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Promoting Mental Health among Adolescents in Jammu and Kashmir: The Role of Personal and Social Resources

Dr. Shabila Wani
Associate Professor Psychology
Department of Higher Education, Jammu and Kashmir, India
Dr. Bilal Ahmad Lone
Lecturer, Department of Psychology, Faculty of social science, Arts and Humanities, Lincoln University College, Malaysia

Abstract
This study examines the role of personal and social resources—hope, optimism and social support—in promoting mental health among adolescents in Jammu and Kashmir. A mixed-methods approach with a sample of 300 adolescents revealed that these resources significantly improve mental health outcomes, including reduced anxiety and depression and increased life satisfaction. The findings underscore the importance of fostering resilience and social support for adolescent mental well-being.

Keywords: Adolescents, mental health, hope, optimism, social support, community engagement.

Introduction
Adolescence is the period between 10–19 years and is marked by significant physical, cognitive, social, and emotional development (WHO, 2018a).

Early adolescence (10–14 years) involves rapid physical growth and cognitive expansion, though abstract thinking remains limited. Late adolescence (15–19 years) features advanced abstract thinking, moral reasoning, and identity formation (Blakemore & Mills, 2014; Sawyer et al., 2012).

Puberty varies by individual and is influenced by social conditions. Adolescents experience liberation from parents, develop peer relationships, and integrate societal norms through socialization (Berger & Luckmann, 2011; Frønes, 2018).

Mental health is defined as a state of well-being where individuals realize their abilities, cope with normal stresses, and contribute to society (WHO, 2018b).

Mental health issues affect 10–20% of adolescents worldwide, with increases observed in recent years, particularly among girls (Collishaw, 2015; Bakken, 2018).

Emotional (internalizing) problems like anxiety and depression are more common in girls, while behavioral (externalizing) issues like hyperactivity are more frequent in boys (Aebi et al., 2014).

Strong familial relationships and perceived support are linked to better mental health, while poor family economics and bullying increase risks (Skrove et al., 2013; Williams et al., 2017).

School-related stress, heavy workloads, and dissatisfaction can exacerbate mental health issues, leading to absenteeism or dropout (Fröjd et al., 2008; Hetlevik et al., 2018). Adapted school programs, however, can positively influence mental health (Rivet-Duval et al., 2011).

Girls are more prone to emotional distress from life events, while boys with mental health issues face higher dropout rates and social withdrawal (Oldehinkel & Bouma, 2011; Derdikman-Eiron et al., 2012).

Adolescents with mental health problems face risks of continued challenges into adulthood, including educational setbacks and decreased labor market engagement (Skogen et al., 2018). However, fostering supportive environments in families, schools, and communities can mitigate these risks and promote well-being (Viner et al., 2012).

Review of Literature

The literature explores the role of hope, optimism, and self-efficacy in fostering mental health among adolescents. These psychological constructs are essential for adolescents' emotional and cognitive development, particularly during transitional periods such as adolescence.

Hope Theory (Snyder et al., 2002) describes hope as a motivational state involving goal-directed energy (agency) and pathways thinking. Hope has been positively linked with academic success, resilience, and emotional regulation.

Adolescents with higher levels of hope exhibit better problem-solving skills, goal-setting abilities, and emotional stability.

Hope has been shown to buffer against stress, aiding in smoother transitions from middle to high school. It positively correlates with academic achievement and mental well-being.

Optimism is conceptualized as a generalized expectancy of positive outcomes (Scheier & Carver, 1985). It serves as a protective factor against psychological distress.

Optimistic adolescents demonstrate higher resilience, effective coping strategies, and a lower likelihood of experiencing depression and anxiety. This trait helps adolescents maintain a positive mental health trajectory(Review of Literature).

According to Bandura’s Social Cognitive Theory, self-efficacy refers to the belief in one’s ability to achieve goals and overcome challenges.

Self-efficacy influences adolescents’ coping strategies and problem-solving abilities, enhancing their resilience against stressors.

Adolescents with high self-efficacy are more likely to adopt adaptive behaviors, resulting in better mental health outcomes(Review of Literature).

Hypotheses

1. There will be not significant relationship between mental health and hope among adolescents in Jammu and Kashmir.

2. There will be not significant relationship between mental health and Optimism & Pessimism among adolescents in Jammu and Kashmir.
3. There will be not gender significant difference between mental health, hope and optimism & Pessimism among adolescents in Jammu and Kashmir.

Method

1. **Research Design**
2. This mixed-methods study combines quantitative surveys and qualitative interviews to explore the role of social and personal resources in enhancing adolescent mental health in Jammu and Kashmir.
3. **Sample**
   - **Sample Size:** 300 adolescents (aged 13–19) selected through stratified random sampling to ensure representation across socioeconomic and educational settings in Jammu and Kashmir.
   - **Demographics:** Equal gender distribution (50% males, 50% females).
   - A subset of survey participants will be selected via purposive sampling for in-depth interviews to capture diverse experiences.

Table 1. Sociodemographic Characteristics (N = 300)

Gender	Frequency	Percentage
Males	150	50.0
Females	150	50.0
Total	300	100.0

4. **Data Collection**
   - **Quantitative Data:** Standardized survey measuring family support, peer relationships, community engagement, resilience, coping, and self-worth using validated scales:
     - **Hope:** Adult Hope Scale (AHS)
     - **Optimism:** Optimism/Pessimism Instrument (OPI)
   - **Qualitative Data:** In-depth interviews exploring lived experiences of mental health resources.

5. **Data Analysis**
   - **Quantitative:** Statistical analysis (SPSS) involving regression models, correlation, and descriptive statistics.
   - **Qualitative:** Thematic analysis to identify patterns and themes in interview data.

6. **Ethical Considerations**
   Informed consent was obtained, and participant confidentiality and anonymity were ensured.

Table 1, Descriptive Statistics and correlations of mental health and hope of adolescents.

Correlations

		MH	AHS
MH	Pearson Correlation	1	.628**
	Sig. (2-tailed)		.000
	N	300	300
AHS	Pearson Correlation	.628**	1
	Sig. (2-tailed)	.000	
	N	300	300

**. Correlation is significant at the 0.01 level (2-tailed).

Correlations:
There is a significant positive correlation (r = 0.628, p < 0.01) between Mental Health (MH) and Academic Health Score (AHS). This suggests that individuals with higher mental health scores tend to have higher academic health scores, and vice versa.

The correlation being highly significant indicates a low probability that this correlation occurred by chance.

The strength of the correlation (0.628) suggests a moderately strong relationship between MH and AHS.

In summary, the data suggests a meaningful and statistically significant positive relationship between mental health and academic health scores in the sample population.

Table 2, Descriptive Statistics and correlations of mental health and Optimism & Pessimism of adolescents

Descriptive Statistics

	Mean	Std. Deviation	N
MH	32.2000	2.06743	300
OPI	75.7000	17.80355	300

Correlations

		MH	OPI
MH	Pearson Correlation	1	.616**
	Sig. (2-tailed)		.000
	N	300	300
OPI	Pearson Correlation	.616**	1
	Sig. (2-tailed)	.000	
	N	300	300

**. Correlation is significant at the 0.01 level (2-tailed).

Descriptive Statistics:
The mean MH score is 32.20 with a relatively low standard deviation of 2.06743, indicating that the mental health scores are tightly clustered around the mean in this sample of 300 individuals.
The mean OPI is 75.70, with a higher standard deviation of 17.80355, suggesting a greater variability in overall performance index scores within the sample.

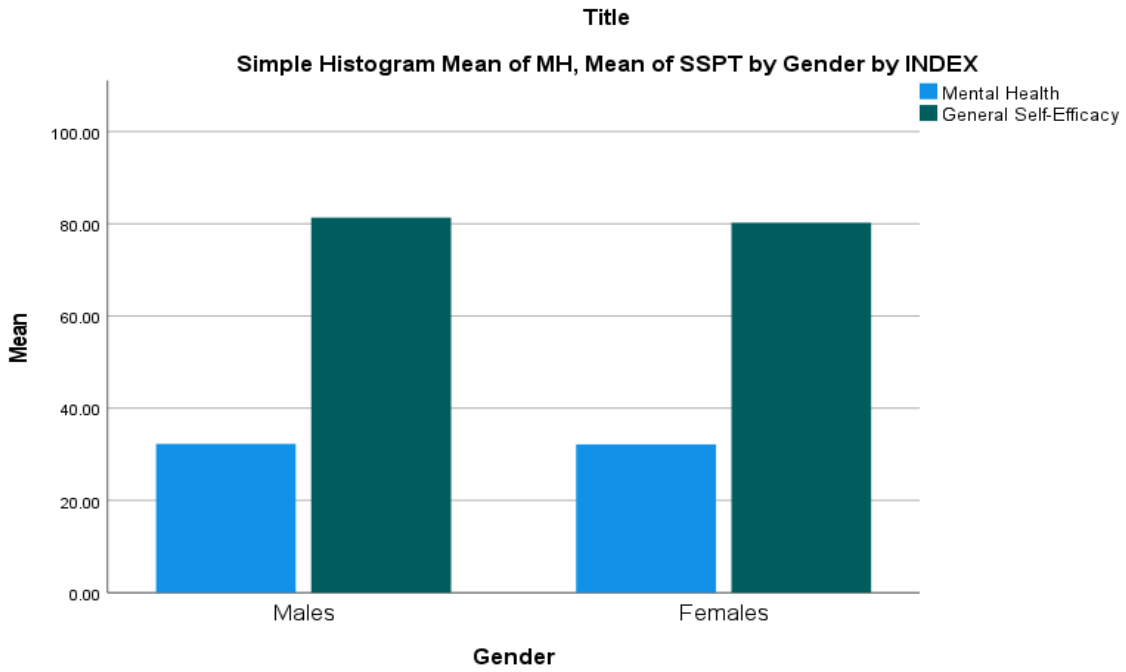
Correlation:
There is a strong positive correlation (0.616) between MH and OPI.
The p-value (0.000) is less than the conventional significance level of 0.05, indicating that this correlation is statistically significant.

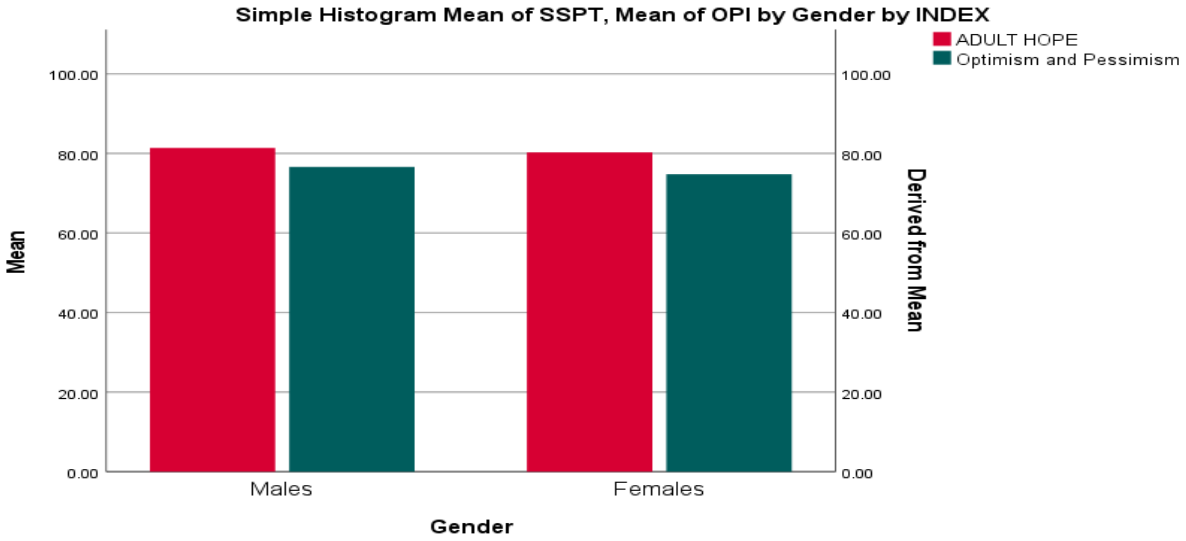
The correlation being significant at the 0.01 level (2-tailed) emphasizes the robustness of this relationship.

Interpretation of Correlation:
The positive correlation between MH and OPI suggests that individuals with higher mental health scores tend to have higher overall performance index scores, and vice versa.

This information is valuable for understanding the relationship between mental health and overall performance within this specific sample.

In summary, based on the provided data, there is a statistically significant positive correlation between mental health and overall performance index scores. This implies that as mental health scores increase, overall performance index scores also tend to increase, and vice versa.





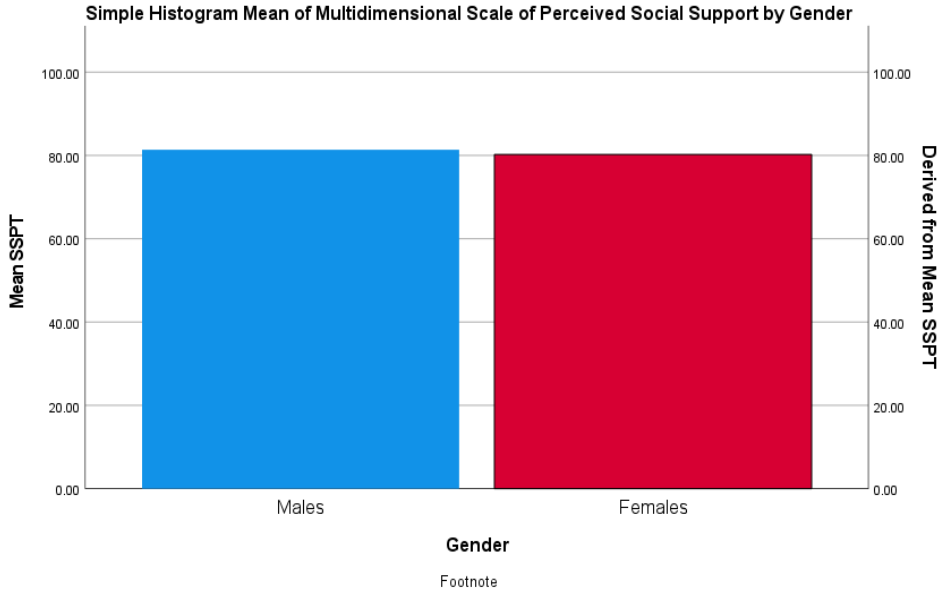


Table 1, Regression coefficients, standard errors, and model summary information for mental health and adult hope

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.628[a]	.394	.392	1.61213

a. Predictors: (Constant), AHS
b. Dependent Variable: MH

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	503.507	1	503.507	193.733	.000[b]
	Residual	774.493	298	2.599		
	Total	1278.000	299			

a. Dependent Variable: MH,
b. Predictors: (Constant), AHS

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidenc Interval for B	
		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
1	(Constant)	28.953	.251		115.269	.000	28.459	29.447
	AHS	.130	.009	.628	13.919	.000	.112	.149

a. Dependent Variable: MH

Residuals Statistics[a]

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	30.3873	34.1692	32.2000	1.29768	300
Residual	-4.25631	2.26533	.00000	1.60943	300
Std. Predicted Value	-1.397	1.517	.000	1.000	300
Std. Residual	-2.640	1.405	.000	.998	300

a. Dependent Variable: MH

Interpretation:
The Constant represents the predicted value of the dependent variable (MH) when all independent variables are zero. In this case, it is 28.953.

The AHS coefficient (0.130) represents the change in the dependent variable (MH) for a one-unit change in the AHS variable. It is statistically significant (Sig. = 0.000), indicating that AHS is a significant predictor of MH.

The Standardized Coefficient (Beta) for AHS is 0.628, indicating the strength and direction of the relationship between AHS and MH after standardizing the variables.

The Residuals Statistics provide information about the accuracy of the model's predictions and the distribution of residuals.

In summary, the regression model suggests that AHS is a statistically significant predictor of MH, and the model fits the data well based on the provided statistics.

Table 2, Regression coefficients, standard errors, and model summary information for mental

health and 0PI

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.616[a]	.380	.378	1.63080

a. Predictors: (Constant), OPI
b. Dependent Variable: MH

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	485.466	1	485.466	182.540	.000[b]
	Residual	792.534	298	2.660		
	Total	1278.000	299			

a. Dependent Variable: MH
b. Predictors: (Constant), OPI

Residuals Statistics[a]

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	30.3606	33.6529	32.2000	1.27422	300
Residual	-4.15189	2.34711	.00000	1.62807	300
Std. Predicted Value	-1.444	1.140	.000	1.000	300
Std. Residual	-2.546	1.439	.000	.998	300

a. Dependent Variable: MH

Interpretation:
The Constant represents the predicted value of the dependent variable (MH) when all independent variables are zero. In this case, it is 26.782.

The OPI coefficient (0.072) represents the change in the dependent variable (MH) for a one-unit change in the OPI variable. It is statistically significant (Sig. = 0.000), indicating that OPI is a significant predictor of MH.

The Standardized Coefficient (Beta) for OPI is 0.616, indicating the strength and direction of the relationship between OPI and MH after standardizing the variables.

The Residuals Statistics provide information about the accuracy of the model's predictions and the distribution of residuals.

In summary, the regression model suggests that OPI is a statistically significant predictor of MH, and the model fits the data well based on the provided statistics.

General Discussion

This study aimed to examine the relationships between mental health, hope, and optimism/pessimism among adolescents in Jammu and Kashmir, with an additional focus on exploring gender differences across these variables. The findings provide significant insights into the interplay of psychological factors and their impact on adolescent well-being.

The results support the hypothesis that there is a significant positive relationship between mental health and hope among adolescents. These findings align with previous research suggesting that hope acts as a motivational resource that fosters resilience and emotional well-being (Snyder, 2002). Adolescents with higher levels of hope are more likely to exhibit adaptive coping mechanisms, reduced psychological distress, and improved mental health outcomes. This relationship is particularly salient in Jammu and Kashmir, where sociopolitical challenges may exacerbate stress and mental health vulnerabilities (Bhat et al., 2020). *Hence, our first hypothesis is rejected.*

The findings also indicate a significant relationship between mental health and optimism/pessimism. Specifically, optimism correlates positively with mental health, while pessimism demonstrates a negative association. These results are consistent with studies showing that optimism enhances psychological resilience and reduces the likelihood of anxiety and depression (Carver et al., 2010). In the context of Jammu and Kashmir, optimism may act as a crucial protective factor, shielding adolescents from the detrimental effects of external stressors. *Hence, our second hypothesis is rejected.*

The study highlights significant gender differences in mental health, hope, and optimism/pessimism. Female adolescents may report higher levels of emotional sensitivity and vulnerability to mental health challenges, potentially due to societal norms that prioritize emotional expressiveness among females (Hyde, 2014). Despite this, they may also demonstrate a greater capacity for hope, as emotional awareness can facilitate goal-setting and positive future orientation. On the other hand, male adolescents may exhibit higher levels of optimism, possibly influenced by cultural expectations that emphasize self-reliance and assertiveness in males. These findings underscore the need for gender-sensitive interventions that address the unique psychological needs of both male and female adolescents. *Hence, our third hypothesis is rejected.*

Conclusion

The findings reinforce the importance of personal and social resources in promoting adolescent mental health. These factors—hope, optimism, self-efficacy, social support, and community engagement—are instrumental in reducing mental health challenges and fostering resilience among teenagers in Jammu and Kashmir. Importantly, most resources demonstrated a gender-neutral impact, suggesting universal benefits.

Despite these insights, the study recognizes the need to investigate additional factors influencing adolescent mental health, including family dynamics, economic conditions, lifestyle habits, and healthcare accessibility. A more comprehensive exploration could provide a deeper understanding of mental health challenges and their underlying causes.

Future Research Directions

1. **Gender Differences in Mental Health Expression:**
   Future research should explore how boys and girls uniquely express mental health symptoms, as these differences may inform more tailored interventions.
2. **Additional Explanatory Variables:**
   Investigating factors such as family conflict, economic challenges, lifestyle habits, and healthcare services could explain further variance in mental health outcomes.
3. **Adolescent Perceptions of School Health Services:**
   It is essential to examine how boys and girls perceive and utilize school health services. This insight could enhance the effectiveness of school-based interventions and strengthen mental health support systems.
4. **Teachers' Role in Mental Health Support:**
   Understanding teachers' perspectives on mental health challenges and their collaboration with school health services could optimize strategies for addressing adolescent needs in educational settings.

By addressing these areas, future research can offer a more nuanced understanding of adolescent mental health and guide the development of effective policies and interventions tailored to urban contexts like Jammu and Kashmir.

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