



MENTAL HEALTH PROBLEMS AND SOCIAL SUPPORT: A CORRELATIONAL STUDY AMONG YOUTH

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Abstract

Mental health is a fundamental component of overall health and well-being. It influences how individuals think, feel, behave, and interact with others. Young people represent one of the most vulnerable groups to mental health problems because of the rapid biological, psychological, and social changes they experience during adolescence and early adulthood. Factors such as academic stress, family conflicts, social media use, unemployment, peer pressure, substance abuse, and uncertainty about the future significantly affect their mental well-being. The present study was designed to assess the relationship of mental health, stress and social support among youth. A sample of 120 youth (60 male and 60 female) of Bhiwani and Rohtak districts of Haryana state has been taken for this purpose. A questionnaire on Mental Health Inventory, Perceived Stress Scale (PSS-10) and Multidimensional Scale of Perceived Social Support were administered on the samples. The obtained data was analyzed through mean, SD and Pearson's coefficient of correlation. The results showed that the perceived stress is negatively associated with mental health, whereas perceived social support is positively associated with mental health among youth. Both relationships were statistically significant at the 0.01 level, supporting the study's objectives and highlighting the importance of stress management and social support in promoting positive mental health among young people.

Keywords: Mental health, stress, depression, anxiety, well-being, social support, youth.

Mental health refers to a state of well-being in which individuals recognize their abilities, cope effectively with normal life stresses, work productively, and contribute to their communities. Good mental health enables young people to develop healthy relationships, make informed decisions, regulate emotions, and achieve educational and occupational success. Youth, generally defined as individuals aged 15–24 years, undergo substantial physical, emotional, cognitive, and social development. During this stage, they face numerous challenges, including academic competition, career planning, identity formation, family expectations, peer relationships, and increasing exposure to digital media. These challenges may lead to psychological distress if appropriate support systems are unavailable. According to the World Health Organization (WHO), approximately one in seven adolescents aged 10–19 years experiences a mental disorder, making mental health promotion among youth a global public health priority.

Recent studies indicate that anxiety, depression, stress, loneliness, and suicidal ideation have increased among young people worldwide. Excessive use of social networking sites, cyber bullying, substance abuse, poor sleep habits, and financial insecurity further contribute to deteriorating mental health. Conversely, protective factors such as supportive families, healthy peer relationships, physical activity, resilience, and access to counseling services improve psychological well-being. Patel et al. (2007) reviewed global evidence on youth mental health and concluded that approximately half of all mental disorders begin before the age of 14 years. They emphasized that depression, anxiety, and behavioural disorders are major contributors to disability among adolescents and recommended early identification and school-based mental health programmes. Yatham et al. (2018) reviewed studies on depression, anxiety, and post-traumatic stress disorder among youth in low- and middle-income countries. They reported high prevalence rates of depression and anxiety and highlighted the importance of culturally appropriate psychological interventions and accessible mental health services for young people.

Racine et al. (2021/2022) conducted a systematic review and meta-analysis of longitudinal studies and found that symptoms of depression and anxiety increased significantly among children



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and adolescents during the COVID-19 pandemic. Females and older adolescents were particularly vulnerable to psychological distress. Malhotra and Patra (2022) A systematic review and meta-analysis of rural Indian adolescents reported that depression, anxiety, emotional problems, and suicidal behaviours were common mental health concerns. The study identified academic stress, family conflict, and socioeconomic disadvantage as major risk factors, while supportive family environments acted as protective factors. Balhara et al. (2023) A study among Indian high school students found that approximately one-third of adolescents reported clinically significant depressive and anxiety symptoms. Higher depression and anxiety were associated with lower psychological well-being and happiness. Female students and older adolescents reported poorer mental health than their counterparts.

Balamurugan et al. (2024) In a systematic review of mental health issues among school children and adolescents in India, the authors found that depression was the most frequently reported mental health problem, followed by anxiety, stress, emotional and behavioural problems, internet addiction, and psychological distress.

They emphasized the need for school-based mental health promotion and early intervention. Ramdhonee-Dowlot et al. (2025) This systematic review examined anxiety and depression among children and adolescents in low- and middle-income countries. The authors concluded that anxiety and depressive symptoms are highly prevalent among young people and recommended routine mental health screening, preventive programmes, and increased access to psychological services.

The reviewed literature consistently demonstrates that mental health among youth is influenced by perceived stress, anxiety, depression, and social support. Most studies report that higher stress is associated with poorer mental health, while greater social support enhances psychological well-being and resilience.

Recent Indian and international research highlights an increasing prevalence of mental health problems among adolescents and young adults, underscoring the need for early identification, counseling services, and school- and community-based mental health interventions. The present study aims to assess the mental health status among youth and identify factors influencing their psychological well-being. Though, several studies (mentioned above) have reported strong relationship of mental health, stress and social support among youth. After extensive review of literature the following objectives were proposed.

STATEMENT OF THE PROBLEM

- Mental Health Problems and Social Support: A Correlational Study among Youth

Objectives of the Study

1. To assess the level of mental health among youth.
2. To examine the relationship between perceived stress and mental health.
3. To study the influence of social support on mental health.

Research Methodology

Design

The study employed a descriptive survey research design. This design is appropriate for assessing the existing mental health status of youth and examining relationships among selected variables without manipulating them.

Sample

A total of one hundred twenty youth (both sexes) selected sample of this study. The sample was selected from Bhiwani and Rohtak districts of Haryana state on the basis of non-random purposive sampling. There were sixty male and sixty female students in the age range of 18 to 25 years.

Tools Used

The following standardized instruments were used:



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1. Mental Health Inventory (MHI-38) Developed by: Veit and Ware (1983)

The Mental Health Inventory (MHI-38) is a standardized self-report instrument designed to assess general mental health. It measures both psychological distress (anxiety, depression, loss of behavioural/emotional control) and psychological well-being (positive affect and emotional ties). The inventory contains 38 items rated on 5- or 6-point Likert-type response scales. Reliability: Internal consistency (Cronbach's α): Total scale ranges from 0.93 to 0.96. Psychological Distress subscale: $\alpha = 0.91$, Psychological Well-being subscale: $\alpha = 0.94$, and test-retest reliability was approximately 0.78–0.85 over short intervals.

2. Perceived Stress Scale (PSS-10) Developed by: Cohen, Kamarck, and Mermelstein (1983)

The Perceived Stress Scale (PSS-10) is one of the most widely used instruments for measuring the degree to which individuals perceive situations in their lives as stressful. It assesses perceived stress experienced during the previous month. Target population: Adolescents and adults. Number of items: 10. Response format: 5-point Likert scale (0 = Never to 4 = Very Often). Score range: 0–40. Reliability: Internal consistency (Cronbach's α): Typically ranges from 0.78 to 0.91 and test-retest reliability approximately 0.70–0.85, depending on the interval between administrations. Validity of the scale was 0.762.

3. Multidimensional Scale of Perceived Social Support (MSPSS) Developed by: Zimet, Dahlem, Zimet, and Farley (1988)

The MSPSS measures an individual's perceived social support from Family, Friends, and Significant others. It is widely used in mental health, counseling, and health psychology research. Norms: Target population: Adolescents and adults. Number of items: 12. Response format: 7-point Likert scale (1 = Very Strongly Disagree to 7 = Very Strongly Agree). Score range: 12–84. Reliability: Overall internal consistency (Cronbach's α): 0.88–0.94. Family subscale: $\alpha = 0.87$ –0.91. Friends subscale: $\alpha = 0.85$ –0.91. Significant Other subscale: $\alpha = 0.91$ –0.94 and test-retest reliability approximately 0.85 over 2–3 months. Validity of the scale was 0.92.

Procedure

Mental Health Inventory, Perceived Stress Scale and Multidimensional Scale of Perceived Social Support were administered to each student separately. Participants were informed about the purpose of the study, and informed consent was obtained. The participants were explained carefully about instructions and also satisfied their queries. They were requested to respond truly and were assured that their responses would be kept confidential. The administration required approximately 30–40 minutes. Completed questionnaires were scored according to the manuals provided with each instrument. Scoring was done as per scoring guidelines given in manuals and data were analyzed by calculating Mean, SD and coefficient of correlation.

Statistical Analysis

The obtained data were subjected to statistical analysis by using SPSS software (version 16.5) for computation of Mean, Standard Deviation, Pearson's coefficient of correlation. For examining the relationship of Mental Health, Perceived Stress and Perceived Social Support among youth Pearson's coefficient of correlation was calculated.

Results and Discussion

The mean score for Mental Health was 71.45 with a Standard Deviation (SD) of 8.62 (Table-1). This indicates that, on average, the participants exhibited a moderately good level of mental health. The SD suggests moderate variability in mental health scores, indicating that although most participants had satisfactory psychological well-being, some reported comparatively lower or higher levels of mental health.

The mean score for Perceived Stress was 22.14 with an SD of 5.48 (Table-1). Based on the interpretation of the Perceived Stress Scale (PSS-10), this mean falls within the moderate stress range. The relatively small standard deviation indicates that most participants experienced similar levels of perceived stress, reflecting common stressors such as academic demands, career uncertainty, family expectations, and social pressures among youth.



Table 1 Shows the Mean and Standard Deviation of the study variables, namely Mental Health, Perceived Stress, and Perceived Social Support among youth (N = 120).

Descriptive Statistics		
Variable	Mean	SD
Mental Health	71.45	8.62
Perceived Stress	22.14	5.48
Social Support	61.83	7.91

The mean score for Perceived Social Support was 61.83 with an SD of 7.91 (Table-1). This score indicates that the participants perceived a high level of social support from family members, friends, and significant others. The moderate standard deviation suggests some variation in perceived support; however, the majority of the youth reported receiving adequate emotional and social support.

The descriptive statistics indicate that the youth in the present study generally demonstrated moderately good mental health, experienced moderate levels of perceived stress, and reported high levels of perceived social support. These findings suggest that although young people face considerable stress during this developmental period, the presence of supportive social relationships may help maintain positive mental health and psychological well-being. The descriptive results provide a basis for further correlation analysis to examine the relationships among these variables.

The results indicate that the participants demonstrated a moderate level of mental health, moderate stress, and relatively high perceived social support.

Table 2 Shows the Co-efficient of Correlation between Mental Health and Perceived Stress, and Mental Health and Perceived Social Support among youth (N = 120).

Correlation	
Variable	Co-efficient of Correlation “r”
Mental Health and Stress	-0.61**
Mental Health & Social Support	0.54**

****Significant at level 0.01, *Significant at level 0.05**

The results (Table-2) revealed a significant negative correlation between Mental Health and Perceived Stress ($r = -0.61$, $p < .01$). This indicates that as the level of perceived stress increases, the mental health of youth decreases. The correlation coefficient of -0.61 suggests a moderately strong inverse relationship, implying that stress is an important factor associated with poorer psychological well-being among young people.

Further, the analysis showed a significant positive correlation between Mental Health and Perceived Social Support ($r = 0.54^{**}$, $p < .01$; Table-2). This finding indicates that youth who perceive higher levels of support from family, friends, and significant others tend to report better mental health. The correlation coefficient of 0.54 reflects a moderately strong positive relationship, suggesting that social support serves as a protective factor that enhances psychological well-being.

Overall, the findings demonstrate that perceived stress is negatively associated with mental health, whereas perceived social support is positively associated with mental health among youth. Both relationships were statistically significant at the 0.01 level, supporting the study's objectives



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Mental Health and Stress: $r = -0.61^{**}$ ($p < .01$) indicates that higher stress is associated with lower mental health. Mental Health and Social Support: $r = 0.54$ ($p < 0.01$) indicates that greater perceived social support is associated with better mental health (Table-2).

The findings reveal a significant negative correlation between mental health and perceived stress, indicating that higher stress is associated with poorer mental health. Conversely, social support demonstrated a significant positive relationship with mental health. The findings suggest that stress adversely affects psychological well-being, whereas social support serves as a protective factor. Youth experiencing greater family and peer support reported better emotional stability, higher life satisfaction, and lower psychological distress.

Discussion

The present findings indicate that perceived stress negatively influences mental health among youth. Academic pressure, uncertainty regarding employment, financial concerns, social comparison, and family expectations contribute significantly to psychological distress. These findings are consistent with Cohen et al. (1983), who reported that individuals experiencing high levels of perceived stress demonstrate poorer psychological functioning. Similarly, WHO (2022) reported that anxiety and depressive disorders constitute a substantial proportion of mental health problems among adolescents and young adults. The organization emphasized the importance of early identification and intervention.

The positive relationship between social support and mental health supports the findings of Zimet et al. (1988), who concluded that family and peer support significantly reduce emotional distress and improve coping abilities. Furthermore, Keyes (2002) argued that mental health is more than the absence of mental illness; it includes emotional, psychological, and social well-being. Young people with strong interpersonal relationships, optimism, and resilience generally demonstrate better mental health outcomes. The results also support the findings of Patel et al. (2007), who identified adolescence as a critical developmental period during which most mental disorders first emerge. They recommended strengthening school- and community-based mental health program.

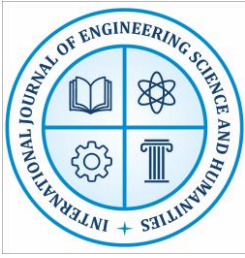
Recent research has also highlighted the influence of excessive social media use. Studies have shown that prolonged screen time, cyber bullying, and online social comparison contribute to increased anxiety, loneliness, and depression. Conversely, participation in physical activities, mindfulness practices, and counseling program significantly improves psychological well-being. Overall, the findings demonstrate that mental health among youth is influenced by multiple biological, psychological, and social factors. Interventions should therefore adopt a holistic approach involving educational institutions, families, healthcare professionals, and policy-makers.

Conclusion

Mental health among youth has become an important public health concern worldwide. The present study found that perceived stress is negatively associated with mental health, whereas social support contributes positively to psychological well-being. Educational institutions should implement comprehensive mental health promotion program, counseling services, stress-management workshops, and life-skills training.

Families should maintain open communication, provide emotional support, and encourage healthy coping strategies. Governments and educational authorities should strengthen mental health policies, improve access to psychological services, and reduce the stigma associated with mental illness.

Early intervention, supportive environments, resilience-building program, and community participation can significantly enhance mental health among young people, enabling them to lead healthier, happier, and more productive lives.



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