficacy as they should have 5 characteristics as follows;

- Setting the highest personal goals for themselves, choosing the hard and challenging work to their capacities.
- Happy to face the new challenges and progress from facing that challenges.
- Having the high level of self motivation.
- Trying to lead themselves to reach the set goals.
- Being the persons who have attempts when facing the problems.

The theory of Self –efficacy was established under the Social Cognitive Theory (Luthans F. et al, 2007) and this is the characteristic which can be built and developed according to the effective confidence-building development program of Bandura (1997 cited in Luthans F.et al, 2004) as follows;

1) Mastery experiences or performance attainments

This is the method which has the highest effectiveness in developing the confidence in Self – efficacy because it is direct experience about the personal success. When the persons have tried performing the complicated work and at the same time, made them to know that they have enough capacity to work, they also have created more self confidences for themselves.

2) Vicarious experiences or modeling

To have observed the models which have efforts and have been successful in work and life will cause the persons to think or believe that they can do it too, especially with the models similar to them in age, sex, appearance, education level, status and experiences including the similarity of the situation they have to face. This will influence the development of Self – efficacy.

3) Social persuasion

Slightly Negative comments or physical gestures affect the personal emotion and confidence, likewise, positive feedback and pointing ones to see their strong points to successfully perform their work rarely work well in helping persons to get the confidence. Therefore, the persons should experience the success step by step. This should come together with the rhetoric which causes the social motivation to be affected better in developing the acknowledgement of their personal capacities.

4) Physiological and psychological arousal

Confrontation of the physical and mental illnesses such as exhaustion, illness, anxiety, depression, stress etc. has an effect to losing self confidence and the lower level of the acknowledgement of self-efficacy. This can affect to making a general decision including their action so the reduction of improper stimulation or letting them be ready in the physical and mental condition take part in creating more self confidence.

Hope

Hope means the positive motivation to reach the success based on the relation between the determined agency to the goals or and pathway to the goals (Snyder, Irving, & Anderson, 1991). Hope consists of 3 important basic components (Carr, 2004 cited in Haruetaip Tunthatead, 2012) as follows;

1) Goal (the importance of the goal will depend on the level or value of the goal of each person.)

2) The way of thinking (Planning to reach the goal) or Pathway is the plan or outline of planning to reach the expected things and if the Pathway is obstructed, the person can find or create another way to reach the goals.

3) The power (the power or motivation leading to the goals) is the desire to reach the goal and the understanding of the capacity to build the way or the method to reach the goals.

The characteristic of the persons who have the high level of Hope is that they will have positive emotion and feel the joyfulness from experiences of the success of reaching the set goals. The persons who have the low level of Hope will have the negative emotion of the suffering from the failure in the past and from the failure of what they expected. High Hope or low Hope will significantly take part in creating the specific emotion and goal which relate to what the person want to do (Snyder C. R., Lopez S. J. & Pedrotti J. T., 2011).

Luthans & Jensen (2002) proposed the way to build Hope by using the conceptual framework of the Hope by Snyder et al (2000 cited in Luthans F., Youssef C. M., Avolio B. J., 2007) which consists of the following ways;

1) Goal – setting means the persons, to reach their goals, need to understand the goal of what they are doing and remember it accurately. This includes that the goals become the controller of personal behavior to reach the set goal. The setting of the proper goal not only influences the persons in the level of motivation, the creation of the choices, enhancing the power of attempts and standing firm to struggle problems, but also influences the ability to set the way leading to the goal and willing to perform.

2) Stretch goals means that the goal is the leading to the self development and the supporting to create the hopeful thought. Goal – setting needs to have the difficulty in certain level enough to stimulate the persons to have alertness, it still needs to be fascinating and practicable. This should have a clear stepping, state what will stimulate person to perform, assessment in each procedure, challenges and succeeding.

3) Stepping is to consider and categorise the goal into steps, set the time frame, specify the small steps and the problems or obstacles which may happen including how to manage the obstacles in order to have experiences when reaching each step.

4) Involvement; in the sense of creation of Hope, means the clearness in self ability, the independence and authority to make a decision and to choose (agency)

which have an affect on setting the initial plan and the success of persons (pathway). When ones take part in goal- setting or have the link of the steps, they will have the stimulation for their emotion, feeling or motivation including the analitical capacity to find out that the impossible things can be done.

5) Reinforcement or Reward systems; reinforcement or reward provided should have to consist of the external reward and internal reward (mind).

6) Resources; the persons who cannot have access to the necessary resources for performing to their goals, they may be affected negatively of their points of view to themselves and they may be leaded to the hoplessness therefore allocation of their own resources or the access to the other resources will affect to the creation of Hope.

7) Strategic Alignment; those who create the method to reach their goals effectively in management of resources and funds will receive the worthwhile reward like reward in the form of organisation. Another way would lead to the goals is the development of human resources by putting the right man in the right job which will help persons to be able to create various option to reach their goals and organisation's goals.

8) Training; to join training workshop is one more way to reinforce their hope. The various forms of training workshop influence to the Hope in different aspect such as the training workshop which sets the clear performance may cause the person not to seek for other proper pathways for themselves. On the other hand, the training workshop which does not set the clear performance can cause the persons to realize more the agency in themselves.

Optimism

Optimism means the belief that there will be the good things happening in the future. The Optimism have to be based on the rationale foundation and can be explained of the events happening both in the positive side and negative side in the past, in the present and in the future (Luthans F. et al, 2007)

There are 2 main theories which explain the Optimism namely; Dispositional optimism by Carver & Scheier (2002) and Explanatory optimism by Seligman (1998, cited in Wisner M. D., 2008). These are details of them.

- Dispositional optimism was developed from the expectancy-value theory which has the hypothesis that personal behaviors are the performance to reach the expected goals. The value and expectancy can be considered from the quantity of motivation to perform the work to succeed and from the confidence that one can reach the set goals respectively. The assessment of the optimism can be done from personal belief concerning the expectation of the set - goal result which can happen both positively and negatively.

- Explanatory optimism; the hypothesis of this theory is derived from the belief that the events in the past influences the expectation of the result which will happen in the future. The optimism is the form or the way of thinking which persons use to explain what happens to them. This can be found in the person who get the satisfaction or used to experience the success in their past life and utilize the experiences to be the turning point for them and to expect the result in the future. Those who have the optimism will have the positive point of view for the situation or deduce the cause of the positive situation that the cause of situation happens from the internal factors. This quality can be durable and permanent and extend to cover every situation. The persons who have the optimism will deduce the cause of negative situation that it happens from the external factors and is temporary and confined to only one situation. It cannot affect to the situation in life in general. But the pessimism will deduce the cause of positive situation that it happens from the external factors and is temporary and specific only to one situation and deduce the cause of negative situation that it happens from the internal factors and is permanent and extends to cover every situation.

Alan Car (2004) and Schulman (1999 cited in Luthans F. et al, 2004) have collected the way to enhance the optimism from several theories in summary as follows;

- When one has to confront with the problem or defeat, he/she should see it as the challenge.
- To assess whether their own belief is correct or not.
- Reducing the bad belief or useless belief and replacing it by the creative thinking and the ideas that can develop further.

- When one are facing with the suffering, he/she tends to be pessimist and this leads to the negative emotion. To deal with such situations properly is important and one can do as follows;

- Distract one's own interest from the mental suffering and obsession by starting to speak to oneself "stop" or using the wrist band to flick oneself or turn to pay attention to other things or find other activity to do.

- Distance; Taking oneself to distance from using the negative point of views to explain things around because the happenings can be explained from many causes. This is the way to practice skills to see things in all aspects.

- Dispute; Practicing to dispute the negative point of view by finding the evidence that can be explained to the negative point of view and using the optimism to explain the happening that this may happen from external factors and has an affect only to specific situation and is tempolary.

Resilience

Resilience means the capacity to recover or return to the normal condition when ones are facing the suffering or the challenging situation. They can return to the normal condition or the balance point of themselves (Luthans F. et al, 2007). The Resilience helps persons to overcome the obstracles and to find the way to deal with the arousals for the stress in daily life, to be able to come back to the normal condition after confronting the crisis, to take themselves out of the risk situations and challenge themselves to reach to the success (Reivich & Shatte, 2002).

The components of Resilience are different in each country because each conuntry has different components such as economic condition, society, family structure, culture, belief and religion. For Thailand, Department of Mental Health (2008) explains the components of Resilience as 3 aspects;

- Endurance: the emotional stability as the way to take good care of the mind to endure the difficult situation, to see through the emotion or feeling of themselves and others, to be able to manage with the emotion and the suffering of themselves in the situation with pressure.

- Putting up a fight: in the Hope and encouragement as they have the hope and encouragement to live under the pressured situation. The Hope and encouragement may come from themselves or the people around.

- Fighting: in the fighting to overcome the obstacles as the confidence and readiness which people have and use to overcome the obstacles in the critical situation in life. The confidence occurs from the realization of their own ability and skills and when people think that they can do, find a solution for the problems and have the skills in seeking the knowledge and the access of assisting or consulting.

Resilience is the characteristic which can be supported and developed with several methods. These methods can help build and instill the Resilience from childhood. For adults, they can learn the Resilience and train themselves to maintain the characteristic (Department of Mental Health, 2008). Masten et al (2009 cited in Snyder C. R. et al, 2011) proposed the way to develop the Resilience in children and youth as follows;

- Risk – focused strategies: these are the procedures to prevent and reduce the risk factors or the arousals which can cause the stress, to prevent the unwilling results. These strategies will focus on dealing with the risk more than avoiding the confrontation of the risk.

- Asset-focused strategies: these procedures focus on increasing the quantity or quality of the resources or social capital in children and youth such as giving knowledge to parents about children development and about how to be the good parents.

- Process-focused strategies: these are the systems to increase the effectiveness of adaptation such as supporting the positive attachment relation between children and parents since the positive attachment relationship is one of the factors that can prevent the problems of lacking the resilience in children and youth.

To reinforce the Resilience in the adults, The Department of Mental Health (2008) proposed many ways how to develop the Resilience in adults such as;

- To create the good tie and relationship with friends, family, relatives or the person who can listen to the problems and frustration and can give the hand since the link, ties or relation to someone or something are the assistance when persons are facing the problems in their life.

- To learn from the experiences by reviewing whether they used to face such a problem before or not and in which way they used to deal with. If which method they cannot use effectively, they should not use that method again.

- To have hope and optimism, when ones cannot find a solution for what happened, they should look ahead and seek for the good thing that happened in each day although it is only a little thing. And they should look at things around them and things around the world and compare their own issues with the situation in the society and in the world.

- To accept the changes, try to be flexible, don't focus on too much the small issues, open mind to learn new things, review the things changing in their life like when fired from the job, they can cook food better.

- To set the daily goal and try to follow that goal even if it is small goal. To set what they want to finish in one day and try to do it will make them think that they can succeed and feel good with themselves every day.

Measurement of Psychological Capital

Luthans et al (Luthans F. et al, 2007) developed the PsyCap Questionnaire to assess self-efficacy, hope, optimism and resiliency. This questionnaire consists of 24 questions, 4 main components and each topic consists of 6 questions. The questionnaire answerers will use this to inform themselves. The answers are divided into 6 Likert scales and the 4 main components are based on the theories and basic concepts and have the statistic information which shows that 4 components relate to each other more than other positive psychological components. Therefore Luthans et al combined 4 components and called it "Psychological Capital" to assess persons in all dimensions.

In Thailand, Haruetaitip Tunthatead (2012) has developed the Thai-Psychological Capital Inventory (Thai-PCI) approach which consists of 53 items. Measured by the approach, the alpha Coefficient of the whole Thai-Psychological Capital Inventory is 0.9833 and the standardized item alpha is 0.9834 which are in high level. This approach divided the Psychological Capital into 4 aspects as follows; the confidence in their ability that they have or Efficiency/ Confidence, Hope, Optimism and the flexibility when facing the difficult things or Resilience.

This research chooses the Psychological Capital assessment approach by Haruataitip Tanthates because the approach is developed to assess the Psychological Capital in the context of Thai society and the statistic of the tool is in high level.

2. Mental Health

Definition of Mental Health

Fon Saengsingkaew (1988) defined 'Mental Health' as the condition which persons live a happy life and have the stable emotion, can adapt themselves to the society that changed very much, have ability to work and live with others with the pleasure.

The World Health Organisation has defined 'Mental Health' as the condition which persons have the well – being in accordance with the level of their own ability, can deal with the stress in daily life, can work efficiently and effectively, including doing the useful things for their society in addition to illnessness or deceaselessness (World Health Organization, 2007)

Sucheera Phattharayuttawat (1999 cited in Worapol Punyamai, 2008) gives the definition of 'Mental Health' as the condition of mind and emotions which persons show as their behavior responding to the society and environment. The persons who can adapt well to the condition of the society and environment can respond to their desire properly will have the good mental health but the persons who cannot adapt to the condition of the society and environment will be able to have the emotional strain and mental health problems.

Jutharat Sathirapanya and Wanlapa Kotchapakdi (2008) cited that 'Mental Health' is the condition of life that persons are happy with, have stable emotion, can adapt themselves well to the environment that changes all the time, have ability to work and to live with other with pleasure.

In conclusion, 'Mental Health' means the condition that persons have the well-being and stability in mind and emotion, adapt themselves well and properly to the society and environment, are able to work the useful work for themselves and the society.

Causes of Mental Health problem

Amporn Otrakul (1997) collected the points of view from the scholars about the factors which cause the Mental Health problems and summarized into 3 concepts; Medical, Sociological and Psychological as follows;

1. Medical Concept: this concept explains the cause of the mental illness into 3 categories as follows;

- Theory believes that the disorders derived from the hereditary factor, the genetic transformation from parents. From the researches by many reasearchers, it is found that many mental disorder deceases are influenced by the genetic transformation such as schizophrenia, Affective Disorders, Alzheimer's disease and Wilson's disease etc.

- Theory believes that the disorders come from organic factor. This theory believes that Psychosis derives from Organic Brain Damage or the disorder of metabolism or the disorder of endocrine gland or the disorder of neurobiochemistry. The Hypothesis of this theory is that acetylcholine in amine group which consists of Serotonin, Dopamine and acetylcholine. One of them causes the mental disorder when they are in balance.

- Theory believes that the mental disorders derived from the environmental factor. The most important environment is family. Some study found that children from the broken families or families without warmth always have behavioral problems. Moreover, the culture, tradition, belief including the changes in their life such as disappointment in love and working or confronting with serious events can take part in causing the mental health problems.

2. Sociological Concept; Cookerham devided the causes of the mental disorders into 5 approaches as follows;

- Medical approach; this explains that Psychosis derives from physical, chemical or genetic disorders like the physical decease and can be treated by using medicine, electric shock or brain operation.

- Psychoanalysis approach; this approach is based on the theory of Sigmund Freud which believes that the mental disorders derive from the causes in persons' mind and they cannot apply the mental mechanism properly. They should be treated by using the psychotherapy of the psychoanalysis approach.

- Learning approach; this approach is based on the Learning theory of Pavlov and Thorndike which believe that the mental disorders derive from learning and practicing process until persons are familiar with. They should be treated by using the behavioral therapy.

- The concept of Thomas Szasz; this believes that the disorders are not diseases but the symptoms are derived from the problems which they have to struggle with in their life.

- Stress – concerning approach; the approach believes that the stress happening is the way how the mind and body adjust themselves. When persons are aroused, they will be frightened or anxious in different level. If the stress occurs often, this can cause the symptoms of Neurosis.

3. Psychological Concept; this concept believes that the mental disorders derive from the internal and external factor of persons.

- Internal factors can be divided into 2 aspects as follows;

- 1) Physical Causes; when persons get chronic injuries or become disabled or lose their organs, they will have emotional instability, irritability, exasperation, anxiety or frustration which may lead to the symptoms of Neurosis.

- 2) Mental Causes; when persons want to respond to their mental desire but they cannot do and are disappointed, they will have frustration, suffering, and these become severe and chronic, the mental illness will occur in their mind.

- External factors : this can be divided into 3 things as follows;

- 1) The cause from family and relationship between parents and children. If parents look after their children with love and warmth, this can cause their children to grow up as stable adults and to be able to deal with the problems and to adapt themselves well.

- 2) The cause from the social culture and value; the culture and tradition change too rapidly that people cannot adapt themselves to the problems, can not behave properly and feel uncomfortable especially in adults.

- 3) The cause from the environment; the event or activity in each age which persons have to confront with and to adapt to such as study, love,

having spouse, occupation, natural disaster, the crisis of country etc. and in case the situation causes too many problems, can cause the problems of adaptation and lead to the mental health problem.

Mental Health in students

The Mental Health in students is the issue which many scholars are interested and there are many researches produced continuously. Royal College of Psychiatrists (2011) reported the incidences of the occurrence of the psychiatric problems extensively in the student population and found that there are the significant affects to the study result. From the articles of the counseling center of many universities, these articles reflected the severity of the mental health problems in students which have increased continuously. Gallagher R. P. (2011) conducted the survey of 228 counseling centers of universities and found the interesting information as follows; 91% of these centers reported that from 5 years ago till now students have had the mental health problems much more severely and the problems found are as follows; 78% is the crisis needed to respond immediately, 77% is the problems which can be treated by using the psychiatric medicine, 62% is the learning disorder, 49% is the problem of using drugs, 42% is the problem of self harming, 42% is the bad result from alcohol abuse and other problems. Moreover, 15% of the number of problem is students were sent to be assessed of the psychiatric problem, and the number of students who have to be treated by using the psychiatric medicine upto 23% from 20% in 2003, 17 in 2000 and 9% in 1994 respectively. Moreover, Gallagher R. P. (2011) reported more about the number of students who have the Mental Health problem in the severe level upto 37.4%. In this number, 5.9% of students has the defect until they cannot study further and 31.2% of students used to have the mental health problems severely but it can be treated. The study by Said D., Kypri K., & Bowman J. (2012) also reported the mental health problems found in students that the depression, anxiety, eating disorder, problem of drinking alcohol and problem of committing suicide in students are the reflection of the level of severity of mental health problems. This problem can also be seen from the study by Drum D. J., Brownson C., Denmark A. B. & Smith S. E., (2009) which conducted the survey of 26,000 Bachelor's degree students and Master's degree students from 70 education institution over the United

State of America and found that the academic problem is the important factor to making a decision of committing suicide upto 43% in Bachelor's degree students and 45% in Master's degree students and this is the group of students who have the willing to commit suicide with deliberateness (18% in Bachelor's degree students and 15% in Master's degree students). In this amount, 47% in Bachelor's degree students and 43% in Master's degree are the cases of students who try to commit suicide. In addition to this, it is also found that 8% of Bachelor's degree students and 5% of Master's degree students are reported to have tried to commit suicide at least 1 time. From the information of the research in other country, it indicated that a number of students are facing with the mental health problems so screening ones who have the problem at the initial stage is very important. This is because the help or retreatment in time at the initial stage will help reduce the level of severity and the effect of the illness which may occur.

In Thailand, there are some studies concerning the mental health in students but most of them are mainly the studies in the student group of the Health Science field of study such as in the Medical students, Dentrist students, Pharmacist students, Veterinarian students or Nuring students. The study view that the students of these field of studies have stress from study because the competition in the study is high, there are the difficult studying hours both in the lecture and practice and people around like family member, teacher, the patients who get the service from the hospital etc. still make the high expectation with their study. These are one of the factor to cause the stress so there are more researches on the mental health issues in students than other fields study (Waratcha & Jarurin, 2010) (Sukanya & Thawatchai 2006) (Issara Chummalee, 2009) (Atinuch Malakul, 2003) (Panida, Prapaporn, Lakkhana & Jirasak, 2003) From the study of the Medical students, it is found that from the total number of students, 646, who answered the questionnaires, 188 Medical students (29.1%) have the scores from the GHQ-12 questionnaire in the group who have the opportunity to have the mental health problems (Waratcha and Jarurin, 2010). The study by Sukanya and Thawatchai (2008) also found that 13% of the Medical students have the lower mental health condition than the average and from the assessment by using the Thai Mental Health Indicator (complete version) in the group of Pharmacist students studied by (Issara Chummalee (2009) the study found that 49.3 % of of

Pharmacist students have better mental health condition than general people when compared to the normal criterion of the Department of Mental Health which is similar to the amount of students who have the level of mental health equal to general people (46.7%). The number of students who have the lower level of mental health than general people is the least (4.0%).

For the study done with the group of students in other fields, Nongluck Waiprom, Surawong Srisuwachari, Pattama Padjantuk and Pim-orn Kaewdaeng (2007) conducted a survey of the mental health condition in 400 students of Rajamangala University of Technology Tanyaburi by using the Thai Mental Health Indicator and found that the mental health of the University students in general is equal to general people, and the mental health in female students lower than male students. The students living with families have the condition of mental health lower than the students living in the university residence. The students of Faculty of Liberal Arts have the better level of the mental health compared to general people and The Faculty of Home Economics have the lowest level of mental health condition compared to general people. The symptoms which students show the most is the mental health problem that they think they have chronic disease and need to be treated regularly.

In addition, Kittipong Kattiya (2000) carried out the study on the stress of the 1st year students of Maejoe University in the academic year of 2000 and found that the causes which cause the high level of the stress in students are low scores from test, strict regulations and tradition, hard study, strict regulation of the University and too many activities to join respectively.

Measurements of Mental Health Condition

In Thailand, the diagnosis or the assessment of the mental health rely on the diagnosis of DSM-IV and after that the personnels and psychiatric scholars will interpret the result, building and developing the tools to assess the mental health condition in several forms as follows;

Sucheera Patthrarayuttawat et al. (1999) have developed the tools named The Thai Mental Health Questionnaire: TMHQ which is the ordinal rating scale with 5 measures, 70 choices. This tools is built according to the requirement of diagnosis

from DSM- IV and has significant statistic value at .001 level between normal people and the group of with psychiatric problems. The reliability coefficient for the alpha in the assessment in each symptom from 0.82 to .094. The assessment divided the symptoms into 5 measures as follows; 1) the group with physical symptoms from mental disorders or Somatization, 2) the group of anxious symptoms or Anxiety, 3) Depression, 4) Psychotic and 5) Social function. They study the relationship between the efficiency of The Thai Mental Health Questionnaire (TMHQ) and The General Health Questionnaire in Thai version (GHQ-60, GHQ-30, GHQ-28, GHQ-12) and found that the level of efficiency is in similar level by considering from the frequency of the problems of mental health, the coefficient of Correlation and the value of confidence and internal consistency which are related to each other in high level. As for the coefficient of the construct validity, it is found to be similar to The General Health Questionnaire version with 28 choices (GHQ-28) more than other GHQ.

Apichai Mongkol, Watchanee Huttapanom, Passara Chetchotisakd, Warnaprapa Chalookul, Laiad Punyoyai and Sujarit Suvanashiep (2001) developed the Thai Mental Health Indicator to find the norm which is used to be as the standard for setting the mental health condition. They developed 2 versions of the assessment tools, the first one is the complete Thai Mental Health Indicator-66 or TMHI-66, and the brief Thai Mental Health Indicator-15 or TMHI-15. The TMHI-66 classified the mental health problems into 4 domains as follows; 1) the mental status, 2) the mental ability, 3) the mental quality and 4) the supporting factors. The reliability in each domain is 0.86, 0.83, 0.77 and 0.8 respectively. As for the TMHI-15, the reliability is 0.70 and the study also inspected the concurrent validity of the mental health indicator by Amporn Otrakul et al and found that the relation is in the moderate level ($P < 0.01$), the agreement of the complete Thai Mental Health Indicator and the brief Thai Mental Health Indicator is 0.61. The normal value of the indicator is separated into 3 levels: above average, average, and under average. In addition to this, in 2007, Apichai Mongkol et al. have developed 2 versions of the Thai Mental Health indicator, version 2007, the complete one consists of 55 questions and the brief version consists of 15 questions. It consists of four domains (mental status, mental ability, mental quality and supporting factors) and 15 sub factors. The scores are divided in 3 group like TMHI-66 and the agreements between the complete and brief indicators was found in nearly

good (kappa statistics 0.66, $p > 0.001$) (Report of the Research of development and Test of the Thai Mental Health Indicator, version 2007).

Thana Nilchaikowit, Jakkrit Sukying and Chatchawal Silpakit (1996) have studied the reliability and the validity of the General Health Questionnaire in Thai, (Thai GHQ) which is screening tools of the mental health problem and developed from Goldberg's GHQ. The test result of the reliability and the accuracy of the tools in screening the mental health problems in communities compared to the diagnosis of the psychiatrist is found that all Thai GHQs, the complete version (Thai GHQ 60) and other versions abridged from the complete version such as Thai GHQ – 30, Thai GHQ – 28, and Thai GHQ – 12 have the the reliability and the validity in good level and can be used to the tools to screen the mental health problems in Thai population because the Internal consistency of the questions have the Cronbach's alpha coefficient from 0.84 to 0.94 and the Sensitivity from 78.1 % to 85.3 % and the Specificity from 84.4 to 89.7 %.

La-iad Chuprayun (cited in Sakol Danpakdi, 1999) developed the Symptoms Checklist –90 (SCL-90) by adjusting the mental health test by Derogatis et al. The test is the self – report rating scale with 90 questions and is used to assess the mental health of people age range from 15 to 67 years old. The disorders are separated into 9 aspects as follows; the sense of physical disorders or Somatization, Obsessive-compulsive, the sense of disliking to connect to others or Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobia, Paranoid and Psychosis. The interpretation can be seen from T-score, the averages always have the score range from T-score 40 to T-score 60. The scores obtained which are lower or higher than this score range are different from the averages.

The information from several studies, it is found that the studies of Mental Health always are conducted in the students in the Health science field study. For the students from other field of study, they will always be studied and focused about the stress and the cause of stress or the study is conducted in the whole picture which can only inform that the students are above average, average or under average. But there are few studies of mental health which classify the mental health problems into specific groups such as the group of physical disorder from the mental disorder, anxiety, depression, psychosis, social function etc. The classification will be useful for

helping students to find a solution according to their mental health problems. Therefore, this research chooses the Thai Mental Health Questionnaire (TMHQ) by Sucheera Patthrarayuttawat et al. because it is the tool developed according to the standard of diagnosis of DSM- IV, has the mental health assessment in the specific aspects. This tool will be useful for planning to prevent and find a solution for students' mental health problems specifically. Moreover, this tool has significantly statistically the discrimination at .001 between the average and the group who have the psychosis and has the construct validity, accuracy of alpha of the tool in each symptom from 0.82 to 0.94.

3. Context of the Residence of Chulalongkorn University

The Residence of Chulalongkorn University was established at the same time with the Chulalongkorn University establishment in 2459 B.E. / 1916 A.D. These were the purposes of the construction of the dormitory for students as follows: (Regulations of Chulalongkorn University: Residence of Chulalongkorn University 2545 B.E./2002 A.D.)

1. To let students live together in the education - facilitating residence.
2. To let students learn to live together, respect to each others, have spirits and unity, responsibility for themselves and others and to create the good environment to live the university life.
3. To give the chances to students who have different basic knowledge and interests to exchange knowledge and opinion to each others.
4. To help students who are from country side and do not have accommodation in Bangkok or students who have inconvenient accommodation for education or students who are poor.

The University has set the requirements to consider to accept students to live in the residence according to the Regulation of Chulalongkorn University on the University Residence 2545 B.E. / 2002 A.D. Students who apply to live in the residence should have these requirements as follows;

1. Students who have domicile in country side and do not have accommodation in Bangkok or students who have the inconvenient accommodation for education in Bangkok or students who are poor.

2. Students who behave properly to study in the university and live the university life, know how to live together, respect the right of each other, have spirit, unity and responsibility for themselves and public.

3. Students who want to live in the University dormitory for the next education year must take part in the activities set by the university.

These qualifications are needed for consideration to accept students to live in the University dormitory so the precise and true information is essentially required. If it is found that any students give untrue information, they will be dismissed to live in the residence.

Nowaday, the residence of Chulalongkorn University consists of 4 buildings; 1 male residence, 2 female residences, 1 mixed residence and it can provide the rooms for 2,750 students. It is run by the residence committee and is under the supervision of the Student Affair Office. The Residence committee consists of the vice rector who is assigned by the rector as the president, supervisor of male residence, supervisor of female residence and at most 7 other qualified persons appointed by the rector as committee, the director of the Student Affair Office as committee and secretary and the head of residence - living students as committee and secretary assistants. The administration of the residence is run by the supervisors of the male and female residence, men supervisors and women supervisors, male assistants and female assistants, graduate students helping supervisors and personnel of residence office assigned to take care of students to comply the rules and regulations of the University and Residence.

The residence administrative committee has set the duty and disciplinary rules for the residence - living students to comply as follows:

1. Students must participate in the useful activities for the University and attain to the training programmes for students developments set by the University.

2. Students must comply strictly with all laws, rules, regulations, announcements, and orders issued by the University at all times.

3. Students must obey the warnings from the supervisors, the supervisor assistances and the persons who are especially assigned by the supervisors for the issues.

4. Students must join hands to take care of the residence and University buildings and properties, utilize these items carefully and economically and always help to care the buildings and areas.

5. Students must dress politely and behave in good manner and not cause any annoyance or disturbance to others.

6. Students must not become violent from drinking alcohol in the residence areas.

7. Students must not quarrel or assault each other in the residence.

8. Students must not bring any pets to raise in the residence areas.

9. Students must not bring any electrical appliances to use in the residence before getting permission from the supervisors.

10. Students must not hammer any nails into the wall or belongings, cut or connect electric wires and adapt any furnitures or belongings of the residence and in case these items are damaged, students must inform the supervisors or the assistants immediately.

11. Students must not take the furnitures and belongings set for public usage to use as personal items.

12. Students must not bring cars or motorcycles into the residence areas before the guardians allow. Students must inform the guardians or persons assigned as soon as possible in case there is any emergency to bring them into the areas before getting permission.

13. Students must not enter to others' rooms while the rooms' owners are not inside.

14. Students must not post any notices in the residence areas before getting permission from the supervisors or ones who are authorised.

15. Students must not gamble in the residence areas.

16. Students must not indulge in alcohol or any intoxicants in the residence areas.

17. Students must not have any weapons, bombs or any narcotics in their possession and must not bring them into the residence areas.

18. Students must not bring guns or bombs into the residence areas.

19. Students must not have a disgraced sexual behavior in the residence areas.

20. Student must not quarrel each others by using weapons.

21. Students must not fight in gang or harm each others to get serious injures.

22. Students must not steal or intentionally damage the property of the residence or of other students in the same residence.

23. Students must not take other persons into the residence without permission.

The University has set the penalty for students breaking the rules and regulations of the residence according to the action; 1) warning, 2) probation, 3) expelling from the residence. The followings are details of the pelalty;

1. Students who break the dormitory regulations from Item 2. to Item 14. are deemed not to be seriously against the rules so the supervisor give the warning or probation along with the consideration. If the students who are in probation break the rules again, supervisors should inform the consideration to the vice-rector in order to punish the students to immediately leave the residence.

2. Students who break the residence regulations from Item 15 to Item 23 are deemed to be very serious against the rules, therefore, the supervisors submit the consideration to the vice – rector to judge and punish the students to immediately leave the residence and report to the university to consider to penalize in the student discipline, too.

3. In case that the action of students is not specified in the duty or disciplinary regulation of the residence but may cause the damage or in case the problems have to be judged whether the action of the residence students goes along with the disciplinary regulation of the residence and / or are the serious guilt or not. This is the authorization of the executive committee to judge.

Students not only have to comply with the duty and the disciplinary regulations of the residence, but also have to follow the regulations of the residence

for conducts and manners, dress, taking part of the activities of residence and university, helping to maintain the public property, reducing power usage, environment preservation, using the lift, taking care of the residence, keeping shoes in front of the room, placing things at the balcony, drying clothes at the balcony, using the appliances, following up the notice at the sign board of the residence, asking for entering the dormitory after 10.00 pm, and staying outside the residence (only female students). If students break these regulations, they will be punished according to the guilt and may be considered to reduce the behavioural points.

Welfare service of the residence provides the facilities for the students as follows;

1. There are beds, clothes closet, desks for reading for all students in the rooms.
2. Outside the rooms, there are public property for all as follows; learning center, gymnasium, basket ball court, place for reading newspaper, multi purpose room, desk for reading under the building, ATM machine, coin laundry machine on the floors in the buildings, water heater, cold water machine, wireless internet, cable television set and satellite, bathrooms, toilets and publication such as daily newspapers, weekly magazines, monthly magazines, etc.
3. There are 8 cafeterias in the dining hall of the dormitory, including CU cooperative shop, laundry shop, copy shop, coffee and bakery shop.
4. Safety measures are to scan the finger print for entering and exiting the dormitory, use CCTV to record situations inside the building and there are 24-hour guards for the dormitory.

Moreover, the University provides several services for students living in the dormitory such as emergency loan, scholarship from the CU Alumni Association, wages for students in need who work part time for the residence.

For participation of the residence students, the residence administrative committee has set the election to select students to be the student committee of the dormitory as the representative of residence students and to voluntarily run the activities of the residence. This committee is divided into many sections such as the president of the residence students, the head of the service and welfare section, the head of the academic administration section, the head of the sport section, the head of

the art and culture section, and the presidents of many clubs such as Light Candle club, Thai music club, Voluntary Camp club, International Music club. This committee will take part in planning and running the activities of the dormitory students in order to keep these clubs following the purpose of the clubs, to consider and allocate the budget from the residence committee to clubs and control the clubs to use the funds for the public benefit. These are the samples of the activities run by the administrative dormitory committee, personnel of dormitory office and the residence students committee as follows; the orientation for the freshy students, yearly merit making in the residence, activity to honour His Majesty the King, 5 S. to preserve the environments, training workshop to prevent the fire project, CU students to tutor for students project, voluntary camp project, sufficiency economics project, and planting trees project, etc.

It can be said that the administration and operation of the residence run by the University has the management and service system in accordance with the purpose of the residence establishment. The purposes of residence establishment are the follows; to be the convenient accommodation for students. They don't have to travel too far to the university, to be prepared for equipments and convenience for students to study, to give a chance to students to learn how to live together in the society and exchange the opinion among themselves. More over, the university has set the rules and regulations for students to comply strictly in order that students be responsible for their roles and duty in the democratic society, to support unity, understanding each others, including moral support for students to achieve the goal of being the qualified graduates in the future.

4. Related Researches

Table 2.1 Researches about personal factors and mental health

No.	Research	Researcher	Sample Group	Instrument	Result
1.	A Study of Health, Psychological and Social Factors and the Mental Health Status of KMUTT Students who Applied for Consultations in the Psychological Counseling Service of the Social Science and Humanities Programme, School of Liberal Arts, KMUTT.	Riruengrong Ratanavilaisakul (2001)	KMUTT students who applied for consultations in the Psychological Counseling Service of the Social Science and Humanities Programme, School of Liberal Arts (n=166)	The Stress questionnaire edited version from HOS (Health Opinion Survey)	<ul style="list-style-type: none"> - Generally, mental health and education achievement of students who take consult are not in good level. - Physical health, mental health and social factors are moderately related to the problems to be consulted. - Students who take consult with family and adaptation problems have more anxiety than students who take consult with other problems.
2.	Anxiety and depression in dental students, Chulalongkorn University	Atinuch Malakul (2003)	Dental students from all classes (N=456)	demographical data questionnaires, sources of stress inventory,	<ul style="list-style-type: none"> - The difference in study year affects to the anxiety and depression differently; the 4th and 5th year students are more anxious than the other year students ($p<0.001$) and the 5th year students are also in depression more than the other year students.

Table 2.1 Researches about personal factors and mental health (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
				Thai version of Hospital anxiety and depression scale	- The age of students and the family income are related to the anxiety. The age range of students from 20-21 years old has more number of students with the anxiety than other age range ($p<0.01$). The students from the low income family are more anxious than the students from the high income family ($p<0.05$).
3.	Sources of stress in Chulalongkorn University undergraduate students	Warinthorn Ramasoot (2004)	Chulalongkorn University undergraduate students who perceived that they felt stressed ($n=452$)	the Personal Data Questionnaire, DASS-Stress Scale, Sources of Stress Questionnaire	- Students recognize the level of the stress on study the most, the next factors are the social condition, economic condition, personal issues, family condition and relationship with friends and others respectively. The recognition to the source of the stress is different in accordance with sex, study year and groups.

Table 2.1 Researches about personal factors and mental health (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
4.	Stress, Coping Strategies and Factors Related to Coping Strategies among University Undergraduates	Doungmani Chongrukasa (2006)	First-Forth year Chiangmai university students (n=433)	the Coping Strategy Indicator developed by Amirkhan	<ul style="list-style-type: none"> - Study causes the stress the most, the next causes are friends, families, love, money and etc. and different in according to the study year and fields of study. - The method the most used by students to face the stress is to directly find a solution with the social support in moderate level. The next method is to avoid the problems and it is different in accordance with the sex of students.
5.	Mental Health and Academic Success in College	Daniel Eisenberg, Ezra Golberstein & Justin Hunt (2009)	undergraduate and graduate students enrolled in fall 2005 from the university's Health Sciences IRB (n=2,798)	the Patient Health Questionnaire-9 (PHQ-9), PHQ, SCOFF, Transcript	<ul style="list-style-type: none"> - Depression can be the index to predict the low education achievement of students and the students with depression will have a high tendency to drop out from study.

Table 2.1 Researches about personal factors and mental health (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
					<ul style="list-style-type: none"> - It is found in the students with abnormal anxiety that the level of depression and the education achievement are related in high level to each others. - The depression, anxiety and eating disorder are related to the low education achievement.
6.	Mental health and associated factors in Prince of Songkla University medical student	Waracha Kunadison, Jarurin Pitanupong	1 st -6 th medical students (N=405)	The questionnaire for demographic data, Thai General Health Questionnaire 12 (GHQ-12)	<ul style="list-style-type: none"> -Sex, study year, domicile are related to the mental health problem; female students are 1.73 times to male students, the 2nd year students are 3.56 times to the 1st year students, and students who have domicile in country side are 2.01 times to the ones having the domicile in city in having the opportunity to have the mental health problems respectively.

Table 2.1 Researches about personal factors and mental health (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
7.	Risk factors for mental disorder among university students in Australia: findings from a web-based cross-sectional survey	Said D., Kypri K. & Bowman J. (2012)	University's students of Newcastle Australia, N = 24,209	The questionnaire for demographic data, the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PHQ)	<ul style="list-style-type: none"> - n=6,044 (figuring to 25%). It is found that students at least 30% will have at least one of these disorders (depression 8%, anxiety 13%, eating disorder 14% and harmful drinking 8%) - The disorder is found the most in the female students aged 25-34 years with low income and same sex preference or 2- sex preference.
8.	Depression symptoms and stressful life events among college students in Puerto Rico	Mae Lynn Reyes-Rodríguez, Carmen L. Rivera-Medina, Luis Ca'ñamares Fuentetaja	College students in Puerto Rico (n = 2,163)	The Beck Depression Inventory (BDI), stressful life events questionnaire	<ul style="list-style-type: none"> - The depression in moderate level to strong level upto 9% is related to 3 events causing the stress in their life (relocation, relationship break-up, illness)

Table 2.1 Researches about personal factors and mental health (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
		Alba Sua´ rez- Torres & Guillermo Bernal. (2012)			- The depression is found more in female students than male students and the score in the case of female students also indicates the risk of committing suicide, relationship problem, illness and moving the studying places.

It is found from these researches that personal factors of students such as sex, GPA, study year, faculty and income all have a significant influence on and are related to the mental health of students. Therefore, the researcher is interested in studying the personal factors like sex, GPA, study year, income and duration of living in the dormitory to be one of the frameworks to study and to understand the mental health state of students.

Table 2.2 Researches about Psychological Capital and mental health

No.	Research	Researcher	Sample Group	Instrument	Result
1.	Self-efficacy, Stress and Academic success in College	Zajacova A., Lynch S. M. & Espenshade T.J. (2005)	1 st year of The City University of New York campuses (N = 107)	Tasks for Measuring Stress and Self-Efficacy, the Demographic data questionnaire	- The Self – Efficacy can be the better prediction of education achievement (the GPA of the 1st year, the number of cumulative Unit, and the maintenance of student status after finishing the 1st year) than the stressful factor.
2.	Psychological Capital, Coping style and Psychological Health: An Empirical Study from College students	Pan Qingquan & Zhou Zongkui (2009)	College students (N= 566)	The PsyCap Questionnaire (PCQ-24), Xie’ simple coping style questionnaire, SCL-90	-The Psychological Capital was significantly negative related to psycho-logical health state ($r=-0.45$, $p<0.01$). -The Psychological Capital was significantly different in grade ($F=5.916$, $p<0.01$). - The Psychological Capital can predict the psychological health state (Adjusted $R^2=0.208$).

Table 2.2 Researches about Psychological Capital and mental health (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
3.	Mental Health in Relation to Emotional Intelligence and Self-Efficacy among College Students	Garima Gupta and Sushil Kumar (2010)	Students of Kurukshetra College (N= 200)	Mental Health Inventory (MHI), Emotional Intelligence Scale (EIS), Self-efficacy Questionnaire (SEQ)	<ul style="list-style-type: none"> - Mental health is positively related to Emotional Intelligence and Self – Efficacy. - Sex affects to the mental health, Emotional Intelligence and Self – Efficacy. Male students have got better scores than female students in all aspects
4.	An Exploration of The Relationships between Psychological Capital (Hope, Optimism, Self-efficacy, Resilience), Occupational Stress, Burnout and Employee Engagement	Marthine Herbert (2011)	Population worker in South Africa (N = 209)	The Copenhagen Burnout Inventory (CBI), the Utrecht Work Engagement Scale 9-item version(UWES-9), the Perceived Stress Scale (PSS), the Psychological Capital Questionnaire-Self-rater version (PCQ-24)	<ul style="list-style-type: none"> - Employees with high psychological capital and high organizational engagement will have the low occupational stress and the low level of burning out in work. - The development of the psychological capital can help to increase organizational engagement, to reduce the occupational stress and burning out in work.

Table 2.2 Researches about Psychological Capital and mental health (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
5.	Psychological Capital as a Buffer to Student Stress	Riolfi L. , Savicki V. & Richards J. (2012)	Business students from a university in the Western, US (N = 141)	Student Stress, SWLS, the Brief Symptom Inventory (BSI), Physical health questions (25) of the Lifestyle Questionnaire, MBI-SS, the optimism subscale of the Life Orientation Test (LOT), the Ego Resiliency Scale, the Hope Agency and Hope Path scales	<p>-Stress is positively related to mental problems (such as anxiety, somatic complaints and depression) and health problem, but negatively related to satisfaction with life.</p> <p>-The Psychological Capital is negatively related to the mental and health problem, but positively related to satisfaction with life. The Psychological Capital and stress can be the prediction to each other.</p> <p>- Psychological Capital is the helping factor to reduce the severity of stress and negative effect from stress.</p>

Table 2.2 Researches about Psychological Capital and mental health (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
6.	The Role of the Psychological Capital on Quality of Work Life and Organization performance	Saeed Mortazavi, Seyyed Vahid Shalbaf Yazdi & Alireza Amini (2012)	Nurses from 4 hospitals (N= 207)	PCI, QWL	- Psychological Capital helps increase life quality and effectiveness in working.
7.	The mediating role of psychological capital on the association between occupational stress and depressive symptoms among Chinese physicians:	Liu L, Chang Y, Fu J, Wang J & Wang L.(2012)	Chinese physicians (N = 1,300)	the Center for Epidemiologic Studies Depression Scale (CES-D), The effort-reward imbalance (ERI), Psychological Capital Questionnaire (PCQ)	- Occupational stress is related to depression both in male and female. - Psychological Capital is related to occupational stress, high responsibility and depression.

Psychological Capital is related to many factors of the mental health such as stress, anxiety, depression and effectiveness in working. Most researches are done with the group of working people but the study of Psychological Capital and mental health conducted with the group of students are rarely, especially with the group of students living in the university residence. Therefore, the researcher is interested in studying the current situation and relation between Psychological Capital and mental health of this group, in order to be basic information for planning protection, developing and supporting Psychological Capital and mental health of students in the future.

Table 2.3 Researches in the context of the university residence

No.	Research	Researcher	Sample Group	Instrument	Result
1.	Characteristics of Chulalongkorn University resident students	Vipar Pongpichit (1986)	All students in the Residence of Chulalongkorn University. In 2 nd semester, 1985 (N = 893)	The questionnaire of student's characteristic, edited by the researcher	<ul style="list-style-type: none"> - The residence's students have human relationship and responsibility in high level, in moderate level for generosity and self - discipline. - Female students acknowledge that they have more human relationship, responsibility and self - discipline than male students but generosity is not different.
2.	Problems of the residence hall of Chulalongkorn University as perceived by administrators, former resident students	Pornchan LongsaKorn (1987, cite in Somwung Pitiyanuwat, et al., 1988)	28 administrators, 217 alumni, and 893 present students.	Problem Recognition Assessments	<ul style="list-style-type: none"> - Alumni and present students acknowledge that buildings and places, service and welfare have some problems in quite high level but administration, activity, relationship between lecturers and students, relationship among students are in moderate level. - Administrators acknowledge that level of service, buildings and places and relationship between

Table 2.3 Researches in the context of the university residence (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
					lecturers and students are in quite little level but service, welfare and relation among students are in moderate level.
3.	Dormitory and Development in university student	Manee Chaiteeranuwasiri (2000)	Dormitory Administrator, Advisor, Master and students (n = 315)	<ul style="list-style-type: none"> - Open-ended questions about goal, propose and activity in dormitory - A third-rating scale about development outcome 	<ul style="list-style-type: none"> - The sample groups think that dormitory decoration, dormitory environment and setting activities in dormitory take part significantly in developing students for self-acknowledgement, confidence, self-esteem, clear goal of life, ability to relate to others, self-care, maturity and respecting others and society.
4.	A study of the organization of activities for character development of dormitory students in accordance with the "motto of Chulalongkorn University students"	Theerawat Suwanpaeng (2000)	administrators, staff, and dormitory student committee members, dormitory students during the academic year 1999 (n= 354)	Interview protocols and questionnaires designed by the researcher	<ul style="list-style-type: none"> - Dormitory students mostly accept that slogan of Chulalongkorn University students can really help develop students' character of 89.9 %. - Dormitory students have manners, behavior and the way of thinking that show the acceptance of the slogan. The average scores of behavior of students according to

Table 2.3 Researches in the context of the university residence (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
					“slogan of Chulalongkorn University students’ in 5 aspects namely; seniority, order, tradition, unity and spirit are in high level.
5.	The Opinions of Students on Residence Hall Service at Chulalongkorn University	Siriwan Pimthong (2003)	Undergraduate residence students in 2 nd semester of academic year 2002 (n=305)	A five-rating scale questionnaire with 68 items and open-ended question	<ul style="list-style-type: none"> - Attitude of male students towards the CU’s dormitory management in general and in each aspects is highly proper. - Attitude of female students towards the CU’s dormitory management in general is highly proper. To consider each aspect, it is found that management, activities and security system are proper in high level. Places, service and welfare are moderately proper.

Table 2.3 Researches in the context of the university residence (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
6.	Quality of life of students who live in dormitories at Chulalongkorn University	Wisan Anghao (2008)	Students in the second semester academic year 2008 (n=403)	Personal information questionnaire and the data about the dormitory, academic life and the students' quality of life questionnaire	<p>-Life quality of sample group in general is high. To consider each aspect, it is found that score of relationship and place is high and the scores of social/ activity and learning are moderate.</p> <p>- Life quality of female students in general is better than male students.</p> <p>- The factor related to life quality of dormitory students in general is the care from the dormitory's staff.</p>
7.	Living conditions in dormitories of Chulalongkorn University	Wannaporn Wongchaya (2008)	undergraduate students who live in the dormitories of Chulalongkorn University in the academic year 2008 (n=350)	Questionnaires, Interviews, and Observation	<p>- The reasons why students choose to live in the university dormitory are that it is close to the university, easy to travel, cheap and safe. Students spend 11-16 hours per day in the dormitory. (66% of their time)</p>

Table 2.3 Researches in the context of the university residence (cont.)

No.	Research	Researcher	Sample Group	Instrument	Result
					<ul style="list-style-type: none">- Majority of students think that physical and social problems of living in the dormitory are in low level. The first 5 physical problems are noise from outside, narrow room, inadequate facilities, noise from roommates, noise from neighbors. The first 5 social problems are no privacy, too many activities, using too much water and electricity, dormitory regulations and problems from roommates.- Compared to the female students, the male students find more problems than female students do.

From the researches in the context of the university residence, it is found that residence decoration, environment in residence and setting activities in residence all take part in the process of student development, this includes the care from residence staff which is the factor related to students' life quality. It is still found that the residence of Chulalongkorn University has been developing the service and buildings continuously. This can be seen from the changing of the assessment from the residence students on the buildings and service and welfare. From the assessment in 2530 B.E./1987 A.D., students acknowledged that the problems of dormitory management were fairly high but in 2546 B.E./2003 A.D., students acknowledged that the management in general and specific aspects of service and security were highly proper and the physical aspect and service and welfare were moderately proper. In 2551 B.E./2007 A.D., from the assessment, it is found that life quality of the dormitory students in general are in high level and the majority of student think that the physical and social problems in living in dormitory are in low level.

Conceptual Framework

Researcher has got the conceptual framework from studying, analyzing and synthesizing the related theories, documents and researches as shown in Figure 2.3.

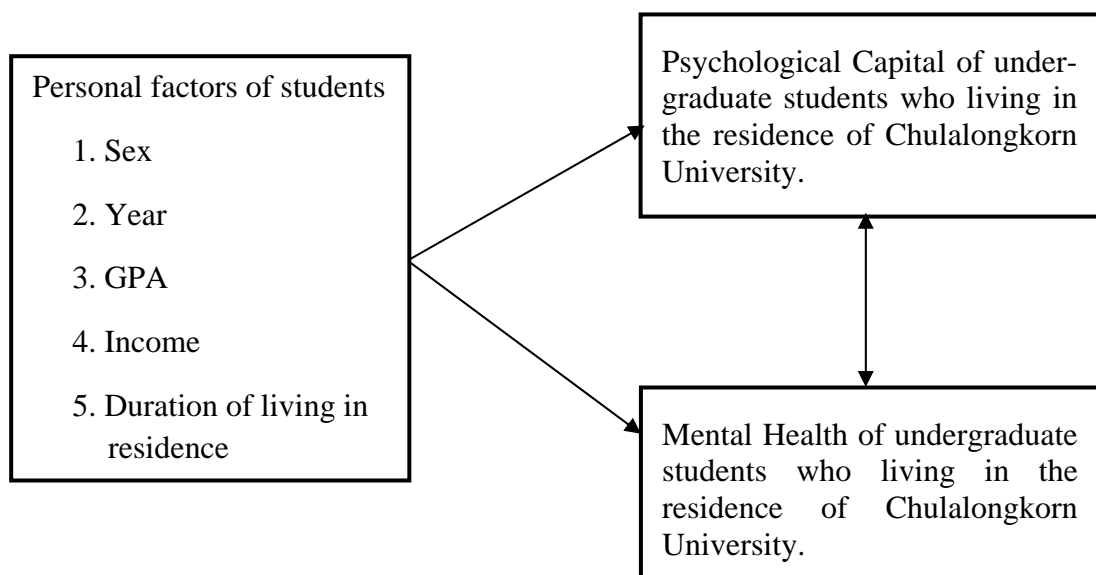


Figure 2.3 Conceptual Framework

CHAPTER III

METERIALS AND METHODOLOGY

This research is the Survey Research and has the research objectives as follows; 1) to study the level of Psychological Capital and Mental Health, 2) to compare the differences between the level of Psychological Capital and Mental Health of students according to the sex, year, GPA, income and duration of living in the residence, 3) to find the relations between Psychological Capital and Mental Health in students of Chulalongkorn University's Residence. This research uses the research methodologies as follows;

Population and samples

The population of the research are the undergraduate students who living in Chulalongkorn University's residence in the 1st semester of 2013. The amount of the pulation is 2,708, 1079 male students and 1629 female students. The ratio of the male and female students are 2:3 (Information from the Students' Residence, the Student Affair Office, Chulalongkorn University).

Sample

The samples are 2,708 undergraduate students who living in the residence of Chulalongkorn University in the 1st semester of 2013. The researcher specifies the size of the samples, and the method for size random sampling by using the formular to calculate, in case the number of population is known or estimated but the ration of the population is not known (Suchira, 2003) as follows;

$$n_{pm} = \frac{NZ^2}{4NE^2 + Z^2}$$

When n_{pm} is the appropriate samples size in the estimation of p in case the variance is the highest ($p=0.5$) with reliability $(1-\alpha)$. The estimation will not be incorrect from the real value over E.

N is the number of all members in the target population in this study, $N=2,708$.

Z is the value from the normal curve at the position which the area under the far curve is equal to $\alpha/2$ and Z will refine the area at the mid of the normal value as $(1-\alpha)$.

E is the size of the highest deviation which the researcher accepts in this study is $E=.05$ and needs reliability of 95% $Z=1.96$.

From the formula, the calculation is as follows;

$$\begin{aligned} n_{pm} &= \frac{NZ^2}{4NE^2 + Z^2} \\ &= \frac{(2,708) (1.96)^2}{4(2,708) (.05)^2 + (1.96)^2} \\ &= 349 \end{aligned}$$

So the researcher has to use 349 samples which is the basic number enough for the statistic but the number is adjusted to 400 to be the integer number and to prevent the deviation in case of getting incomplete questionnaires. The number of 400 samples has to be used in the study.

Random sampling is the Systematic Random Sampling which is done from the name list of all Bachelor's degree students living the residence and is divided according to sex (M:F = 2:3) and year.

Table 3.1 Sample group divided by sex and year

Sex	Year	Population (N)	Sample (n)
Male	1	315	47
	2	222	33
	3	222	33
	4	320	47
	Total	1,079	160
Female	1	408	60
	2	397	58
	3	334	50
	4	490	72
	Total	1,629	240
Total		2,708	400

Table 3.2 The number of the questionnaires which are handed out and sent back

Questionnaire	Sample	Return	Percentage
Male	160	130	81.25
Female	240	231	96.25
Total	400	361	90.25

Variable used in Research

Independent Variable is the personal factors i.e. sex, year, GPA, income and duration of living in the residence.

Dependent Variable is the Psychological Capital and Mental Health.

Materials of the study

The tools used in the collection of the information for this research consist of 3 parts; Demographic Data Questionnaire, the Thai-Psychological Capital Inventory, and the Thai Mental Health Questionnaire: TMHQ with the details as follows;

1. Demographic Data Questionnaire; which is developed by the researcher of this study. The questions details consist of information on sex, year, GPA, income and duration living in the residence.

2. Thai-Psychological Capital Inventory; this tool developed by Haruetaitip Thantatead (2012) consists 53 questions and is the Rating scale which has 5 levels according to the Likert Scale. The tool divides the Psychological Capital into 4 aspects as follows; Efficiency/ Confidence, Hope, Optimism and Resilience. The alpha Coefficient of the whole Thai-Psychological Capital Inventory is 0.983 and the standardized item alpha is 0.983.

The assessed persons can choose to level of agreement with the questions in 5 levels for each question.

Score level: 5 means 'extremely agree'.

Score level: 4 means 'agree'.

Score level: 3 means 'agree sometimes/ disagree sometimes'.

Score level: 2 means 'disagreement'.

Score level: 1 means extremely disagree'.

The interpretation: the Mean of statistic is used to analyse the data. The score levels is divided into 5 levels: low, moderately low, fair, moderately high and very high as follows;

Mean 4.21 – 5.00 classified as high

Mean 3.41 – 4.20 classified as moderately high

Mean 3.40 – 2.61 classified as fair

Mean 2.60 – 1.81 classified as moderately low

Mean 1.00 – 1.80 classified as low

3. The Thai Mental Health Questionnaire: TMHQ; this TMHQ developed by Sucheera Patthrarayuttawat et al. (1999) is the ordinal rating scale with 5 measures and 70 questions. It is built in accordance with the diagnosis criterion of DSM-IV and

has significant statistic value at .001 level between normal people and the group of with psychiatric problems. The construct validity and reliability coefficients for the Alpha of the questionnaire in each symptom is range from 0.82-0.94. The symptoms are separated into 5 aspects as follows;

1. Somatization. The measure of these symptoms consists of 10 questions; 1,2,3,4,5,6,7,8,9, and 10. The details of these measures show the nature of the anxiety concerning the disorder in several systems of body, especially in the Digestive system, Respiratory system and nervous system, including other symptoms such as headache, symptoms concerning the pain, pains and aches on body, arms and legs. The persons who have these symptoms will be anxious about several body symptoms repeatedly and for a long time.

2. Depression; this measure consists of 20 questions; 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 and 30. The details of this measure show the important symptoms such as depression, isolatedness or ignorance of the activity ever done, disconcentration, lack of motivation, exhaustion, losing appetite, disorder in sleeping, and more over, feelings of worthlessness, guilt feeling, boredom, disheartenment, discouragement including despair and wish of committing suicide can also be found for this symptom.

3. Anxiety: the measure consists of 15 questions as follows; 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44 and 45. The details of this measure show the anxiety, irritability, worry with things in advance including the automatic nervous system symptoms such as tachycardia, suffocating, nausea, asterixis or shiver. The question will measure too much anxiety concerning several activities and Panic attack.

4. Psychotic; this measure consists of 10 questions; 46, 47, 48, 49, 50, 51, 52, 53, 54 and 55. The details of questions show the important characteristic such as thinking disorder, delusions, hallucination including the unusual and strange behavior or personality such as persons with Psychotic think that other gossip their issue, think that they have sixth sense or think that they can control or know others' mind etc.

5. Social function; this measure consists of 15 questions; 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69 and 70. The questions show the

characteristic of relationship with others, attaining social functions, communication with others and enthusiasm to do things with others.

Scoring will be given for each question with the score range of 0-4. The measure is the ordinal rating scale with details of score in each question as follows;

“0” Not at all	means	No stress reported
“1” A little bit and low intensity	means	Some stress but infrequent
“2” Moderately mild or moderate intensity	means	Some what regular stress of
“3” Quite a bit high intensity	means	Regular stress of moderate to
“4” Extremely	means	Examinee experiences extreme stress associated with these symptoms due frequency, intensity or both

Except question 1, 10, 39, 44, 45, 55, 56, 58, 63, 64, 66, 67, 68, 69, 70, the scoring must be conversed.

Obtaining T-score more than 65 in this index means to have mental health problems in those symptoms.

Quality examination

The researcher of this study has studied the suitability of using the Thai-Psychological Capital Inventory and The Thai Mental Health Questionnaire: TMHQ as the tools for the data collection for this research by studying 30 of samples who are the undergraduate student who living in Chulalongkorn University's residence. It is found that the Thai-Psychological Capital Inventory has the alpha coefficient of the whole tool equal to 0.964 which is consistent with the study by Haruetaip Tanteed (2012) who developed the tool which got 0.983, and The Thai Mental Health Questionnaire: TMHQ has the alpha coefficient of the whole questionnaire equal to 0.919 and has the value in each symptoms from 0.636 to 0.879. The information obtained reflected that both questionnaires are suitable to be used as the tools to collect data from the samples group of this research.

Data Collection

The researcher has the procedures for data collection as follows;

1. After the thesis proposal was approved by The Siriraj Institutional Review Board, Faculty of Medicine Siriraj Hospital, Mahidol University, the researcher informed in writing to ask for permission to collect data for research from Graduate school, Mahidol University and sent the document to the president of Chulalongkorn University through vice president. When approved by the University, the researcher took the document to collect data for research to contact with the supervisor of the male and female residence of the university in order to collect data in the areas of the residence of Chulalongkorn University.

2. The researcher has studied the suitability of using the tools for the data collection by studying with 30 samples who are the residence students living in the residence of Chulalongkorn University.

3. The researcher hands out the questionnaire packed in the brown envelopes to students according to the name list obtained from the Systematic random sampling and requests the graduate students working the supervisor as assistance to take care of students, to hand out the questionnaire to students. Inside the envelope consists of 2 blank envelopes, documents which inform to the research participants and volunteers and explain the objectives and benefit of the research and the information of the right protection to the participants of the research. When the participants decide to join the research and sign the consent in documents, they start to fill in the questionnaire and answer the assessments. After the participants finish filling in the assessment, they separate the assessment from the consent documents and put into the different envelopes and seal the envelopes and then send the documents back to the graduate students, supervisor's assistance. Then the researcher collects the documents.

4. The researcher collects the questionnaire back, then checks the completeness of the documents got back. The documents must not have any personal information which can specify the participants in person. Then the researcher records the data and takes the data obtained to be analysed of the statistic by the computer programme.

Data Analysis

The analyzing the basic data and the analyzing the information to answer the research questions are conducted with the approach of the data and statistic analysis as follows;

1. Analysing the basic data; the process is conducted by using the descriptive statistics to explain the characteristic of the sample i.e. frequency, percentile, Psychological Capital and Mental Health in the Bachelor's degree students living in Chulalongkorn University's residence and using the descriptive statistic i.e. frequency distribution, percentile, mean, standard deviation in order to explain the characteristics of the samples and variables used in the research.

2. The data analysis to answer the research questions.

- 2.1 The analysis of level of Psychological Capital and Mental Health in undergraduate students who living in Chulalongkorn University's residence is conducted by using the basic statistic of variables use in the research as follows; frequency, mean, standard deviation, minimum score, maximum score in order to study the character of each variables which can be observed.

- 2.2 The analysis of the differences between the level of Psychological Capital and Mental Health in students according to sex, year, GPA, income and during of living in Chulalongkorn University's residence of undergraduate students is conducted by testing the χ^2 : Chi-square Test of Homogeneity of Proportions.

- 2.3 The analysis of the relation between the Psychological Capital and Mental Health of undergraduate students who living in Chulalongkorn University's residence is conducted by Pearson's product-moment correlation coefficient.

CHAPTER IV

RESULTS

This research is the Survey Research which has the research objectives as follows; 1) to study the level of Psychological Capital and Mental Health, 2) to compare the differences between the level of Psychological Capital and Mental Health of students according to the sex, year, GPA, income and duration of living in the residence, 3) to find the relations between Psychological Capital and Mental Health in students of Chulalongkorn University's Residence. This chapter will present the analysis result in 2 parts as follows;

Part 1 The analysis of the general characteristic of the samples.

Part 2 The analysis of the information to answer the research questions.

2.1 The analysis of the level of Psychological Capital and Mental Health condition in students living in Chulalongkorn University's residence.

2.2 The analysis of the different level of the Psychological Capital and Mental Health condition according to sex, year, GPA, income and duration of living in the residence.

2.3 The analysis of the relation between the Psychological Capital and Mental Health.

Part 1 The analysis of the general characteristic of the samples

Table 4.1 The demographic data

Demographic data		Frequency	Percent
Sex	Male	130	36
	Female	231	64
	Total	361	100
Year	1	98	27.1
	2	79	21.9
	3	79	21.9
	4	105	29.1
	Total	361	100
GPA	Low : Lower 2.00	5	1.4
	Medium : 2.00 – 2.99	134	37.1
	Good: 3.00 – 4.00	222	61.5
	Total	361	100
Income (Bath.)	Lower 5,000	94	26.0
	5,000 – 10,000	248	68.7
	10,001 – 15,000	17	4.7
	Upper 15,000	2	0.6
	Total	361	100
Time (duration of living in the residence)	Lower 6 months	97	26.9
	6 months – 1 year	21	5.8
	1 year – 2 years	79	21.9
	Upper 2 years	164	45.4
	Total	361	100

Table 4.1 shows the status information of the samples as follows; the ratio of male and female is 1:1.7. The samples distribution in each year is similar to each other and most of them have good GPA (61.5%). The income for per month is between 5,000-10,000 baht (68.7%). And the duration of living in residence is more than 2 years up (45.4%).

Part 2 The analysis of the information to answer the research questions

2.1 The analysis of the level of Psychological Capital and Mental Health condition in students living in Chulalongkorn University's residence.

Table 4.2 The level of Psychological Capital of students in Chulalongkorn University's residence

Characteristic	\bar{X}	SD	min-max	Level
Hope	3.92	0.51	1.80-5.00	Moderately High
Self-efficacy	3.94	0.50	1.88-5.00	Moderately High
Resilience	4.28	0.50	1.75-5.00	High
Optimism	4.29	0.52	1.56-5.00	High
Thai Psychological capital	4.07	0.45	1.85-5.00	Moderately High

From Table 4.2, the analysis result of the Psychological Capital of students in Chulalongkorn University's residence by using the mean in the meaning interpretation shows that most of the samples have score of Psychological Capital in moderately high level with the mean equal to 4.07 (SD \pm 0.45). When each characteristic is considered, it is found that the Resilience and Optimism subscale have the mean in high level but the mean of Hope and Self – efficacy subscale is in moderately high level.

Table 4.3 Mental Health of students in Chulalongkorn University's residence

Scale	Mental Health State			
	Normal		Problem	
	Frequency	%	Frequency	%
1. Somatization	256	70.9	105	29.1
2. Depression	308	85.3	53	14.7
3. Anxiety	286	79.2	75	20.8
4. Psychotic	339	93.9	22	6.1
5. Social function	358	99.2	3	0.8

From Table 4.3, the analysis result of Mental Health of students living in Chulalongkorn University's residence by using the criterion of intersection point at T-score > 65 in the meaning interpretation show that most of the samples have the mental health condition in normal level in all aspect. Social function is the aspect which students living in university's residence have in the normal level the most (99.2%). The next is Psychotic (93.9%). Depression (79.2%) and Somatization (70.9%). Students have the score of Mental Health problems the most in Somatization of 29.1%, Anxiety of 20.8% and Depression of 14.7% respectively.

2.2 The comparison of the differences between the ratio of level of Psychological Capital and Mental Health in students according to sex, year, GPA, income and duration of living in the residence.

Table 4.4 The comparison result of Psychological Capital, divided by sex

Characteristic	SEX	PsyCap Level (%)					Total	p-value ^a
		Low	Tendency to Low	Medium	Tendency to High	High		
Hope	Male	0.8	2.3	8.5	62.3	26.2	100	.517
	Female	0.0	1.7	12.6	58.9	26.8	100	
Self-efficacy	Male	0.0	2.3	8.5	51.5	37.7	100	.403
	Female	0.0	1.7	10.0	58.9	29.4	100	
Resilience	Male	0.8	0.8	2.3	36.9	59.2	100	.823
	Female	0.0	1.3	1.7	37.7	59.3	100	
Optimism	Male	0.8	0.0	2.3	36.9	60.0	100	.915
	Female	0.4	0.4	3.9	34.6	60.6	100	

* $p < .05$, a = p-value by χ^2 -test

From Table 4.4, the comparison result of the difference between the ratio of level of Psychological Capital in students living in residence according to the factor of sex shows that the ratio of level of Psychological Capital in male and female is not different at the significant level of 0.5.

Table 4.5 The comparison result of Psychological Capital, divided by year

Characteristic	Year	PsyCap Level (%)					Total	p-value ^a
		Low	Tendency to Low	Medium	Tendency to High	High		
Hope	1	0.0	2.0	6.1	64.3	27.6	100	.235
	2	0.0	1.3	7.6	62.0	29.1	100	
	3	1.3	2.5	19.0	58.2	19.0	100	
	4	0.0	1.9	12.4	56.2	29.5	100	
Self-efficacy	1	0.0	2.0	6.1	56.1	35.7	100	.530
	2	0.0	0.0	11.4	51.9	36.7	100	
	3	0.0	2.5	13.9	58.2	25.3	100	
	4	0.0	2.9	7.6	58.1	31.4	100	
Resilience	1	0.0	1.0	1.0	31.6	66.3	100	.640
	2	0.0	0.0	1.3	38.0	60.8	100	
	3	1.3	2.5	2.5	41.8	51.9	100	
	4	0.0	1.0	2.9	39.0	57.1	100	
Optimism	1	1.0	0.0	2.0	35.7	61.2	100	.197
	2	0.0	0.0	2.5	24.1	73.4	100	
	3	1.3	0.0	3.8	45.6	49.4	100	
	4	0.0	1.0	4.8	36.2	58.1	100	

* $p < .05$, a = p-value by χ^2 -test

From Table 4.5, the comparison result of the difference between the ratio of level of Psychological Capital in students living in residence according to the factor of year shows that the ratio of level of Psychological Capital in each year is not different at the significant level of 0.5.

Table 4.6 The comparison result of Psychological Capital, divided by GPA

Characteristic	GPA	PsyCap Level (%)					Total	p-value ^a
		Low	Tendency to Low	Medium	Tendency to High	High		
Hope	Lower 2.00	0.0	0.0	20.0	20.0	60.0	100	.047*
	2.00 – 2.99	0.7	2.2	17.2	59.7	20.1	100	
	3.00 – 4.00	0.0	1.8	7.2	61.3	29.7	100	
Self-efficacy	Lower 2.00	0.0	0.0	0.0	40.0	60.0	100	.520
	2.00 – 2.99	0.0	3.0	11.2	57.5	28.4	100	
	3.00 – 4.00	0.0	1.4	8.6	55.9	34.2	100	
Resilience	Lower 2.00	0.0	0.0	0.0	20.0	80.0	100	.699
	2.00 – 2.99	0.7	1.5	1.5	40.3	56.0	100	
	3.00 – 4.00	0.0	0.9	2.3	36.0	60.8	100	
Optimism	Lower 2.00	0.0	0.0	0.0	20.0	80.0	100	.597
	2.00 – 2.99	0.7	0.0	4.5	40.3	54.5	100	
	3.00 – 4.00	0.5	0.5	2.7	32.9	63.5	100	

* $p < .05$, a = p-value by χ^2 -test

From Table 4.6, the comparison result of the difference between the ratio of level of Psychological Capital in students living in residence according to the factor of GPA shows that the ratio of level of Psychological Capital of student with 3 level of GPA is different at the significant level of 0.5.

Table 4.7 The comparison result of Psychological Capital, divided by income

Characteristic	Income	PsyCap Level (%)					Total	P-value ^a
		Low	Tendency to Low	Medium	Tendency to High	High		
Hope	Lower 5,000	0.0	1.1	11.7	56.4	30.9	100	.818
	5,000 – 10,000	0.4	2.4	11.3	60.5	25.4	100	
	Upper 10,001	0.0	0.0	5.3	73.7	21.1	100	
Self-efficacy	Lower 5,000	0.0	1.1	8.5	57.4	33.0	100	.904
	5,000 – 10,000	0.0	2.4	10.1	56.0	31.5	100	
	Upper 10,001	0.0	0.0	5.3	52.6	42.1	100	
Resilience	Lower 5,000	0.0	2.1	2.1	40.4	55.3	100	.903
	5,000 – 10,000	0.4	0.8	2.0	35.9	60.9	100	
	Upper 10,001	0.0	0.0	0.0	42.1	57.9	100	
Optimism	Lower 5,000	0.0	0.0	3.2	38.3	58.5	100	.900
	5,000 – 10,000	0.8	0.4	3.6	33.9	61.3	100	
	Upper 10,001	0.0	0.0	0.0	42.1	57.9	100	

* $p < .05$, a = p-value by χ^2 -test

Because the number of students who have income per month more than 15,000 Baht is lower than 5 and for the suitability of using the Chi-square in the comparison, the cell with income more than 15,000 baht per month is merged with the cell with income 10,000-15,000 baht per month so define as upper 10,001 baht per month.

From Table 4.7, the comparison result of the difference between the ratio of level of Psychological Capital in students living in residence according to the factor of income per month shows that the ratio of level of Psychological Capital in students with 3 level of income is not different at the significant level of 0.5.

Table 4.8 The comparison result of Psychological Capital, divided by duration of living in residence

Characteristic	Time	PsyCap Level (%)					Total	p-value ^a
		Low	Tendency to Low	Medium	Tendency to High	High		
Hope	< 6 mo.	0.0	2.1	7.2	64.9	25.8	100	.792
	6 mo. – 1 y.	0.0	0.0	9.5	57.1	33.3	100	
	> 1 y. – 2 y.	0.0	1.3	8.9	65.8	24.1	100	
	> 2 years	0.6	2.4	14.6	54.9	27.4	100	
Self-efficacy	< 6 mo.	0.0	2.1	7.2	54.6	36.1	100	.717
	6 mo. – 1 y.	0.0	0.0	9.5	52.4	38.1	100	
	> 1 y. – 2 y.	0.0	0.0	12.7	53.2	34.2	100	
	> 2 years	0.0	3.0	9.1	59.1	28.7	100	
Resilience	< 6 mo.	0.0	1.0	2.1	32.0	64.9	100	.881
	6 mo. – 1 y.	0.0	0.0	0.0	47.6	52.4	100	
	> 1 y. – 2 y.	0.0	0.0	2.5	43.0	54.4	100	
	> 2 years	0.6	1.8	1.8	36.6	59.1	100	
Optimism	< 6 mo.	1.0	0.0	3.1	35.1	60.8	100	.878
	6 mo. – 1 y.	0.0	0.0	0.0	42.9	57.1	100	
	> 1 y. – 2 y.	0.0	0.0	5.10	27.8	67.1	100	
	> 2 years	0.6	0.6	3.0	38.4	57.3	100	

* $p < .05$, a = p-value by χ^2 -test

From Table 4.8, the comparison result of the difference between the ratio of level of Psychological Capital in students living in residence according to the factor of duration of living in residence shows that the ratio of level of Psychological Capital of student with 4 levels of living in residence is not different at the significant level of 0.5.

Table 4.9 The comparison result of Mental Health condition, divided by sex

Scale	SEX	Mental Health State (%)		Total	p-value ^a
		Normal	Problem		
Somatization	Male	70.8	29.2	100	.964
	Female	71.0	29.0	100	
Depression	Male	80.8	19.2	100	.067
	Female	87.9	12.1	100	
Anxiety	Male	72.3	27.7	100	.015*
	Female	83.1	16.9	100	
Psychotic	Male	88.5	11.5	100	.001**
	Female	97.0	3.0	100	
Social function	Male	99.2	0.8	100	.923
	Female	99.1	0.9	100	

*p < .05, **p < .01, a = p-value by χ^2 -test

From Table 4.9, the comparison result of the difference between the ratio of Mental Health condition in students living in residence according to the factor of sex shows that both male and female students living in residence have the different ratio of Mental Health condition in Anxiety and Psychotic at the significant level of .05 and .01 respectively. Male students have the ratio of Mental Health problem in Anxiety and Psychotic more than female students.

Table 4.10 The comparison result Mental Health condition, divided by year

Scale	Year	Mental Health State (%)		Total	p-value ^a
		Normal	Problem		
Somatization	1	76.5	23.5	100	.266
	2	74.7	25.3	100	
	3	65.8	34.2	100	
	4	66.7	33.3	100	
Depression	1	92.9	7.1	100	.047*
	2	86.1	13.9	100	
	3	78.5	21.5	100	
	4	82.9	17.1	100	
Anxiety	1	84.7	15.3	100	.011*
	2	86.1	13.9	100	
	3	67.1	32.9	100	
	4	78.1	21.9	100	
Psychotic	1	96.9	3.1	100	.283
	2	93.7	6.3	100	
	3	89.9	10.1	100	
	4	94.3	5.7	100	
Social function	1	100	0.0	100	.495
	2	100	0.0	100	
	3	98.7	1.3	100	
	4	98.1	1.9	100	

*p < .05, a = p-value by χ^2 -test

From Table 4.10, the comparison result of the difference between the ratio of Mental Health condition in students living in residence according to the factor of year shows that students in each year have the different ratio of Mental Health problem in Depression and Anxiety at the significant level of .05.

Table 4.11 The comparison result of Mental Health condition, divided by GPA

Scale	GPA	Mental Health State (%)		Total	p-value ^a
		Normal	Problem		
Somatization	Lower 2.00	100	0.0	100	.245
	2.00 – 2.99	67.9	32.1	100	
	3.00 – 4.00	72.1	27.9	100	
Depression	Lower 2.00	100	0.0	100	.401
	2.00 – 2.99	82.8	17.2	100	
	3.00 – 4.00	86.5	13.5	100	
Anxiety	Lower 2.00	100	0.0	100	.281
	2.00 – 2.99	76.1	23.9	100	
	3.00 – 4.00	80.6	19.4	100	
Psychotic	Lower 2.00	100	0.0	100	.865
	2.00 – 2.99	93.3	6.7	100	
	3.00 – 4.00	94.1	5.9	100	
Social function	Lower 2.00	100	0.0	100	.575
	2.00 – 2.99	98.5	1.5	100	
	3.00 – 4.00	99.5	0.5	100	

* $p < .05$, a = p-value by χ^2 -test

From Table 4.11, the comparison result of the difference between the ratio of Mental Health condition in students living in residence according to the factor of GPA shows that students with 3 group of GPA don't have the different ratio of Mental Health condition at the significant level of .05.

Table 4.12 The comparison result of Mental Health condition, divided by income

Scale	Income	Mental Health State (%)		Total	p-value ^a
		Normal	Problem		
Somatization	Lower 5,000	71.3	28.7	100	.955
	5,000 – 10,000	70.6	29.4	100	
	Upper 10,001	73.7	26.3	100	
Depression	Lower 5,000	85.1	14.9	100	.711
	5,000 – 10,000	85.9	14.1	100	
	Upper 10,001	78.9	21.1	100	
Anxiety	Lower 5,000	81.9	18.1	100	.663
	5,000 – 10,000	78.6	21.4	100	
	Upper 10,001	73.7	26.3	100	
Psychotic	Lower 5,000	94.7	5.3	100	.191
	5,000 – 10,000	94.4	5.6	100	
	Upper 10,001	84.2	15.8	100	
Social function	Lower 5,000	98.9	1.1	100	1.00
	5,000 – 10,000	99.2	0.8	100	
	Upper 10,001	100	0.0	100	

* $p < .05$, a = p-value by χ^2 -test

From Table 4.12, the comparison result of the difference between the ratio of Mental Health condition in students living in residence according to the factor of income per month shows that students in 3 level of income don't have the different ratio of Mental Health condition at the significant level of .05.

Table 4.13 The comparison result of Mental Health condition, divided by duration of living in the residence

Scale	Time	Mental Health State (%)		Total	p-value ^a
		Normal	Problem		
Somatization	< 6 mo.	80.4	19.6	100	.084
	6 mo. – 1 y.	61.9	38.1	100	
	> 1 y. – 2 y.	70.9	29.1	100	
	> 2 years	66.5	33.5	100	
Depression	< 6 mo.	93.8	6.2	100	.027*
	6 mo. – 1 y.	90.5	9.5	100	
	> 1 y. – 2 y.	79.7	20.3	100	
	> 2 years	82.3	17.7	100	
Anxiety	< 6 mo.	86.6	13.4	100	.134
	6 mo. – 1 y.	81.0	19.0	100	
	> 1 y. – 2 y.	79.7	20.3	100	
	> 2 years	74.4	25.6	100	
Psychotic	< 6 mo.	96.9	3.1	100	.269
	6 mo. – 1 y.	95.2	4.8	100	
	> 1 y. – 2 y.	89.9	10.1	100	
	> 2 years	93.9	6.1	100	
Social function	< 6 mo.	100	0.0	100	.390
	6 mo. – 1 y.	100	0.0	100	
	> 1 y. – 2 y.	100	0.0	100	
	> 2 years	98.2	1.8	100	

* $p < .05$, a = p-value by χ^2 -test

From Table 4.13, the comparison result of the difference between the ratio of Mental Health condition in students living in residence according to the factor of duration of living in the residence shows that students in each year have the different ratio of Mental Health problem in Depression at the significant level of .05.

Table 4.14 The conclusion of the comparison result of Psychological Capital and Mental Health condition, divided by sex, year, GPA, income, and duration of living in the residence.

Demo graphic	Psychological Capital				Mental Health				
	Hope	Self- efficacy	Resi- lience	Optimism	Somatization	Depression	Anxiety	Psychotic	Social Function
SEX	.517	.403	.823	.915	.964	.067	.015*	.001**	.923
YEAR	.235	.530	.640	.197	.266	.047*	.011*	.283	.495
GPA	.047*	.520	.699	.597	.245	.401	.281	.865	.575
INCOME	.818	.904	.903	.900	.955	.711	.663	.191	1.00
TIME	.792	.717	.881	.878	.084	.027*	.134	.269	.390

* $p < .05$, ** $p < .01$, p-value by χ^2 -test

From Table 4.14, it is found that the differences between the level ratio of the Psychological Capital for Hope in students who have different GPA is different at the significant level of .05 but there is not the difference found between the level ratio of Psychological Capital in sex, year, income and duration of living in the residence.

From the comparison of the difference between the ratio of Mental Health condition according to sex, it is found that both male students and female students have the different ratio of Mental Health condition for Anxiety and Psychotic at the significant level of .05 and .01 respectively. Male students have the ratio of Mental Health problem in Anxiety and Psychotic more than in female students.

From the factor of year, it is found that students in each year have the different ratio of Mental Health problem in Depression and Anxiety at the significant level of .05.

From the factor of duration of living in the residence, it is found that 4 groups of students have the different ratio of Mental Health problem in Depression.

From the factor of GPA and income per month, it is found that students don't have the different ratio of Mental Health condition at the significant level of .05.

2.3 The Analysis result of the relation between Psychological Capital and Mental Health.

Table 4.15 The result of the relation between Psychological Capital scores and Mental Health scores

	Hope	Self-Efficacy	Resilience	Optimism
Somatization	-0.30**	-0.36**	-0.28**	-0.30**
Depression	-0.43**	-0.45**	-0.35**	-0.36**
Anxiety	-0.35**	-0.41**	-0.31**	-0.26**
Psychotic	-0.21**	-0.22**	-0.25**	-0.18**
Social Function	-0.55**	-0.63**	-0.49**	-0.54**

** $p < 0.01$, p-value by Pearson's product-moment correlation coefficient

From Table 4.15, it is found that the variable of Psychological Capital and variable of Mental Health condition are negatively related to each other significantly statistically ($p < 0.01$). It means that when one variable increases or decrease, another variable will always increase or decrease in opposite site. If any person gets T-Score more than 65 in the Thai Mental Health Questionnaire (TMHQ), he is considered to have Mental Health problems. And one who has high T-score in Psychological Capital is considered to have the high capital in that aspect.

When the Coefficient of Correlation is considered according to the method of Fisher & Corcoran (1994, cited in Sucheera Pattharayuttawat, 2000), it is found that the relation is fair ($r = 0.41-0.70$) for 7 pairs, pretty low ($r = 0.21-0.40$) for 12 pairs and low ($r = 0.00-0.20$) for 1 pair. The pairs of variables which are related the highest are the variable of Social function and the variable of Self-efficacy ($r = -0.63$). The next is the pair of variable of Social function and variable of Hope ($r = -0.55$), variable of Optimism ($r = -0.54$), and variable of Resilience ($r = -0.49$), respectively.

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATION

This research is the Survey Research which has the research objectives as follows; 1) to study the level of Psychological Capital and Mental Health, 2) to compare the differences between the level of Psychological Capital and Mental Health of students according to the sex, year, GPA, income and duration of living in the residence and 3) to find the relations between Psychological Capital and Mental Health in students of Chulalongkorn University's Residence.

The population of the research is the undergraduate students who living in Chulalongkorn University's residence in the 1st semester of 2013. The amount of the pulation is 2,708, 1079 male students and 1629 female students. The samples are 400 undergraduate students who living in the residence of Chulalongkorn University in the 1st semester of 2013 obtained from the Systematic Random Sampling. The number of responding for the questionnaire is 361 or 90.25%.

The tools used in the collection of the information for this research consist of 3 parts; Part 1; Demographic data Questionnaire, Part 2; Thai-Psychological Capital Inventory (Thai-PCI), this Thai-PCI developed by Haruetaitip Thantatead (2012). It measure in 4 aspects with 53 questions and the alpha Coefficient of the whole Thai-Psychological Capital Inventory is 0.983 and the standardized item alpha is 0.983, and Part 3; The Thai Mental Health Questionnaire: TMHQ; this TMHQ developed by Suchira Patrayutwat et al. (1999) is the ordinal rating scale with 5 measures and 70 questions. It has significant statistic value at .001 level between normal people and the group of with psychiatric problems. The construct validity and reliability coefficients for the Alpha of the questionnaire in each symptom is rage from 0.82-0.94. The symptoms are separated into 5 aspects as follows;

The Analysis of basic data; the process is conducted by using the descriptive statistics to explain the characteristic of the samples and to analyse Psychological Capital and Mental Health i.e. frequency, percentile, mean, standard

deviation, minimum score and maximum score. The analysis of level of Psychological Capital and Mental Health according to sex, year, GPA, income and during of living in the residence by testing the χ^2 : Chi-square Test of Homogeneity of Proportions and finds the relation between the Psychological Capital and Mental Health conduct by Pearson's product-moment correlation coefficient.

Conclusion

From the information analysis of Psychological Capital and Mental Health in students of Chulalongkorn University's residence, it can be concluded as following:

1. The analysis of the basic data concerning the status information of the samples is as follows; the ratio of male students and female students is 1:1.7. The samples distribution in each year is similar to each other and most of them have good GPA (61.5%). The income per month is between 5,000-10,000 baht (68.7%). And the duration of living in the residence is more than 2 years up (45.4%).

2. The analysis result of the Psychological Capital and Mental Health condition of students living in Chulalongkorn University's residence shows that most of the samples have the score of Psychological Capital in moderately high level with the mean equal to 4.07 (SD \pm 0.45). When each characteristic is considered, it is found that the Resilience and Optimism subscale have the mean in high level but the mean of Hope and Self – efficacy subscale is in moderately high level.

The analysis result of Mental Health of the samples shows that most of the samples have the mental health condition in normal level in all aspect. Social function is the aspect which students living in university's residence have the most in the normal level (99.2%). The next is Psychotic (93.9%). Depression (79.2%) and Somatization (70.9%) respectively. Students have the score of Mental Health problems the most in Somatization of 29.1%, Anxiety of 20.8% and Depression of 14.7% respectively.

3. The comparison between the ratio of level of Psychological Capital and Mental Health condition in students living in residence according to personal factors with following details;

3.1 The differences between the level ratio of the Psychological Capital in students according to sex, year, income and duration of living in the residence is not found with the statistically significant level of .05 but when classified with GPA, the difference is found in Hope.

3.2 The difference between the ratio of Mental Health condition according to sex, it is found that both male students and female students have the different ratio of Mental Health problem in Anxiety and Psychotic at the significant level of .05 and .01 respectively. Male students have the ratio of Mental Health condition in Anxiety and Psychotic more than female students do.

3.3 From the factor of year, it is found that students in each year have the different ratio of Mental Health problem in Depression and Anxiety at the significant level of .05.

3.4 From the factor of duration of living in the residence, it is found that 4 groups of students have the different ratio of Mental Health problem in Depression at the significant level of .05.

3.5 From the factor of GPA and income, it is found that students don't have the different ratio of Mental Health condition at the significant level of .05.

4. The variable of Psychological Capital scores and variable of Mental Health scores are significantly negative relation at .01 level ($r = -0.18$ to -0.63). The pairs of variables which are related the highest are the variable of Social function and the variable of Self-efficacy ($r=-0.63$). The next is the pair of variable of Social function and variable of Hope ($r=-0.55$), variable of Optimism ($r=-0.54$), and variable of Resilience ($r=-0.49$), respectively.

Discussion

From the research result, it can be discussed in accordance with the research objectives as follows;

1. From the study, we can know the level of Psychological Capital and Mental Health in students living in Chulalongkorn University's residence in whole picture. The level of Psychological Capital is moderately high. When each

characteristic is considered, it is found that the Resilience and Optimism subscale have the mean in high level but the mean of Hope and Self – efficacy subscale is in moderately high level. This is similar to the research by Haruetaip Tantead (2012). Haruetaip studied and developed the Psychological Capital assessment in working-age Thais and found that most of the samples group has the score of Psychological Capital in moderately high level and the mean of 4 characteristics is moderately high level. This study result is also similar to the study result of the Psychological Capital in students which found that in general students have Hope in moderately high level (Waraporn Rattanawisitthikul and Supapan Kotcharat, 2003) and have the Resilience in the normal level (Penprapa Parinyapol, 2007).

When considering the level of Psychological Capital together with the status information of the majority of samples who have GPA in good level, 61.5% and from the study research related, it is found that the Psychological Capital is positively related to the educational achievement (Tjakraatmadja, J. H. & Febriansyah, H. 2007). It is the same to the study by Luthans B. C. (2012) which studied the effect of Psychological Capital to the educational achievement in students who study the subject of Business Administration and found that the Psychological Capital is positively related to the educational achievement, (GPA) ($r=.281, p<.01$). The study is not able to find out what is the cause and effect between the Psychological Capital and the educational achievement.

The residence of Chulalongkorn University is one part of the welfare service from the University to assist students who have domicile in upcountry and don't have the accommodation in Bangkok or have the accommodation which is not convenient for education or student who are poor. It also wants students to learn how to live together, to respect to the right of each other, to be generous, to have unity and responsibility to themselves and public and to give a chance for students who are different in basic knowledge and interest to exchange their knowledge, understanding and idea to each other. This creates the atmosphere of living in the university (Regulations of Chulalongkorn University: Residence of Chulalongkorn University 2545 B.E./2002 A.D.).

Moreover, the Chulalongkorn University's residence still provides more welfare to facilitate students to live such as; for recreation by providing gymnasium,

indoor badminton court, basketball court, for well being by providing the cafeteria in the residence, cooperative store of Chulalongkorn University, laundry, copy shop, dessert shop, for information and technology by providing daily newspapers, weekly and monthly magazines, including setting the learning center with computer sets and wireless internet access for every building of the residence, for the security by providing the fingerprint scan machine to record for getting in and out of the residence, CCTV to record the situation inside the building with 24 hour-security etc. Luthans et al. (2007) explained that the Psychological Capital can be changed and developed if it is effectively supported and is in the development –supporting environment. From the study which found that normally students living in the residence in the whole picture and in subscale have the Psychological Capital in moderately high level, it should be noted whether the administrative system and the service of Chulalongkorn University's residence at the present are environmentally proper and helpful to develop the Psychological Capital in students living in the residence or not. This issue should be studied further.

For the Mental Health condition, it is found that the Mental Health of the samples is mostly in normal level for all aspects. The aspects of mental health, which is the most normal in students living in the residence, are the Social function (99.2%), the second is the Psychotic (93.9%), Depression (85.3%), Anxiety (79.2%), and Somatization (70.9%) respectively. The aspects which students have the most for the mental health problems are Somatization (29.1%), Anxiety (20.8%), and Depression (14.7%) respectively. The result of this study is similar to the study by Wiroj Tongsupan, Bunchop Kiatkamjay and Ugrit Manujantararat (1997) which used the Mental Health assessment approach, SCL – 90, for checking the mental health in 519 students who live in the residence of Kasetsart University, Kampaengsaen campus and found that the Mental Health of Kasetsart University's students, in Kampaengsaen campus, mostly is in the normal level of 9 aspects. The aspects which students have the mental health problems the most are Anxiety (21.15%), Phobia (9.29%), and Depression (7.51%). Considering the agreement of the symptoms of Mental Health problems in these 2 researches for the aspects of Mental Health problems like Somatization, Anxiety, Depression and Phobia, it is found that these aspects of Mental Health problems have the Anxiety as the point of agreement. The Anxiety is one

emotional aspect which happens in daily life when there is something coming to the mind, and this research also used the TMHQ to screen the basic problems whether the problems can cause the risk to become the mental health problems or not. The result of this assessment is not the diagnosis of the Psychotic.

However the majority of the sample group for this study have the mental health condition in the normal level in all aspects, especially for the Social function which the students living in the residence have in normal level the most. This reflects that most students living in the residence can create relationship with others and are active and able to join the social function with others and this is in agreement with the research by Wisan Anghaow (2008). This research studied the life quality in students who live in the residence of Chulalongkorn University and found that the students have the life quality in relationship with others in high level. In this regard, to support students to know how to live together, to respect the right of each other, to be generous, to have unity, responsibility for themselves and public is the approach that the residence uses with students to reach the purposes of establishing the residence for students (Regulations of Chulalongkorn University: Residence of Chulalongkorn University 2545 B.E./2002 A.D.). The arrangement of the residence, residence environment and activities in the residence take an import role in the development of students living in the residence for the interpersonal competence, self – care, maturity and care for others and society (Manee Chaiteeranuwatsiri, 2000). And the research by Theerawat Suwanpaeng (2000) studied about the education activities set to develop behavior of students living in the residence according to the slogan for Chulalongkorn University's students and found that students living in the University residence organized several activities such as freshmen initiation acitivity, volunteer camp, residence development activity, Chulalongkorn University students tutor for students, moral support activity, making merit in the residence, residence committee election etc. These acitivites cover for the manner and behavior development for students according to the slogan of the University which consists of these aspects; seniority, order, tradition, unity and spirit. At the same time, to live together in the residence and to participate the activities set for students give automatically a chance to students to learn experiences and social adaptation. To adapt well to the society and environment can let students to respond to their desire properly and

lead them to the good mental health (Sucheera Patthrarayuttawatt, 1999 cited in Worapol Punyamai, 2008).

Moreover, the Chulalongkorn University's residence pays an attention to the development of the well-being of students in the residence continuously to offer good welfare of accommodation to students. It can be seen from the assessment, answered by students, for the place, service and welfare which have changed from acknowledging that there were many problems in 1987 to acknowledging that the management in the whole picture and for each aspect in service and security was proper in high level but the physical place, service and welfare were proper in moderate level in 2003.

And the study of the living condition in the Chulalongkorn University's residence in 2008 found that most students thought that the problems of living in the residence in physical aspect and social aspect are in low level (Pornjan Longsakul, 1987 cited in Somwang Pitiyanuwat et al, 1988)(Siriwan Pimtong, 2003) and (Wannapaporn Wongchaya, 2008). To provide the safe residence for student is to respond to the basic needs according to the Maslow's Hierachy of Needs Theory in the aspect of physical need and safety need and to live in the safe and stable environment is one factor which causes the residents to have good mental health. It can be seen from this study which shows that most of samples have the mental health problems in the normal level in all aspect.

2. The comparison of the difference between the ratio of the Psychological Capital and Mental Health in students living in Chulalongkorn University's residence according to the personal factors found that;

2.1 The differences between the ratio of the Phychological Capital; considering factors of sex, year, income and duration of living in the residence, it is found that there is not any statistically significant difference at the significant level of .05 but when considering the GPA, the difference in Hope is found. The Psychological Capital is the state like which can change in accordance with the environment so it can be improved in case Hope is developed efficiently and is in the supportive environment to be improved because the Psychological Capital is more flexible than the trait variable like personality or intelligence which are quite strict and difficult to change (Luthans et al., 2007). Living in the same residence, rules and

regulations, equal care-taking from the staff of the dormitory and attending to the activities set by the residence may be one reason which makes it cannot be found of the difference between the ratio of the Psychological Capital according to sex, year, income and duration of living in the residence. But when classifying and considering the GPA, it is found that there is the difference in the Hope, in this regard, it may be because the Hope variable can be influenced by the related intelligence. Snyder (2002 cited in Saisamorn Chaleiykitti, 2011) mentioned that the factor which affected the personal hope and the intelligence is one of those factors because it is related to the evaluation of the situation and the acknowledgement of self capacity or ability in facing the situation when the situation threatens or is worse. The persons who think that there is a solution for the situation or they can manage the situation, they always are the persons who have the Hope in high level. It is consistent with the research by C.R. Snyder et. al. (2002) which found that the score of Hope is positively related to GPA ($r=.21$, $p < .01$) and showed that the persons who have high GPA will also have the score of Hope in high level. The study by Waraporn Rattanawisitthikul and Supapan Kotjarat (2003) found that students, who have high and moderate GPA, will have Hope in higher level than students who have low GPA do. Moreover, it is still found that students who have Hope in high level can set their goal clearly but the students who have Hope in low level will be confused and are not sure about their goals (Snyder, 1994 cited in C. R. Snyder et. al., 2002).

2.2 The differences between the ratio of Mental Health condition; classified according to sex, it is found that both male students and female students have the ratio of Mental Health for Anxiety and Psychotic differently at the significant level of .05 and .01 respectively. Male students have Mental Health problem in Anxiety and Psychotic more than female students do. This study result is in disagreement with the study of Mental Health and related factors in Medical students of Prince of Songkla University by Waratcha Kunadisorn and Jarujin Pitanupong (2010) which found that female students have the opportunity to have Mental Health problems at 1.73 times to male students. This is the same to the study of Personality and Mental Health in students of University of the Thai Chamber of Commerce by Ariya Loawhasurayothin (2006). The study used the SCL-90 test and found that male students and female students have different mental health. The prevalence of the

mental health problems in higher level than the mean is found in female students more than in male students. Although the result of this study is in disagreement with other researches, the findings from this study is that the factor of sex is related to the mental health. This is consistent with the study by Phongpan Kerdpitak (1987 cited in Ariya Loawhayotin, 2006) which found that Sex is the personal factor which affects the Mental Health and is in agreement with the study by Pimonsri Jantraporn (1997). Pimonsri expressed that Sex is one variable affecting to the level of Mental Health in students differently. But the difference of mental health according to the sex is the finding which is in disagreement. The researcher of this study think that there should be the deeper study to find what is the cause of the differences in mental health of male and female students in each aspect.

2.3 When considering the factor of year, it is found that students in each year have the ratio of mental health for Depression and Anxiety differently at the significant level of .05 and this also is in agreement with the research by Waratcha Kunadisorn and Jarujin Pitanupong (2010) which found that the year, study year, is one factor which is related to the chance to cause the mental health problems. And the result study by Atinuch Malakul Na Ayuthya (2003) found that the difference of year influences to the Anxiety and Depression differently. Therefore, the differences in year are different according to the role of educational institution, acknowledgement of the expectation from themselves and others including the difficulty of the subjects in each year. The differences as stated can affect the Mental Health in students in each year differently and this can be seen in the study about the stressful sources of Bachelor's degree students of Chulalongkorn University by Warintorn Rammasut (2004) which found that students in each year acknowledged differently the sources of the stress for study, personal issues, family, economy and relationship with others and friends.

2.4 Considering the factor of duration of living in the residence, it is found that students in 4 group of duration of living in the residence have the ratio of mental health on Depression differently at the significant level of .05. It is also found from the status information of the samples that students who live in the residence more than 1-2 years are the groups who have the ratio of tendency to have mental health problems for the Depression the most. If considering the mental health

and adaptation, it is found that these 2 factors are related to each other. Sucheera Pattharayuttawat (1999 cited in Worapol Puntamai, 2008) explained that the persons who can adapt themselves well in the society and environment and can respond to their desire properly will have good mental health but the persons who cannot adapt themselves to live with the society will have the emotional stress and mental health problems. The adaptation is the process which occurs in all span of life because the people have to face with the changing situation in life all the time so the people have to adapt and develop themselves in order to live harmoniously in the facing situation (Coleman and Garlos, 1983 cited in Premporn Mansamer, 2002). The issues discussed above reflected that the duration of living in one environment or one place for short or long period of time is not the confirmation that the persons will have good mental health because there are many different factors causing the mental health problems in accordance with the concepts and theories referred such as the medical point of view. This explains that the cause of mental health illness occurs from their gene, physical factor or environment. The Psychological point of view believes that the mental disorders occur from the internal factor in person or external factor in person such as the physical illness, mental suffering, family relationship, culture and social value including the situation or activities in each stage of life that people are facing and adapting etc. (Amporn Ohtrakul, 1997). The researcher of this study think that this should be studied deeper to find what is the cause for that students, who have different duration of living in the residence, have the mental health in each aspect differently.

2.5 When classifying and considering the factor of GPA and income per month, it is found that the ratio of mental health in students is not different at the significant level of .05 which is in the disagreement with the study by Riraungrong Rattanawilaisakul (2001). This study found that the students getting the consult from the service center for consult in general do not have good mental health and GPA and this is in agreement with the study by Daniel Eisenberg, Ezra Golberstein & Justin Hunt (2009) which found that the mental health problems on Depression, Anxiety and eating disorder are related to the low GPA. The study by Atinuch Malakul Na Ayuthya (2003) found that the family income is related to the Anxiety by the way that the students who have low income have Anxiety more than students who have high income. The reason why the difference of the score for mental

health is not found in students who have different GPA and different income may be because most of students have the Psychological Capital in the whole picture and in each component in pretty high level. It reflects that students living in the residence are confident in their ability and have good point of view to themselves and have goals and clear way to analyze and handle with the problems or obstacles which happened with a little effect to other ability such as study etc. This can be seen in the study by Riolli L., Savicki V. & Richards J. (2012) which showed that the Psychological Capital is the variable which helps reduce the level of severity and negative effect from the stress. More than that the residence provides the welfare and helps students who have financial problems to facilitate their study such as emergency loan from the residence, scholarship from the Alumni Association committee of the residence and wages for students who are poor and work to help the residence as part time job. The welfare on the financial support from the residence to help students may be one factor to help reduce the risk of Mental Health problems so the difference of mental health condition is not found in the students who have different income.

3. When analyzing the relation between the components of the Psychological Capital and each Mental Health variable, it is found that they are negatively related to each other at the significant level of .01 ($r=-0.18$ to -0.63). That is when people have more Self-efficacy, Hope, Resilience and Optimism, the score of Psychological Capital in each component also becomes higher and the risk to have mental health problems also reduces. That is the score of mental health problems in each aspect reduces too. This is consistent with the study result by Riolli L., Savicki V. & Richards J. (2012) which found that the Psychological Capital is negatively related to the mental health problems such as Somatization, Depression, Anxiety etc., including the physical health problems. This is the same to the study by Liu L, Chang Y, Fu J, Wang J & Wang L.(2012) which found that the Psychological Capital is negatively related to the Depression ($r= -.325$, $p<.01$).

From the research result, it is found that the Social function is the variable which is the most related to the Psychological Capital in each component with the correlation coefficient as follows; $r=-0.63$ in Social function and Self –efficacy, the Hope is the next, $r=-0.55$, the Optimism, $r=-0.54$ and the Resilience, $r=-0.49$ respectively. This is in agreement with the study by Aleksandra L., Benicio G. & Ralf

S. (2005) which found the relation between the Self-efficacy and Quality of life - social aspect and the study by Habibah E., Nooreen N. & Rahil Hj. M. (2010) also found the relation between the Self-efficacy and Adjustment in the group of students ($r=.245$, $p<.01$). In addition to these studies, it is still found that the Self-efficacy is highly related to the level of satisfying social relations and leads to the personal life satisfaction (Bandura, 1997 cited in Aleksandra L., Benicio G. & Ralf S., 2005).

For the relation between the Social function, the Hope and the Optimism, they are in agreement with the study by Chang E.C. (1998) which found that the Hope can be used to predict the interpersonal life satisfaction and Sumi K. (2006) also found that the Optimism is related to the social relationships both in the aspect of Social support and Reciprocity including interpersonal conflict ($r= .39$, $.29$ and $r=-.26$) respectively. Besides the studies about the relations between the adaptation and other variables, there are researchers who are interested in studying the factors used to predict the adaptation of Bachelor's degree students such as the study by Raweenan Raunprot, Thirapath Wongkumsin and Ngamlamai Piwlueng (2010). This study found that the personal factors such as sex, Faculty, GPA, parents' occupation, Resilience and the perfectness addiction can be used together to predict the adaptation of students in general for 33.5% significantly statistically. The Resilience is the most important factor in predicting the adaptation, Joseph (1994 cited in Raweenan Raunprot, Thirapath Wongkumsin and Ngamlamai Piwlueng 2010) said that the children who have Resilience will be able to adapt themselves well, be able to study, play well, love well and have a good expectation. It can be said that the Self-efficacy, Hope, Optimism and Resilience are the variable related to the Social function and take part to help the persons to adapt themselves to the social environment and the satisfying social relations. Adapting well to the environment and satisfying interpersonal satisfactions reflect the good mental health (Jutharat Sathirapanya and Walla Kotchapakdee, 2008) therefore the development of Psychological Capital in students living in the residence is one way to support the good mental health for the students living in the residence.

The Psychological Capital development can be done by developing its 4 components; Self –efficacy, Hope, Optimism and Resilience with the following details; the Self-efficacy can be improved by using the effective confidence-building

development program developed by Bandura (1997 cited in Luthans F. et. Al., 2004), the Hope can be improved by using the approach developed by Luthans & Jensen (2002) which is based on the conceptual frame of the Hope by Snyder, the Optimism can be developed by using the method to increase the Optimism compiled from the concepts by Alan Carr and Schulman (1999 cited in Luthans F. et al, 2004) etc. In addition to the approaches to develop the Psychological Capital as stated above, the development of Psychological Capital by supporting students to have the skills to cope with the problems properly is one more interesting issue to study because to choose the proper method to deal with the problems can help the persons to deal or manage with the problems systematically and to come over and succeed. The success given can cause the persons to have satisfaction and to acknowledge more self ability. The Mastery experiences are the most efficient way to develop the Self-efficacy (Bandura, 1997 cited in Luthans F. et al, 2004). Moreover, there are still the studies which found the relation between the Psychological Capital, the style to cope with problems and Mental Health. One of them is the study by Pan Qingquan & Zhou Zongkui (2009) which found that the Psychological Capital is related to 2 styles of coping with the problems, positive coping style and negative coping style and can be used to predict the Mental Health condition. 2 styles to cope with the problems, positive coping style and negative coping style, can be the mediation variable between the Psychological Capital and Mental Health by the way that the Psychological Capital can help support the Mental Health condition by increasing the positive coping style and by reducing the negative coping style. This is also in agreement with the study by Thienchai Ngamthipwattana, Sucheera Pattharayuttawat and Malai Chalermchainukul (2000) which found that the behaviors to cope with the problems when the persons are stressful are related to the mental health condition. The medical students who have the best mental health condition and the normal mental health condition can find the solution for the problems better than the medical students who are stressful.

Limitations

1. Since this study is only done with the undergraduate students of Chulalongkorn University who live in the university's residence, the research result does not cover the students who live outside the university or students who live in private residence under supervision of Chulalongkorn University or residence –living students of other universities.

2. The interpretation of the score from the Thai Mental Health Questionnaire (TMHQ) with T-score more than 65 is the method to screen the initial problems that there is the risk to have the mental health problems not means to the psychiatric illness. To diagnose the symptoms whether it is the psychiatric illness or not needs to be assess by clinician.

Recommendations

Recommendations for the usage of the Research Result

1. Though the level of Psychological Capital in students living in the residence is in pretty high level and most students have all aspect of Mental Health in the normal level, there are some students who have the risk to have the Mental Health problems so the related personnel should set the activities to support the Mental Health in students living in the residence such as giving information on the Mental Health problems, how to cope and find a solution for the initial mental health problems, public relation on how to help students who have the problems in order to increase the choice for getting consult and this is for students to live the university life well and succed in studying.

2. From the study, it is found that the Psychological Capital and mental health problem are negatively related to each others; if one variable increases, another will reduce so, from that relation, it can be deduced that the development on the Psychological Capital is one more appoache to support the good mental health in students living in the residence.

Recommendations for Future Researches

1. There should be the further study to find what variables can be used to predict the Psychological Capital and Mental Health or to study the relation between the Psychological Capital and other variables such as life quality or academic engagement etc. in order to take this information and use it to make plan to prevent the mental health problems including developing and supporting the strength of persons in order that they can become the qualified resources in the future.
2. There should be more researches about the approaches to develop the proper Psychological Capital for the sample group of students who will become the main human resources of the nation in the future.

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APPENDICES



สำนักบริหารงานกิจการนิสิต
สำนักทะเบียนวิชาการ
วันที่ ๐๓/๑๒/๕๖ ผู้รับ น
วันที่ ๒๘ ธ.ค. ๒๕๕๖ เวลา ๑๕.๑๘

สำนักงานบัณฑิตวิทยาลัย สาขาคณะแพทยศาสตร์ศิริราชพยาบาล
อาคารรักษาสีงแวดล้อม ชั้น ๓ เลขที่ ๒ ถนนพรมานนก
เขตบางกอกน้อย กรุงเทพฯ ๑๐๗๐๐
โทร.๐-๒๕๑๑-๒๐๐๒ โทรสาร ๐-๒๕๑๔-๔๕๔๔

ที่ ศร ๐๕๑๗.๐๒ (ศร)/ ๑๕๑๕

วันที่ ๒๖ มิถุนายน ๒๕๕๖

เรื่อง ขอความอนุเคราะห์ให้นักศึกษาได้มาเก็บข้อมูล เพื่อประกอบการทำวิทยานิพนธ์

เรียน อธิการบดีจุฬาลงกรณ์มหาวิทยาลัย

ผ่าน รองศาสตราจารย์ ดร.ธนิต ธงทอง รองอธิการบดี

สิ่งที่ส่งมาด้วย แบบสอบถาม จำนวน ๑ ชุด

ด้วย นางสาวชนัดดา ชลไพร นักศึกษามหาวิทยาลัย มหาวิทยาลัยมหิดล หลักสูตรปริญญาโท สาขาวิชาจิตวิทยาคลินิก คณะแพทยศาสตร์ศิริราชพยาบาล กำลังทำวิทยานิพนธ์ เรื่อง “ต้นทุนทางจิตวิทยาและสุขภาพจิตในนิสิตหอพักจุฬาลงกรณ์มหาวิทยาลัย” อยู่ในความควบคุมของ รศ.ดร.สุธีรา ภัทรายุทธวรรณ์ ซึ่งในการศึกษาวิจัยครั้งนี้ นักศึกษามีความประสงค์จะเก็บข้อมูลจากนิสิตระดับปริญญาตรีที่พักอาศัยในหอพักนิสิตจุฬาลงกรณ์มหาวิทยาลัย โดยใช้วิธีสังเกตแบบสอบถามผ่านทางนิตยภัตติศึกษาช่วยงานอนุสาสนหอพัก ตั้งแต่วันที่ ๑ กรกฎาคม ๒๕๕๖ ถึงวันที่ ๓๑ ตุลาคม ๒๕๕๖

บัณฑิตวิทยาลัย จึงใคร่ขอความกรุณาจากท่านโปรดอนุเคราะห์ให้นักศึกษาได้เก็บข้อมูล เพื่อประกอบ
การทำวิทยานิพนธ์ตามที่เห็นสมควรด้วย จักเป็นพระคุณยิ่ง

ขอแสดงความนับถือ

Ann DL

(ศาสตราจารย์ นพ.บรรจง มไหสวริยะ)

คณะบดีบัณฑิตวิทยาลัย

เรียน รองอธิการบดี (รองศาสตราจารย์ ดร.ชนิด ชงทอง)

ผ่านผู้อำนวยการสำนักบริหารงานกิจการนิสิต

เพื่อโปรด ☒ พิจารณา ☐ ทราบ เดิมส่งตรวจไม่

อัยการคดีอาญา สำนักงานอัยการสูงสุด

ติดต่ออาจารย์ผศ.ดร.วิทย์นิพนธ์ รศ.ดร.สชีรา ภัทรายตวรรัตน์

โทรศัพท ๐๘๑-๖๘๒-๙๒๙๙

Original
mk
10 MAR 56

28.11.2556
2002

APPENDIX B



บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

๒๕/๒๕ ถ.พุทธมนทลสาย ๔ ศาลายา นครปฐม ๗๓๑๗๐
โทร. ๐๒๔๔๑-๔๑๒๕ ต่อ ๑๐๙-๑๑๑ โทรสาร ๐๒-๔๔๑๘๓๔

ที่ ศธ ๐๕๑๗.๐๒ / ๐๐๘๒๙

วันที่ ๑ กุมภาพันธ์ ๒๕๕๖

เรื่อง อนุญาตให้ใช้เครื่องมือวิจัย

เรียน หลักสูตรปริญญาโท สาขาวิชาจิตวิทยาคลินิก คณะแพทยศาสตร์ศิริราชพยาบาล

อ้างถึงหนังสือที่ ศธ ๐๕๑๗.๐๒๗ / บพ.๐๐๘ ลงวันที่ ๑๖ มกราคม ๒๕๕๖ ประธานหลักสูตรฯ แจ้งว่า นางสาวชนติพร ชลไพร นักศึกษาหลักสูตรปริญญาโท สาขาวิชาจิตวิทยาคลินิก คณะแพทยศาสตร์ศิริราชพยาบาล กำลังทำวิทยานิพนธ์ เรื่อง “ต้นทุนทางจิตวิทยาและสุขภาพจิตในนิสิต หอพักจุฬาลงกรณ์มหาวิทยาลัย” โดยมี รศ.ดร.สุชีรา ภัทรายุทธวรรตน์ เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก และนักศึกษามีความประสงค์จะขออนุญาตใช้เครื่องมือวิจัย คือ แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทย(Thai - Psychological Capital Inventory) ของ นางสาวหลัทธิพิศ ดัณฑเทศ ซึ่งเป็นส่วนหนึ่งของวิทยานิพนธ์ตามหลักสูตรปริญญาโท สาขาวิชาจิตวิทยาคลินิก คณะแพทยศาสตร์ ศิริราชพยาบาล พ.ศ. ๒๕๕๕ เรื่อง “การพัฒนาแบบประเมินต้นทุนทางจิตวิทยาในคนไทยวัยทำงาน (THE DEVELOPMENT OF THAI-PSYCHOLOGICAL CAPITAL INVENTORY.)” ซึ่งมี รศ.ดร.สุชีรา ภัทรายุทธวรรตน์ ทำหน้าที่อาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล ได้พิจารณาแล้วไม่ขัดข้องอนุญาตให้ นางสาวชนติพร ชลไพร ใช้เครื่องมือวิจัยดังกล่าวได้ เนื่องจากการศึกษาวิจัยทางด้านวิชาการ แต่ทั้งนี้ขอได้โปรดระบุให้ชัดเจนด้วยว่าเครื่องมือวิจัยดังกล่าว มาจากวิทยานิพนธ์ของนักศึกษาบัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล และมีอาจารย์ท่านใดทำหน้าที่อาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก

จึงเรียนมาเพื่อโปรดทราบ และดำเนินการต่อไปด้วย จักขอบพระคุณยิ่ง

(รองศาสตราจารย์ ทพญ.ดร.อารยา พงษ์หาญยุทธ)

รองคณบดีฝ่ายวิชาการ

ปฏิบัติงานแทน คณบดีบัณฑิตวิทยาลัย

สำเนาเรียน นางสาวชนติพร ชลไพร

ที่ ศธ ๐๕๑๗.๐๗๖/จว. ๐๖๙๙



ภาควิชาจิตเวชศาสตร์
คณะแพทยศาสตร์ศิริราชพยาบาล
โรงพยาบาลศิริราช บางกอกน้อย
กรุงเทพฯ ๑๐๗๐๐

หนังสือตอบรับ

ตามที่ นางสาวชนติพร ชลไพรวรรณ นักศึกษา ๕๔๓๖๕๕๙ SICP/M นักศึกษาปริญญาโท สาขาวิชาจิตวิทยาคลินิก ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ศิริราชพยาบาล มีความประสงค์ขออนุญาตใช้แบบทดสอบทางจิตวิทยา ชื่อ "แบบสำรวจสุขภาพจิตสำหรับคนไทย (The Thai Mental Health Questionnaire: TMHQ)" ของ รองศาสตราจารย์ ดร.สุชีรา ภัทรายุตวรรัตน เพื่อใช้ในการทำวิทยานิพนธ์

ดิฉันได้พิจารณาแล้วยินดีและไม่ขัดข้องให้ใช้แบบทดสอบทางจิตวิทยาดังกล่าว

ให้ไว้ ณ วันที่ ๑๖ มกราคม ๒๕๕๖

(รองศาสตราจารย์ ดร.สุชีรา ภัทรายุตวรรัตน)
อาจารย์ประจำภาควิชาจิตเวชศาสตร์

ภาควิชาจิตเวชศาสตร์

โทร. ๐-๒๔๑๙-๔๒๙๖

โทรสาร. ๐-๒๔๑๙-๔๒๙๘

APPENDIX C

2 ถนนพหลโยธิน บางกอกน้อย
กรุงเทพฯ 10700



โทร +66 2419 2667-72
โทรสาร +66 2411 0162

คณะกรรมการจริยธรรมการวิจัยในคน คณะแพทยศาสตร์ศิริราชพยาบาล
เอกสารรับรองโครงการวิจัย

COA no. Si 313/2013

Protocol Title : Psychological Capital and Mental Health in students of Chulalongkorn University's residence

Protocol number : 197/2556(EC2)

Principal Investigator/Affiliation : Miss Chanatiporn Chonprai / Department of Psychiatry
Faculty of Medicine Siriraj Hospital, Mahidol University

Research site : Faculty of Medicine Siriraj Hospital

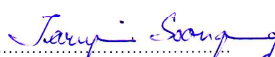
Approval includes :

1. SIRB Submission Form
2. Proposal
3. Participation Information Sheet
4. Informed Consent Form
5. Questionnaire
6. Principle Investigator's curriculum vitae

Approval date : May 30, 2013

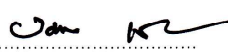
Expired date : May 29, 2014

This is to certify that Siriraj Institutional Review Board is in full Compliance with international guidelines for human research protection such as the Declaration of Helsinki, the Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP).


(Prof. Jarupim Soongswang, M.D.)
Chairperson

30 MAY 2013

date


(Clin. Prof. Udom Kachintorn, M.D.)
Dean of Faculty of Medicine Siriraj Hospital

18 JUN 2013

date

2 ถนนพราหมณ์ บางกอกน้อย
กรุงเทพฯ 10700



โทร +66 2419 2667-72
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**คณะกรรมการจริยธรรมการวิจัยในคน คณะแพทยศาสตร์ศิริราชพยาบาล
เอกสารรับรองโครงการวิจัย**

หมายเลข SI 313/2013

ชื่อโครงการภาษาไทย : ต้นทุนทางจิตวิทยาและสุขภาพจิตในนิติศอพักจุฬาลงกรณ์มหาวิทยาลัย

รหัสโครงการ : 197/2556(EC2)

หัวหน้าโครงการ / หน่วยงานที่สังกัด : นางสาวชนิดิพร ชลไพร / ภาควิชาจิตเวชศาสตร์
คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล

สถานที่ทำวิจัย : คณะแพทยศาสตร์ศิริราชพยาบาล

เอกสารที่รับรอง :

1. แบบขอรับการพิจารณาจากคณะกรรมการจริยธรรมการวิจัยในคน คณะแพทยศาสตร์ศิริราชพยาบาล
2. โครงการวิจัย
3. เอกสารชี้แจงผู้เข้าร่วมการวิจัย / อาสาสมัคร
4. หนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัย
5. แบบสอบถาม
6. ประวัติผู้วิจัย

วันที่รับรอง : 30 พฤษภาคม 2556

วันหมดอายุ : 29 พฤษภาคม 2557

คณะกรรมการจริยธรรมการวิจัยในคน คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล ดำเนินการให้การรับรองโครงการวิจัยตามแนวทางหลักจริยธรรมการวิจัยในคนที่เป็นสากล ได้แก่ Declaration of Helsinki, the Belmont Report, CIOMS Guidelines และ the International Conference on Harmonization in Good Clinical Practice (ICH-GCP).

ลงนาม

(ศาสตราจารย์แพทย์หญิงจารุพิมพ์ สูงสว่าง)
ประธานคณะกรรมการจริยธรรมการวิจัยในคน

30 พ.ค. 2556

วันที่

ลงนาม

(ศาสตราจารย์คลินิก นายแพทย์อุดม คชินทร)
คณบดี คณะแพทยศาสตร์ศิริราชพยาบาล

18 ส.ค. 2556

วันที่

Page 1 of 2

APPENDIX D

เอกสารหมายเลข 3ก

เอกสารชี้แจงผู้เข้าร่วมการวิจัย/อาสาสมัคร
(Participant Information Sheet)

ในเอกสารนี้อาจมีข้อความที่ท่านอ่านแล้วยังไม่เข้าใจ โปรดสอบถามหัวหน้าโครงการวิจัย หรือผู้แทนให้ข้อมูลอธิบายจนกว่าจะเข้าใจดี ท่านอาจจะขอเอกสารนี้กลับไปอ่านที่บ้านเพื่อปรึกษาหารือกับญาติพี่น้อง เพื่อนสนิท แพทย์ประจำตัวของท่าน หรือแพทย์ท่านอื่น เพื่อช่วยในการตัดสินใจเข้าร่วมการวิจัย

ชื่อโครงการวิจัย ดันทุนทางจิตวิทยาและสุขภาพจิตในนิสิตหอพักจุฬาลงกรณ์มหาวิทยาลัย

ชื่อหัวหน้าโครงการวิจัย นางสาวณัฏพร ชลไพร

สถานที่วิจัย หอพักนิสิตจุฬาลงกรณ์มหาวิทยาลัย

สถานที่ทำงานและหมายเลขโทรศัพท์ของหัวหน้าโครงการวิจัยที่ติดต่อได้ทั้งในและนอกเวลาราชการ
ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ศิริราชพยาบาล หมายเลขโทรศัพท์ 081-9653980

ผู้สนับสนุนทุนวิจัย -

ระยะเวลาในการวิจัย 8 เดือน (มีนาคม – ตุลาคม 2556)

ที่มาของโครงการวิจัย โครงการวิจัยนี้จัดทำขึ้นเพื่อศึกษาต้นทุนทางจิตวิทยาและสุขภาพจิตในนิสิตหอพักจุฬาลงกรณ์มหาวิทยาลัย เป็นการวิจัยเชิงสำรวจ โดยให้ผู้เข้าร่วมวิจัยตอบแบบสอบถาม 3 ส่วน คือ แบบสอบถามข้อมูลส่วนบุคคล แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทยและแบบวัดสุขภาพจิตคนไทย ทั้งนี้ผู้วิจัยได้ตระหนักถึงความสำคัญของระดับต้นทุนทางจิตวิทยาและสุขภาพจิตที่ส่งผลกระทบต่อพัฒนา ศักยภาพและการปรับตัวของนิสิตที่พักอาศัยในหอพักของมหาวิทยาลัย จึงเห็นว่าการสำรวจระดับต้นทุนทาง จิตวิทยาและสุขภาพจิตจะทำให้ทราบถึงสภาพการณ์ปัจจุบันเกี่ยวกับเรื่องดังกล่าว และเป็นข้อมูลพื้นฐาน สำหรับสถานศึกษาและหน่วยงานที่เกี่ยวข้องในการกำหนดแนวป้องกันและแก้ไข รวมถึงจัดกิจกรรมส่งเสริม เพื่อให้ นิสิตสามารถใช้ชีวิตในมหาวิทยาลัยได้อย่างมีความสุข ใช้ศักยภาพของตนเองในการเรียนได้อย่างเต็ม ความสามารถและพัฒนาตนเองไปสู่ความสำเร็จในอนาคตได้

วัตถุประสงค์ของโครงการวิจัย เพื่อทราบถึงระดับต้นทุนทางจิตวิทยาและสุขภาพจิตในนิสิตหอพัก จุฬาลงกรณ์มหาวิทยาลัย, เปรียบเทียบความแตกต่างด้านต้นทุนทางจิตวิทยาและสุขภาพจิตตามปัจจัยส่วน บุคคลของนิสิต รวมถึงหาความสัมพันธ์ระหว่างต้นทุนทางจิตวิทยาและสุขภาพจิต



ท่านได้รับเชิญให้เข้าร่วมการวิจัยนี้เนื่องจาก เป็นบุคคลที่มีคุณสมบัติตามเกณฑ์คัดเลือกเข้า
ศึกษาวิจัย คือเป็นนิสิตระดับปริญญาตรีที่พักอาศัยในหอพักจุฬาลงกรณ์มหาวิทยาลัย โดยมีอายุ 18 ปีขึ้นไป
โดยทำการสุ่มจับสลากจากหมายเลขห้อง

จะมีผู้ร่วมวิจัย/อาสาสมัครนี้ทั้งสิ้นประมาณ 400 คน

หากท่านตัดสินใจเข้าร่วมการวิจัยแล้ว จะมีขั้นตอนการวิจัยดังต่อไปนี้คือ ในการเก็บข้อมูลครั้งนี้
นี้ทำการเก็บข้อมูลแบบรายบุคคล เมื่อท่านตัดสินใจเข้าร่วมการวิจัยแล้วให้ท่านลงนามในเอกสารชี้แจง
ผู้เข้าร่วมการวิจัย/อาสาสมัคร ในท้ายฉบับนี้ (หน้า 3) และหนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัย จากนั้น
ให้ท่านกรอกแบบสอบถามข้อมูลส่วนบุคคลจนครบถ้วนซึ่งใช้เวลาประมาณ 5 นาที แล้วจึงเริ่มทำแบบประเมิน
ต้นทุนทางจิตวิทยาสำหรับคนไทยและแบบวัดสุขภาพจิตคนไทย โดยใช้เวลาประมาณ 30-35 นาที รวม
ระยะเวลาที่ใช้ในการเข้าร่วมวิจัยทั้งหมดประมาณ 40 นาที หากท่านมีอาการเหนื่อยล้าระหว่างการประเมิน ท่าน
สามารถพักการประเมินได้แล้วจึงกลับมาตอบแบบประเมินต่อไป โดยกระบวนการทั้งหมดนี้ควรทำให้เสร็จใน
วันเดียวกันและควรทำในช่วงเวลาที่ไม่กระทบต่อชั่วโมงการเรียนของท่าน เมื่อตอบแบบสอบถามเสร็จเรียบร้อยแล้ว
แล้วให้ท่านนำเอกสารทั้งหมดใส่ซองและปิดผนึกให้เรียบร้อยก่อนส่งคืนให้กับนิสิตระดับบัณฑิตศึกษาช่วยงาน
อนุสาสก์ที่เป็นผู้แจกเอกสาร จากนั้นผู้วิจัยจะทำการเก็บรวบรวมข้อมูลเพื่อทำการบันทึกข้อมูลต่อไป

อย่างไรก็ตามผลคะแนนที่ได้จากการทดสอบทั้งหมดจะไม่เกี่ยวกับการได้รับหรือไม่ได้รับสิทธิประโยชน์
ใด ๆ จากทางสำนักงานหอพักนิสิตจุฬาลงกรณ์มหาวิทยาลัย

ความเสี่ยงที่อาจเกิดขึ้นเมื่อเข้าร่วมการวิจัย จากการศึกษาที่คล้ายกัน ไม่พบว่ามีความเสี่ยงที่
เป็นอันตรายรุนแรง รวมทั้งการทำวิจัยโดยให้ทำแบบทดสอบประเภทรายงานตนเองนั้นไม่มีโอกาสที่อาจเกิด
เหตุการณ์ไม่พึงประสงค์น้อยมาก แต่อาจมีโอกาสเกิดเหตุการณ์ไม่พึงประสงค์ได้ เนื่องจากแบบทดสอบมี
ลักษณะเป็นข้อคำถามที่ให้ผู้ตอบรายงานตนเอง ซึ่งบางประโยคอาจทำให้ท่านเกิดความไม่เข้าใจและข้อสงสัย
เนื่องจากข้อความเหล่านั้น มีเพื่อให้อธิบายคุณลักษณะที่หลากหลาย ท่านอาจรู้สึกกังวลหรือเกิดข้อสงสัยขณะ
ทำการทดสอบ หรืออาจเกิดความกังวลเกี่ยวกับผลการทดสอบได้

หากมีข้อสงสัยที่จะสอบถามเกี่ยวข้องกับการวิจัย หรือหากเกิดผลข้างเคียงที่ไม่พึงประสงค์
จากการวิจัย ท่านสามารถติดต่อ นางสาวชนติพร ชลไพร หมายเลขโทรศัพท์ 081-9653980



ประโยชน์ที่คาดว่าจะได้รับจากการวิจัย ท่านอาจไม่ได้รับประโยชน์โดยตรง แต่ผลการวิจัยที่ได้จะเป็นประโยชน์ต่อส่วนรวมในอนาคต คือเป็นข้อมูลพื้นฐานสำหรับสถาบันการศึกษา และหน่วยงานที่เกี่ยวข้อง เพื่อให้เกิดความตระหนักถึงความสำคัญและเป็นแนวทางสำหรับการพิจารณาวางแผนกำหนดนโยบายด้านการป้องกันและแก้ไข รวมถึงจัดกิจกรรมที่เสริมสร้างต้นทุนทางจิตวิทยาและสุขภาพจิตเพื่อให้นิสิตสามารถใช้ชีวิตในมหาวิทยาลัยได้อย่างมีความสุข ใช้ศักยภาพของตนในการเรียนได้อย่างเต็มความสามารถและพัฒนาตนเองไปสู่ความสำเร็จในอนาคตได้

ค่าตอบแทนที่ผู้ร่วมวิจัย/อาสาสมัครจะได้รับ.....ไม่มี.....

ค่าใช้จ่ายที่ผู้ร่วมวิจัย/อาสาสมัครจะต้องรับผิดชอบเอง.....ไม่มี.....

หากมีข้อมูลเพิ่มเติมทั้งด้านประโยชน์และโทษที่เกี่ยวข้องกับการวิจัยนี้ ผู้วิจัยจะแจ้งให้ทราบโดยรวดเร็วและไม่ปิดบัง

ข้อมูลส่วนตัวของผู้ร่วมวิจัย/อาสาสมัคร จะถูกเก็บรักษาไว้เป็นความลับและจะไม่เปิดเผยต่อสาธารณะเป็นรายบุคคล แต่จะรายงานผลการวิจัยเป็นข้อมูลส่วนรวมโดยไม่สามารถระบุข้อมูลรายบุคคลได้ ข้อมูลของผู้ร่วมวิจัย/อาสาสมัครเป็นรายบุคคลอาจมีคณะบุคคลบางกลุ่มเข้ามาตรวจสอบได้ เช่น ผู้ให้ทุนวิจัย ผู้กำกับดูแลการวิจัย สถาบันหรือองค์กรของรัฐที่มีหน้าที่ตรวจสอบรวมถึงคณะกรรมการจริยธรรมการวิจัยในคน เป็นต้น โดยไม่ละเมิดสิทธิของผู้ร่วมวิจัย/อาสาสมัครในการรักษาความลับเกินขอบเขตที่กฎหมายอนุญาตไว้

ผู้ร่วมวิจัย/อาสาสมัครมีสิทธิถอนตัวออกจากโครงการวิจัยเมื่อใดก็ได้ โดยไม่ต้องแจ้งให้ทราบล่วงหน้า และการไม่เข้าร่วมการวิจัยหรือถอนตัวออกจากโครงการวิจัยนี้ จะไม่มีผลกระทบต่อบริการและการรักษาที่สมควรจะได้รับตามมาตรฐานแต่ประการใด

หากเด็กในปกครองของท่านได้รับการปฏิบัติที่ไม่ตรงตามที่ได้ระบุไว้ในเอกสารชี้แจงนี้ ท่านสามารถร้องเรียนไปยังประธานคณะกรรมการจริยธรรมการวิจัยในคนได้ที่สำนักงานคณะกรรมการจริยธรรมการวิจัยในคน อาคารเฉลิมพระเกียรติ ๘๐ พรรษา ๕ ธันวาคม ๒๕๕๐ ชั้น 2 โทร.0 2419 2667-72 โทรสาร 0 2411 0162

ลงชื่อ..... ผู้ร่วมวิจัย/อาสาสมัคร

(.....)

วันที่.....



เอกสารหมายเลข 3ข

หนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัย
(Consent Form)

วันที่..... เดือน..... พ.ศ.....

ข้าพเจ้า.....อายุ.....ปี
อาศัยอยู่บ้านเลขที่.....ถนน.....แขวง/ตำบล.....
เขต/อำเภอ.....จังหวัด.....รหัสไปรษณีย์.....
โทรศัพท์

ขอแสดงเจตนายินยอมเข้าร่วมโครงการวิจัยเรื่อง ต้นทุนทางจิตวิทยาและสุขภาพจิตในนิสิตหอพัก
จุฬาลงกรณ์มหาวิทยาลัย

โดยข้าพเจ้าได้รับทราบรายละเอียดเกี่ยวกับที่มาและจุดมุ่งหมายในการทำวิจัย รายละเอียด
ขั้นตอนต่างๆ ที่จะต้องปฏิบัติหรือได้รับการปฏิบัติ ประโยชน์ที่คาดว่าจะได้รับของการวิจัย และความ
เสี่ยงที่อาจจะเกิดขึ้นจากการเข้าร่วมการวิจัย รวมทั้งแนวทางป้องกันและแก้ไขหากเกิดอันตรายขึ้น จะ
ไม่มีค่าใช้จ่ายที่ข้าพเจ้าจะต้องรับผิดชอบจ่ายเองและโครงการนี้ไม่มีผลตอบแทน โดยได้อ่านข้อความที่
มีรายละเอียดอยู่ในเอกสารชี้แจงผู้เข้าร่วมการวิจัยโดยตลอด อีกทั้งยังได้รับคำอธิบายและตอบข้อ
สงสัยจากหัวหน้าโครงการวิจัยเป็นที่เรียบร้อยแล้ว

ข้าพเจ้าจึงสมัครใจเข้าร่วมในโครงการวิจัยนี้

หากข้าพเจ้ามีข้อข้องใจเกี่ยวกับขั้นตอนของการวิจัย หรือหากเกิดผลข้างเคียงที่ไม่พึงประสงค์
จากการวิจัยขึ้นกับข้าพเจ้า ข้าพเจ้าจะสามารถติดต่อกับ นางสาวชนติพร ชลไพร สถานที่ทำงานและหมายเลข
โทรศัพท์ของหัวหน้าโครงการวิจัยที่ต่อได้ทั้งในและนอกเวลาราชการ: ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์
ศิริราชพยาบาล หมายเลขโทรศัพท์ 081-9653980

หากข้าพเจ้าได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย ข้าพเจ้า
สามารถติดต่อกับประธานคณะกรรมการจริยธรรมการวิจัยในคนได้ที่ สำนักงานคณะกรรมการจริยธรรม
การวิจัยในคน อาคารเฉลิมพระเกียรติ ๘๐ พรรษา ๕ ธันวาคม ๒๕๕๐ ชั้น 2 โทร.0 2419 2667-72
โทรสาร 0 2411 0162

ข้าพเจ้าได้ทราบถึงสิทธิที่ข้าพเจ้าจะได้รับข้อมูลเพิ่มเติมทั้งทางด้านประโยชน์และโทษจากการ
เข้าร่วมการวิจัย และสามารถถอนตัวหรือดออกจากโครงการวิจัยได้ทุกเมื่อโดยไม่ต้องแจ้งล่วงหน้าหรือระบุ
เหตุผล โดยจะไม่มีผลกระทบต่อการบริการและการรักษาพยาบาลที่ข้าพเจ้าจะได้รับต่อไปในอนาคต
และยินยอมให้ผู้วิจัยใช้ข้อมูลส่วนตัวของข้าพเจ้าที่ได้รับจากการวิจัย แต่จะไม่เผยแพร่ต่อสาธารณะเป็น
รายบุคคล โดยจะนำเสนอเป็นข้อมูลโดยรวมจากการวิจัยเท่านั้น



ข้าพเจ้าได้เข้าใจข้อความในเอกสารชี้แจงผู้เข้าร่วมการวิจัย และหนังสือแสดงเจตนายินยอมนี้
โดยตลอดแล้ว จึงลงลายมือชื่อไว้

ลงชื่อ.....ผู้ร่วมวิจัย/อาสาสมัคร
(.....) วันที่.....

ลงชื่อ.....ผู้ให้ข้อมูลและขอความยินยอม/หัวหน้าโครงการวิจัย
(.....) วันที่.....

ในกรณีผู้ร่วมวิจัย/อาสาสมัคร อ่านหนังสือไม่ออก มีพยานซึ่งไม่มีส่วนได้เสียอยู่ด้วยตลอดระยะเวลาที่มีการให้
ข้อมูลและผู้ร่วมวิจัย/อาสาสมัครหรือผู้แทนโดยชอบธรรมให้ความยินยอมเข้าร่วมการวิจัย พยานขอยืนยันว่าข้อมูล
ในหนังสือแสดงเจตนายินยอมหรือข้อมูลที่ได้รับและเอกสารอื่นได้รับการอธิบายอย่างถูกต้อง และผู้ร่วมวิจัย/
อาสาสมัครหรือผู้แทนโดยชอบธรรมแสดงว่าเข้าใจรายละเอียดต่างๆ พร้อมทั้งให้ความยินยอมโดยสมัครใจ จึงได้
ลงลายมือชื่อไว้เป็นพยาน

ลงชื่อ.....พยาน/
(.....) วันที่.....



APPENDIX E

<p>แบบสอบถาม</p> <p>เรื่อง</p> <p>“ต้นทุนทางจิตวิทยา (PsyCap) และสุขภาพจิต (Mental Health) ในนิสิตหอพักจุฬาลงกรณ์มหาวิทยาลัย”</p>
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คำชี้แจง

1. แบบสอบถามฉบับนี้จัดทำขึ้นเพื่อใช้ในการเก็บรวบรวมข้อมูลในการวิจัยเรื่อง “ต้นทุนทางจิตวิทยา (PsyCap) และสุขภาพจิต (Mental Health) ในนิสิตหอพักจุฬาลงกรณ์มหาวิทยาลัย” ซึ่งเป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาวิทยาศาสตรมหาบัณฑิต สาขาวิชาจิตวิทยาคลินิก ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล

2. แบบสอบถาม มีจำนวน 11 หน้า แบ่งออกเป็น 3 ส่วนดังนี้

ส่วนที่ 1 ข้อมูลส่วนบุคคลของผู้ตอบแบบสอบถาม จำนวน 5 ข้อ

ส่วนที่ 2 แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทย

(1) คำถามวัดคุณลักษณะของการมีความหวัง (Hope) จำนวน 15 ข้อ

(2) คำถามวัดคุณลักษณะของความเชื่อมั่นในความสามารถ

ของตนเองตามศักยภาพที่มีอยู่ (Self-efficacy) จำนวน 17 ข้อ

(3) คำถามวัดคุณลักษณะความยืดหยุ่นเมื่อเผชิญ

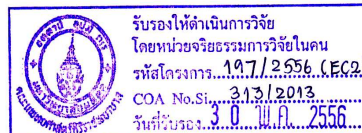
สิ่งที่ยากลำบาก (Resilience) จำนวน 12 ข้อ

(4) คำถามวัดคุณลักษณะของการมองโลกในแง่ดี (Optimism) จำนวน 9 ข้อ

ส่วนที่ 3 แบบวัดสุขภาพจิตคนไทย (The Thai Mental Health Questionnaires) จำนวน 70 ข้อ

3. การตอบแบบสอบถามแต่ละข้อ โปรดทำเครื่องหมาย ✓ ลงในช่องคำตอบที่ตรงกับสภาพความเป็นจริงตามการรับรู้หรือระดับที่สอดคล้องกับความคิดเห็นของท่านและเติมข้อความที่ตรงกับความเป็นจริงของท่านมากที่สุด

.....ขอขอบพระคุณเป็นอย่างสูงที่ให้ความร่วมมือในการตอบแบบสอบถาม.....



<p>แบบสอบถาม</p> <p>เรื่อง</p> <p>“ต้นทุนทางจิตวิทยา (PsyCap) และสุขภาพจิต (Mental Health) ในนิสิตหอพักจุฬาลงกรณ์มหาวิทยาลัย”</p>

ส่วนที่ 1 ข้อมูลส่วนบุคคลของผู้ตอบแบบสอบถาม

โปรดทำเครื่องหมาย ✓ ลงในช่องที่ตรงกับสภาพความเป็นจริง และเติมข้อความลงในช่องว่าง

1. เพศ ☐ ชาย ☐ หญิง
2. ระดับชั้นปี ☐ ปี 1 ☐ ปี 2 ☐ ปี 3 ☐ ปี 4 ขึ้นไป
3. ผลการเรียนเฉลี่ย (GPA)
 - ☐ ต่ำกว่า 2.00
 - ☐ 2.00 – 2.99
 - ☐ 3.00 – 4.00
4. รายได้ต่อเดือนของนิสิต (ที่ได้รับจากพ่อแม่ ผู้ปกครอง ทุนการศึกษา ทุนกู้ยืม และการรับจ้างทำงานพิเศษ)
 - ☐ ต่ำกว่า 5,000 บาท
 - ☐ 5,000 – 10,000 บาท
 - ☐ มากกว่า 10,000 – 15,000 บาท
 - ☐ มากกว่า 15,000 บาท
5. ระยะเวลาการอยู่หอพัก
 - ☐ น้อยกว่า 6 เดือน
 - ☐ 6 เดือน – 1 ปี
 - ☐ มากกว่า 1 ปี – 2 ปี
 - ☐ มากกว่า 2 ปีขึ้นไป



ส่วนที่ 2 แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทย

คำชี้แจง: ขอให้ท่านทำเครื่องหมาย ✓ ลงในช่องที่ท่านเห็นว่าตรงกับตัวท่านมากที่สุด

ระดับคะแนน 5 หมายถึง เห็นด้วยอย่างยิ่ง

ระดับคะแนน 4 หมายถึง เห็นด้วย

ระดับคะแนน 3 หมายถึง เห็นด้วยและ/หรือไม่เห็นด้วยในบางครั้ง

ระดับคะแนน 2 หมายถึง ไม่เห็นด้วย

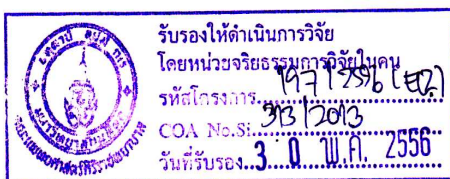
ระดับคะแนน 1 หมายถึง ไม่เห็นด้วยอย่างยิ่ง

1. คำถามวัดคุณลักษณะของการมีความหวัง (Hope) หมายถึง ลักษณะของการสร้างแรงบันดาลใจทางบวกซึ่งประกอบด้วย 3 องค์ประกอบที่สำคัญคือ เป้าหมาย (goal), วิธีการที่จะไปให้ถึงเป้าหมาย (pathway) และแรงจูงใจที่มุ่งมั่น (agency) อันจะนำไปสู่ความสำเร็จ

ข้อ	ข้อความ (Hope domain)	ระดับคะแนน				
		ไม่เห็นด้วยอย่างยิ่ง เห็นด้วยอย่างยิ่ง				
		1	2	3	4	5
	เป้าหมาย					
1.	ฉันมีเป้าหมายในชีวิตที่ตั้งไว้ของตนเอง					
2.	ฉันจะกำหนดเป้าหมายที่ต้องการก่อนที่จะวางแผนทำสิ่งต่างๆ					
3.	ฉันมีเป้าหมายในชีวิตที่ชัดเจน					
4.	ฉันสร้างเป้าหมายเล็กๆ ก่อนเพื่อนำไปสู่เป้าหมายใหญ่ที่ตั้งไว้					
	วิธีการที่จะไปให้ถึงเป้าหมาย (pathway)					
5.	ฉันวางแผนได้อย่างชัดเจนที่จะไปให้ถึงเป้าหมายที่ตั้งไว้					



ข้อ	ข้อความ (Hope domain)	ระดับคะแนน				
		ไม่เห็นด้วยอย่างยิ่ง เห็นด้วยอย่างยิ่ง				
		1	2	3	4	5
6.	ฉันสามารถสร้างหรือค้นหาหนทางที่จะนำไปสู่เป้าหมายที่ตั้งไว้แม้จะพบกับอุปสรรค					
7.	ฉันสามารถหาวิธีที่จะหลีกเลี่ยงอุปสรรคที่ทำให้เกิดความรู้สึกเครียดได้					
8.	ฉันสามารถหาทางที่จะทำให้ตนเองรู้สึกสบายใจได้					
9.	ฉันสามารถหาวิธีข้ามผ่านอุปสรรคต่างๆ ได้ จากประสบการณ์ที่ดีในอดีตของตนเอง					
	แรงจูงใจที่มุ่งมั่น (agency)					
10.	ฉันมุ่งมั่นที่จะทำสิ่งต่างๆ ให้บรรลุเป้าหมาย					
11.	ฉันรู้สึกท้าทายในการไล่ตามเป้าหมายที่ตั้งไว้					
12.	เมื่อมีปัญหาเกิดขึ้น ฉันก็ยังมุ่งมั่นที่จะไปให้ถึงเป้าหมายที่ได้ตั้งไว้					
13.	จากประสบการณ์ที่ผ่านมา ทำให้ฉันมีแรงจูงใจที่จะพบกับอนาคตที่ดี					
14.	เมื่อเหตุการณ์ไม่เป็นไปตามที่หวังไว้ ฉันยังคงสามารถให้กำลังใจกับตัวเองได้					
15.	ในสถานการณ์ที่มีข้อจำกัดมากมาย ยังทำให้ฉันเกิดพลังที่จะมุ่งไปให้ถึงเป้าหมาย					



2. คำถามวัดคุณลักษณะของความเชื่อมั่นในความสามารถของตนเองตามศักยภาพที่มีอยู่ (Self-efficacy)

หมายถึง ความเชื่อที่บุคคลเชื่อว่าตนเองสามารถทำสิ่งหนึ่งสิ่งใดได้ โดยมี 2 องค์ประกอบย่อย คือ ความสามารถในการทำสิ่งต่างๆ (functioning) และ ความสามารถในเรื่องเกี่ยวกับสัมพันธภาพกับผู้อื่น (relationship)

ข้อ	ข้อคำถาม (Self-efficacy domain)	ระดับคะแนน				
		ไม่เห็นด้วยอย่างยิ่ง		เห็นด้วยอย่างยิ่ง		
		1	2	3	4	5
	ความสามารถในการทำสิ่งต่างๆ					
1.	ฉันสามารถบอกได้ว่าตัวเองเก่งหรือโหดเด่นด้านใด					
2.	ฉันเชื่อมั่นว่าการประสบความสำเร็จในครั้งก่อนจะทำให้ฉันประสบความสำเร็จในครั้งต่อไปได้อีก					
3.	ฉันมั่นใจว่าจะสามารถรับมือกับเหตุการณ์ต่างๆในชีวิตของฉันได้					
4.	เมื่อเกิดอุปสรรคขึ้น ฉันจะไม่ละทิ้งเป้าหมายที่ตั้งไว้เพราะฉันเชื่อมั่นในความสามารถของตนเอง					
5.	ความเชื่อมั่นในความสามารถของตนเองทำให้ฉันประสบความสำเร็จ					
6.	ฉันเชื่อมั่นว่าได้ใช้ความสามารถของตัวเองในการทำสิ่งต่างๆอย่างเต็มศักยภาพ					
7.	ฉันยังคงมั่นใจในความสามารถของตัวเอง แม้จะอยู่ในสถานการณ์ที่ยากลำบาก					
8.	ฉันเชื่อมั่นว่าตนเองสามารถฝึกฝนและเรียนรู้สิ่งต่างๆได้					



ข้อ	ข้อคำถาม (Self-efficacy domain)	ระดับคะแนน				
		ไม่เห็นด้วยอย่างยิ่ง เห็นด้วยอย่างยิ่ง				
		1	2	3	4	5
9.	ถ้าคนอื่นสามารถทำสิ่งนั้นได้ ฉันก็สามารถทำได้เช่นกัน					
	ความสามารถในเรื่องเกี่ยวกับสัมพันธภาพกับผู้อื่น					
10.	ฉันมั่นใจในการแสดงความคิดเห็นของตนเองในกลุ่มบุคคลอื่น					
11.	ฉันมั่นใจในการแสดงความคิดเห็นของตนเองที่แตกต่างจากกลุ่มได้					
12.	ฉันเชื่อมั่นว่าสามารถปรับตัวเข้ากับผู้อื่นๆ ได้					
13.	ฉันมั่นใจว่าสามารถทำงานร่วมกับผู้อื่นๆ ได้					
14.	ฉันมั่นใจว่าสามารถสร้างและรักษาสัมพันธภาพกับเพื่อนเพศเดียวกันได้					
15.	ฉันมั่นใจว่าสามารถสร้างและรักษาสัมพันธภาพกับเพื่อนต่างเพศได้					
16.	ฉันมั่นใจว่าฉันมีคนที่สนิทและที่เข้าใจฉัน					
17.	ฉันมั่นใจในการที่จะเริ่มต้นมิตรภาพใหม่ๆ					



3. คำถามวัดคุณลักษณะความยืดหยุ่นเมื่อเผชิญสิ่งที่ยากลำบาก (Resilience) ซึ่งประกอบด้วย 3 องค์ประกอบคือ ความสามารถดำเนินชีวิตต่อไปแม้ว่าจะเผชิญกับความยากลำบาก (perseverance), ความรู้สึกที่มีจุดหมายและเห็นคุณค่าในชีวิต (meaningfulness) และมุมมองที่มีความสมดุลที่ยอมรับทั้งด้านลบและด้านบวก (equanimity)

ข้อ	ข้อคำถาม (Resilience domain)	ระดับคะแนน				
		ไม่เห็นด้วยอย่างยิ่ง เห็นด้วยอย่างยิ่ง				
		1	2	3	4	5
	ความสามารถดำเนินชีวิตต่อไปแม้ว่าจะเผชิญกับความยากลำบาก					
1.	แม้จะดูเหมือนสิ้นหวังแต่ฉันก็จะไม่ยอมแพ้					
2.	อุปสรรคทำให้ฉันได้เรียนรู้เพื่อฝึกฝนตนเอง					
3.	ความลำบากทำให้ฉันเข้มแข็ง					
4.	แม้ว่าจะเกิดความล้มเหลว แต่ฉันก็จะลุกขึ้นมาสู้ใหม่					
	ความรู้สึกที่มีจุดหมายและเห็นคุณค่าในชีวิต					
5.	ในเวลาที่ต้องการความช่วยเหลือ ฉันรู้ว่าผู้ใดจะช่วยฉันได้					
6.	เมื่อฉันทุกข์ใจฉันมีคนคอยเป็นกำลังใจให้					
	มุมมองที่มีความสมดุลที่ยอมรับทั้งด้านลบและด้านบวก					
7.	เมื่อฉันทำผิดพลาด ฉันสามารถยอมรับผลที่ตามมาได้					
8.	ฉันยอมรับได้ ถ้ามีคนไม่ชอบฉันบ้าง					
9.	ฉันยอมรับในความแตกต่างของแต่ละบุคคล					
10.	ฉันเชื่อว่าทุกข์และสุขเป็นเรื่องราวธรรมดาของชีวิต					
11.	ฉันเชื่อว่าทุกคนย่อมมีเหตุผลของตนเอง					
12.	ฉันเชื่อว่าทุกเหตุการณ์ที่เกิดขึ้นย่อมมีเหตุผล					



4. คำถามวัดคุณลักษณะของการมองโลกในแง่ดี (Optimism) หมายถึง การที่เชื่อว่าจะมีสิ่งที่ดีๆ เกิดขึ้นมากกว่าสิ่งที่ไม่ดีร้าย รวมทั้งขึ้นอยู่กับทำให้เหตุผลว่าทำไมเหตุการณ์ดังกล่าวถึงเกิดขึ้น ไม่ว่าจะเป็นเหตุการณ์ในทางบวก หรือ ทางลบ หรือไม่ว่าจะเป็นเหตุการณ์ในอดีต ปัจจุบัน รวมทั้งในอนาคตด้วย

ข้อ	ข้อคำถาม (Optimism domain)	ระดับคะแนน				
		ไม่เห็นด้วยอย่างยิ่ง		เห็นด้วยอย่างยิ่ง		
		1	2	3	4	5
	การมองโลกในแง่ดี (optimism)					
1.	ฉันคาดว่าจะมีสิ่งดีๆ เกิดขึ้นกับตัวเองเสมอ					
2.	ฉันสามารถชื่นชม และขอบคุณผู้อื่นที่ช่วยให้เขาประสบความสำเร็จได้					
3.	ฉันชื่นชมและนึกถึงสิ่งดีๆ ที่เข้ามาในชีวิตอยู่เสมอ					
4.	ฉันเห็นมุมมองทางด้านบวก เพื่อให้กำลังใจตัวเองเมื่อเกิดปัญหาขึ้น					
5.	ฉันเชื่อว่าอนาคตจะมีสิ่งที่ดีรออยู่					
6.	ข้อดีของความคิดพลาคคือการทำให้ฉันได้เรียนรู้					
7.	ฉันคาดหวังว่าจะประสบความสำเร็จในสิ่งที่ทำอยู่					
8.	ฉันพอใจในความเป็นตัวของตัวเอง					
9.	ฉันเชื่อว่าทุกคนล้วนมีข้อดี					



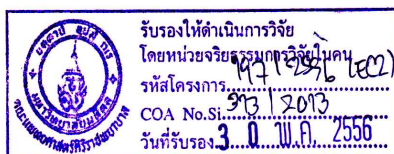
ส่วนที่ 3 แบบวัดสุขภาพจิตในคนไทย

คำชี้แจง : ข้อความต่อไปนี้นี้เป็นข้อความ ที่ให้ท่านสำรวจสุขภาพจิตของท่านในช่วง 1 เดือนที่ผ่านมาว่า ท่านมีอาการดังต่อไปนี้หรือไม่ โดยสำรวจระดับความมากน้อยของอาการที่ปรากฏ ตั้งแต่ระดับ ไม่มี เล็กน้อย ปานกลาง ค่อนข้างมาก และมาก โดยทำเครื่องหมาย ✓ ลงในช่องที่ท่านต้องการเพียงช่องเดียวเท่านั้น

ไม่มี(0)	หมายถึง	ท่านไม่เคยมีหรือไม่เคยรู้สึกเลยในตลอดช่วงระยะเวลา 1 เดือน
เล็กน้อย(1)	หมายถึง	ท่านเคยมีหรือเคยรู้สึก คือประมาณครั้งหรือสองครั้งในช่วง 1 เดือน
ปานกลาง(2)	หมายถึง	ท่านเคยมีหรือเคยรู้สึกพอประมาณ คือประมาณ สัปดาห์ละครั้ง
ค่อนข้างมาก(3)	หมายถึง	ท่านเคยมีหรือเคยรู้สึกหลาย ๆ ครั้งใน 1 สัปดาห์
มาก(4)	หมายถึง	ท่านเคยมีหรือเคยรู้สึกบ่อยมาก คือเกือบทุกวัน

ข้อความ	ไม่มี	เล็ก	ปาน	ค่อนข้าง	มาก
มี	น้อย	กลาง	มาก		
1. ฉันรู้สึกกระปรี้กระเปร่าและเต็มไปด้วยพลังกำลัง					
2. ฉันถูกรบกวนด้วยอาการปวดศีรษะ					
3. ฉันมีความลำบากในระบบการย่อยอาหาร					
4. ฉันรู้สึกมีอาการผิดปกติในกระเพาะอาหาร					
5. ฉันมักมีอาการปวดตามส่วนต่าง ๆ ของร่างกายเกือบตลอดเวลา					
6. ฉันรู้สึกเหนื่อยเกือบตลอดเวลา โดยหาสาเหตุไม่ได้					
7. ฉันไม่มีเรี่ยวแรงเกือบตลอดเวลา					
8. ร่างกายของฉันมีความผิดปกติในระบบต่าง ๆ					
9. ฉันกังวลเป็นอย่างมากกับอาการทางร่างกาย					
10. ฉันรู้สึกเป็นปกติ					
11. ฉันรู้สึกเศร้า					
12. ฉันรู้สึกไม่มีสมาธิกับงานหรือสิ่งต่าง ๆ ที่ทำในชีวิตประจำวัน					
13. ฉันรู้สึกหมดความสนใจกับงานอดิเรกที่เคยมี					
14. ฉันรู้สึกไม่สนุกกับสิ่งต่าง ๆ เหมือนเช่นเคย					
15. น้ำหนักของฉันลดลงประมาณ 1-2 กิโลกรัมในช่วง 1 เดือนที่ผ่านมา โดยที่ฉันไม่ได้พยายามควบคุมหรือมีการเจ็บป่วยทางร่างกาย					
16. ฉันรู้สึกเบื่อหน่ายและท้อแท้					
17. ฉันรู้สึกเซื่องซึมและเซื่องซึมไม่อยากทำอะไร					

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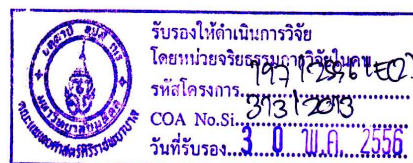


-สงวนลิขสิทธิ์-



ข้อความ	ไม่มี	เล็กน้อย	ปานกลาง	ค่อนข้างมาก	มาก
18. การนอนของฉันผิดปกติและรบกวนฉัน					
19. ฉันใช้เวลามากกว่าเดิมในการนอนตอนกลางคืน					
20. ฉันรู้สึกห่มดก้าลังใจ					
21. ฉันรู้สึกไม่มีค่าและละอายใจตนเอง					
22. ฉันรู้สึกผิดเกือบตลอดเวลา					
23. ฉันกำลังถูกละทิ้งจากการกระทำที่ไม่ดีของตนเอง					
24. ฉันรู้สึกด้อยเมื่อเปรียบเทียบกับคนอื่น					
25. ฉันรู้สึกว่าชีวิตทุกวันนี้ของฉัน ไม่มีประโยชน์					
26. ฉันรู้สึกไม่มีความสุขเลย					
27. ฉันรู้สึกสิ้นหวัง					
28. อนาคตของฉันมืดมน					
29. ฉันรู้สึกว่าชีวิตไม่มีค่าควรแก่การอยู่					
30. ชีวิตไม่มีอะไรที่น่าสนใจอีกต่อไปแล้ว					
31. ฉันมักจะกังวลกับสิ่งเล็กๆ น้อยๆ อยู่เสมอ					
32. ฉันมักจะตื่นตื่นง่ายกับสิ่งต่างๆ					
33. ฉันมักจะมือการประหม่าง่าย					
34. ฉันรู้สึกกระวนกระวายตลอดเวลา					
35. ฉันมักจะวิตกกังวลไปล่วงหน้าโดยขาดสาเหตุที่แน่ชัด					
36. ฉันถูกรบกวนด้วยอาการคลื่นไส้ อาเจียน					
37. หัวใจของฉันเต้นเร็วกว่าปกติโดยที่ไม่ได้ทำกิจกรรมอะไร					
38. ฉันมีความลำบากในการหายใจ					
39. มือและเท้าของฉันอุ่นอยู่เกือบตลอดเวลา					
40. มือของฉันเย็นเกือบตลอดเวลา					
41. ฉันมักจะกลัวสิ่งต่างๆ โดยไม่มีสาเหตุ					
42. ฉันมักจะกลัวอย่างมากจนเกือบจะควบคุมตัวเองไม่ได้					
43. ฉันมักจะย่ำคิดกับเรื่องที่กำลังล่อล่ออยู่บ่อยๆ					
44. ฉันคิดว่าฉันรู้สึกสงบทั้งภายในและภายนอกร่างกาย					
45. ฉันสามารถที่จะออกไปข้างนอกได้โดยไม่มีอาการกังวล					
46. ฉันพบว่าความคิดของฉันถูกรบกวนด้วยสิ่งแปลกๆ ที่ไม่สามารถอธิบายได้					

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ข้อความ	ไม่มี	เล็กน้อย	ปานกลาง	ค่อนข้างมาก	มาก
47. ฉันรู้สึกว่าคุณมีความสามารถบางอย่างที่สามารถควบคุมผู้อื่นได้					
48. คนอื่นสามารถล่วงรู้ความคิดของฉันได้โดยไม่สามารถอธิบายได้					
49. คนอื่นสามารถควบคุมจิตใจของฉัน					
50. ฉันมีความรู้สึกแปลก ๆ ว่าคนอื่นพูดถึงความคิดของฉัน					
51. คนอื่นมักจะหัวเราะเยาะฉันและมักจะพูดถึงสิ่งต่าง ๆ เกี่ยวกับฉันลับหลังฉัน					
52. คนอื่นพยายามที่จะทำร้ายฉัน โดยขาดเหตุผลที่จะอธิบาย					
53. ฉันมักจะเห็นหรือได้ยินคนอื่นในที่วิ, วิทยุ, หรือหนังสือพิมพ์พูดถึงเกี่ยวกับตัวฉัน					
54. ฉันมักจะได้ยินเสียงโดยไม่เห็นตัวตน					
55. จิตใจของฉันยังเป็นปกติเหมือนเดิม					
56. ฉันมักจะรู้สึกสนุกสนานกับการร่วมกิจกรรมทางสังคม					
57. ฉันมักจะเลี่ยงงานกิจกรรมทางสังคมที่มีคนมาก ๆ					
58. ฉันยังมีเพื่อนบางคนที่มาเยี่ยมเยียนฉันเหมือนปกติ					
59. ฉันรู้สึกว่าคนอื่นไม่ให้ความรักและความเคารพฉันเหมือนเดิม					
60. ฉันมักจะรู้สึกเหงาถึงแม้จะอยู่ท่ามกลางคนอื่น ๆ					
61. โดยส่วนใหญ่ ฉันมักคิดว่าฉันเบียดเบียนคนอื่น					
62. ฉันรู้สึกลำบากในการให้ความสนใจกับการสนทนาหรือการรับฟังคนอื่น					
63. ฉันมักจะรู้สึกพึงพอใจในการติดต่อกับเพื่อน ๆ					
64. ฉันมีความสุขกับการพูดและการรับฟังคนอื่น					
65. ฉันสนใจติดตามข่าวสารตามสื่อต่าง ๆ เช่น หนังสือพิมพ์, วิทยุ, โทรทัศน์					
66. ฉันรู้สึกกระตือรือร้นในการทำสิ่งต่าง ๆ ในชีวิตประจำวัน					
67. ฉันรู้สึกภาคภูมิใจว่า ตนเองมีความสามารถไม่ด้อยไปกว่าใคร					
68. ฉันรู้สึกมีกำลังใจที่จะปรับปรุงเปลี่ยนแปลงตนเองไปในทางที่ดีว่าหน้าตัดเทียบกับคนอื่น ๆ					
69. ฉันยังอยากช่วยเหลือคนอื่นในสังคมที่ด้อยกว่าฉัน					
70. ฉันรู้สึกพึงพอใจกับชีวิตความเป็นอยู่ในขณะนี้					

สิ้นสุดการทดสอบ

BIOGRAPHY

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