

## Role of Family Support and Life Satisfaction in Affecting Mental Health of Adolescents: An Indian study

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### ABSTRACT

Adolescence is a crucial and transitional phase where individuals face many changes. Many factors influence the mental health of adolescents. The main objective of this research study was to find out the relationship between family support, life satisfaction, and mental health. 200 adolescents from government schools in Haryana were included in the study, whose age range was 11 to 19 years. Standardized tools assisted in the collection of the data. The end result revealed a high positive connection ( $r = 0.828$ ) between life contentment and mental health, a moderate positive correlation ( $r = 0.690$ ) between family support and mental health, and a high positive correlation ( $r = 0.749$ ) between life satisfaction and family support. Along with having a favourable impact on mental health, family support and life satisfaction are also highly beneficial. Finally, significant gender differences were found in life satisfaction and mental health variables, while no such gender difference was found in family support. As a result, family support and life satisfaction have a significant impact on mental health.

**Keywords:** *Mental health, family support, life satisfaction, adolescents, India*

Over time, the concept of mental wellbeing or health has evolved from unassertive to assertive to a complementary notion, where it is defined as a spectrum that progresses from mental disorders to well-being or is seen from several angles (Ringdal et al., 2020). Specifically, it is important to consider mental health within the broadest possible context since an individual might exhibit both mental health issues and a high degree of wellbeing at the same time. The World Health Organization (WHO) also observes that individuals with mental health illnesses are much more likely to have poor mental well-being, even if this is not always the case (World Health Organization, 2014). Accordingly, Ringdal et al. stress the significance of looking at possible predictors' impacts in similar models for positive as well as negative elements of mental wellness (Ringdal et al., 2020).

To live life peacefully, it is very important to have healthy mental health. If mental health is not good, then physical health, social health, and other aspects of life are also badly affected. According to WHO estimates, about 450 million people worldwide suffer from mental illnesses. Approximately 13% of all diseases globally are currently caused by mental and behavioural problems. By 2020, this is probably going to rise to fifteen percent. The majority

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of mental health issues are seen in low- to middle-income nations. The complexity of identifying a case, sample techniques, inadequate reporting, stigma, a lack of suitable financing and qualified staff, and the low priority of mental health in health plans are all contributing factors to the limitations in psychiatric epidemiology. In accordance with the World Health Organization, mental health is defined as "a state of well-being in which each individual fulfils their own potential, manages life's typical stresses, works effectively and efficiently, and is able to contribute to her or his community" (World Health Organization, 2005). Adolescents are known to be especially susceptible to a range of mental diseases, with an increase in their frequency in recent years (Erskine et al., 2015).

### ***Psychosocial Factors Affecting the Mental Health of Adolescents***

Adolescent research shows that disorders of appetite, depression, anxiety, bipolar disorder, behavioural disorders, schizophrenia, addictive disorders, drug and alcohol use, self-harm, attempts to commit suicide, and eating disorders are all on the rise in this population (Paus et al., 2008; Burstein et al., 2019). Such problems are typically not identified until later in life, at which point they are treated (Kessler et al., 2007). In cultures where communal culture is prevalent, parents are the children's primary parents and teachers (Lam et al., 2020). Adolescents' growth and well-being are greatly influenced by their family history and the assistance they receive from their parents. Studies have repeatedly demonstrated that factors related to the family background, such as parental education level and socioeconomic position, positively influence psychological well-being (Assari, 2018; Ge, 2020) and educational ambitions (Hadjar et al., 2021). According to theories of cultural and social capital, fostering a happy home life for children via regular routines, respect, emotional support, and communication at home improves students' moods and well-being and motivates them to pursue their goals (Bourdieu, 1977, 1986). Meanwhile, supportive parents-children connections may be characterized as family social capital for youth personal well-being in light of social capital theories (Ge, 2020). The self-determination theory elucidates the connections among parental guidance, goal-setting, and wellbeing. SDT holds that a person's level of satisfaction with what they need mentally for relatedness, competence, and autonomy is correlated with their overall well-being (Ryan and Deci, 2017). When these psychological demands are satisfied when pursuing a goal, pursuing personal goals can enhance wellbeing (Ryan and Deci, 2000). Research has proven that the home advantage factor exists (Lareau, 2000). Apart from devising strategies for navigating program channels and broadening their kids' social circles to gain access to monetary assets and future opportunities, middle-class parents may also offer expert guidance on educational choices. Furthermore, the care and material resources that parents provide their children with through their interactions can be viewed as beneficial social capital (Coleman, 1988, 1994; Ho, 2010). These resources also help the children develop their academic skills, which in turn help predict the life satisfaction of children (Danielsen et al., 2009). In order to examine the variations across groups, this study included the degree of education of parents as a grouping variable. According to Bourdieu's family habitus theory, a family's sociocultural resources offer priceless qualitative support. Students with educated families exhibit a notable slope in the positive linear association between dedication to goals and qualitative parental support. Put differently, these children experience a significant influence from their parents' intangible support. Researchers discovered that child marriage had negative effects on mental health, including symptoms of depressive disorder and self-harming ideas and actions, in a Lancet study done in Bihar and Uttar Pradesh (South-eastern Asia Lancet Regional Health, 2023). In the Young Lives project, which followed the way of lives of 12,000 children in Vietnam, Ethiopia, India, and Peru, the investigators discovered that mother ambitions for their daughter's education and longer

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schooling were factors that protected against early marriage. According to Ribeiro et al. (2022), women are more likely to experience symptoms of depression both before and after maternity. The first investigation to look at the connection between adverse adolescent experiences and health outcomes was the CDC-Kaiser ACE project. The researchers revealed that the long-term effects of ACEs (adverse childhood experiences) increase the likelihood of mental diseases, substance abuse, depressive disorders, and thoughts of suicide and attempts later in life (Felitti et al., 1998). According to this American study, children with a significantly elevated ACE score may see a 20-year reduction in life expectancy if their ACEs go untreated. Four or more ACEs increased an adolescent's risk of addiction to alcohol by 7.4 times and increased their risk of suicide attempts by 12.2 times (Felitti et al., 1998).

### Objectives

- To assess the effect of family support and life satisfaction on the mental health of adolescents.
- To assess the relationship among mental health, family support, and life satisfaction.
- To examine the gender differences in family support, life satisfaction, and mental health of adolescents.

### Hypotheses

- H<sub>1</sub>: There would be significant gender differences across family support, life satisfaction, and the mental health of adolescents.
- H<sub>2</sub>: There is a significant relationship between family support and mental health.
- H<sub>3</sub>: There is a significant relationship between life satisfaction and mental health.
- H<sub>4</sub>: There is a significant relationship between family support and life satisfaction.
- H<sub>5</sub>: There would be a significant influence of family support and life satisfaction on mental health.

### Sample

In the present study, 200 students were included from government schools in Haryana, India. Out of these, 100 were girls, and 100 were boys. The sample's age ranged from 11 to 18 years old. With a standard deviation of 3.280, the participants' mean age was 14.77. All these adolescents were students from 6th to 12th grade. The frequency and percentage of participants' age and gender are shown in the descriptive Table 1.

**Table 1: Sample outline**

Variables (n=200)	Frequency	Percentage (%)
<b>Gender</b>		
Male	100	50.0
Female	100	50.0
<b>Age</b>		
11-14	107	53.5
15-18	93	46.5

### Procedures for data collection

The heads of the schools were contacted in advance to get consent from the participants to take part in this research before any data were gathered. All student participants and their parents or guardians gave their informed consent in order for the adolescents to be included in the study. The adolescents were informed that the data provided would be handled

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confidentially and willingly and that what was collected would only be used for research. There was no payment made to respondents for their time and effort. Within regular school hours, at the designated time for individuals to assist, prepared interviewers conducted surveys under the lead researcher's supervision. The surveys were filled out by students in a group setting. The average time for subjects to finish the surveys was twenty to twenty-five minutes in length.

### *Instrument to be used*

As per the objectives of the present study, the following tools of measurement were used to collect the data:

- **Mental Health Inventory (Veit & Ware, 1983):** A modified version of the mental health inventory (Viet & Ware, 1983) was used to check the status of mental health. This scale has a total of 18 items that measure mental health issues such as positive emotions, anxiety, general distress, depression, and behavioural control. Respondents follow a 6-point Likert scale from (1) all of the time to (6) none of the time to respond to all these items. The possible range of the obtained score is 0-100.
- **Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, 1988):** There are a total of 12 items in this scale. These 12 items are divided into 3 subscales: (1) significant other scale, (2) family subscale, and (3) friend subscale. Each subscale has four items. Each item is rated on a 7-point Likert scale. In this study, only four items measuring family support were included in the final analysis (i.e., "My family really tries to help me," "I get the emotional help and support I need from my family," "I can talk about my problems with my family," and "My family is willing to help me make decisions"). The response format is as follows: 'very strongly disagree (1), strongly disagree (2), mildly disagree (3), neutral (4), mildly agree (5), strongly agree (6), very strongly agree (7)'. The final score is obtained by dividing the total scores obtained on all the items by 12. The possible score range obtained is 12-84.
- **Satisfaction with Life Scale (Diener et al., 1985):** To measure life satisfaction, the satisfaction with life scale developed by Diener and colleagues was used. This scale has a total of 5 items, and each item has to be rated on a 7-point scale (i.e., '7 = strongly agree, 6 = agree, 5 = slightly agree, 4 = neither agree nor disagree, 3 = slightly disagree, 2 = disagree, and 1 = strongly disagree'). The possible range of the obtained score is 5-35.

### *Inclusion Criteria*

- 11-18 years old
- Informed consent was obtained from parents or guardians.
- Sample: someone who can read and understand Hindi and English
- Willing to participate.

### *Exclusion Criteria*

- Adolescents with any severe medical or mental health concerns
- Those who are not willing to participate.

## **RESEARCH METHODOLOGY**

The factors in the current study have been compared using a correlational approach. Means, standard deviations, frequencies, and percentages are examples of descriptive statistics. To ascertain the strength and direction of the correlation between life satisfaction, mental health,

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and family support, a linear regression analysis was done. To compare the mean differences in gender and mental health, an independent t-test was employed. IBM SPSS version 26 was used for all analyses.

The G\*Power software v3.1.9.7 was used to compute the sample size in order to investigate the minimum required sample magnitude (Faul et al., 2007). A minimum sample size of 107 people was necessary to achieve the power of 0.95 with an effect size of 0.15, even though the study used 200 participants, which satisfies the requisite sample size criterion.

An initial examination has been conducted to ensure that there haven't been any significant breaches by verifying the presence of outliers, multicollinearity, and homogeneity of variance, linearity, and assumptions of normality. Creswell (2009) states that in colinear statistics, assumptions of multicollinearity are jeopardized when tolerance >1 and VIF >10, or when intercorrelation is large (>0.90). The evaluations of the correlation and collinearity statistical tests show that, overall, the research fulfils the assumptions and that neither the linearity nor the multicollinearity assumptions were failing.

The association between life satisfaction, mental health, and family support was investigated using Pearson correlation. Table 2 presents the findings, which indicate a statistically significant and moderately favourable association ( $r = 0.690$ ,  $p < 0.01$ ) between family support and mental health. Thus, it has been demonstrated that there is a significant relationship between mental health and family support, which is the study hypothesis, or  $H_2$ . Once more, the results show a strong positive association ( $r = 0.828$ ,  $p < 0.01$ ) between life satisfaction and mental health. The  $H_3$  research hypothesis, which states that life satisfaction and mental health are significantly correlated, is therefore supported. Ultimately, the  $H_4$  study hypothesis is supported by a strong positive correlation ( $r = 0.749$ ,  $p < 0.01$ ) between life satisfaction and family support.

**Table 2: Pearson correlation among family support, life satisfaction, and mental health**

Items	Variables	Mean	Std. Deviation	F	L	M	Skewness	Kurtosis
1.	Family Support	15.035	5.541	1			-.217	-.542
2.	Life Satisfaction	16.350	7.805	0.749*	1		.429	-.698
3.	Mental Health	51.645	19.037	0.690*	0.828*	1	.046	-.380

\*\* Significant at the 0.01 level (2-tailed).

To compare the mental health, life satisfaction, and family support scores of males and females, an independent t test was performed. The results of Table 3 show that there is a significant variation in the mental health levels of males and females with respect to gender (mean = 59.630 and SD = 19.81 for males, and mean = 43.660 and SD = 14.395 for females). This difference is statistically significant ( $t = 6.521$ ,  $p = 0.000$ , at  $p < 0.05$ ). Similarly, there is a significant difference in the life satisfaction levels of males and females across the genders (mean = 20.070 and SD = 7.926 for males and mean = 12.630 and SD =

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5.627 for females). This difference is statistically significant ( $t = 7.653$ ,  $p = 0.000$ , at  $p < 0.05$ ). However, no gender differences were found on the family support variable ( $t = 1.731$ ,  $p = 0.085$ , at  $p > 0.05$ ). As a result, hypothesis  $H_1$  is partially accepted.

**Table 3: Independent t-test among family support, life satisfaction, and mental health**

Variables	Gender (Male=100 Female=100)	M	SD	Mean difference	Sig. (2-tailed)	Df	T	Sig.
Family Support	Male	15.710	6.100	1.350	0.085	198	1.731	P>0.05
	Female	14.360	4.856					
Life Satisfaction	Male	20.070	7.926	7.440	0.000	198	7.653	P<0.05
	Female	12.630	5.627					
Mental Health	Male	59.630	19.810	15.970	0.000	198	6.521	P<0.05
	Female	43.660	14.395					

Tests of Hypothesis  $H_5$  show that adolescents' mental health is significantly impacted by life satisfaction and family support. The hypothesis was tested using a linear regression. Table 4 shows that life satisfaction and family support are significant predictors of mental health. The F value (=226.271; 2, 199) shows that life satisfaction ( $b = 0.710$ ,  $p < 0.05$ ) and family support ( $b = 0.158$ ,  $p < 0.05$ ) have a substantial impact on mental health. Positive beta values clearly show the positive influence of life satisfaction and family support on mental health. Similarly, the model explains 69.70 percent of the variance in mental health, according to the value of R squared ( $R^2 = 0.697$ ).

**Table 4: Regression Analysis among family support, life satisfaction, and mental health**

Variables	B	Beta	T	Significance
(Constant)	15.184		7.028	0.000
Family Support	0.542	0.158	2.665	0.008 <sup>b</sup>
Life Satisfaction	1.731	0.710	11.983	0.000 <sup>b</sup>
R	0.835 <sup>a</sup>			
R <sup>2</sup>	0.697			
Adjusted R <sup>2</sup>	0.694			
F	226.271			

a. Dependent Variable: Mental health; b. Significant at 0.05 levels

## DISCUSSION

The findings of the present study are well mentioned in the table. Adolescence is a stage where, along with physical changes, adolescents also experience a lot of changes mentally. A whirlwind of mental changes comes. In such a situation, the support of the family, especially assistance from the parents, is a great support for the children. In the current study, too, a very positive relationship has been found between mental health and family support. Lam and colleagues' study (2020) supports this finding. Similarly, in other studies too, a significant correlation has been seen between mental health and family support in adolescence (Asseri, 2018; Ge, 2020). Similarly, the current study found a high positive correlation between mental health and life satisfaction. Previous research findings also support these current findings (Cavioni et al., 2021). Further, a significant association was found between life satisfaction and family support. Kleszczewska and colleagues (2018) found a significant relationship between life satisfaction and family support in adolescence.

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According to research findings, life satisfaction and family support together are affecting mental health. That is, we can say that to bring about a change in mental health, changes will have to be made in the levels of family support and life satisfaction as well. The positive value of beta clearly indicates that to improve mental health, life satisfaction and family support will also have to be increased. Jhang (2021) also found similar results in his research studies. Higher life satisfaction is necessary for greater mental health in adolescence, and family support is crucial for raising life satisfaction (You et al., 2018). If parents and grandparents in the family maintain a qualitative and warm relationship with adolescents, then they can easily adapt to the mental and physical challenges of this stage.

The mental health and life satisfaction of male adolescents are higher than those of female adolescents, according to a different notion. Gender differences were not seen in the family support measure, although males did score higher on the life satisfaction and mental health variables. The findings of Vecchio and colleagues (2007) strengthen the findings of the current study. Vieno and colleagues (2007), too, had not observed any gender difference in terms of family support in their research. In today's era, people have become aware of feminism and have started giving importance to equality. To change the mindset of people in India, campaigns like "Beti Bachao, Beti Padhao" are being organized. If children have a friendly environment in the family, they can easily share their problems with the family. There are many stressors, like problems related to the school environment, peer issues, etc., that children can share with their parents only when they feel a supportive bond with them. If children get proper support from the family, they can shorten the external issues with the help of the family, which has an ultimate impact on mental health. Feeling socially and mentally healthy also increases the level of life satisfaction in adolescence. There are other factors that affect mental health in adolescence that need to be studied further.

### ***Limitations and Future Research Directions***

This research still has limitations, even with the contributions it has made to several education- and psychology-related sectors. Generalization was not viable in this study because of the tiny research sample size. Still, the outcome is noteworthy. Consequently, future studies could benefit from a larger sample size. Qualitative research can be conducted to learn more about the relationships between various factors and the adolescent's level of life satisfaction and family support. As a correlational analysis, cause and effect are not assigned in this work. Consequently, to determine cause and effect, longitudinal research may be conducted. This study creates a new avenue for research by demonstrating the impact of protective and risk factors on mental health, including psychological well-being, family support, optimism, pessimism, coping strategies, social support, anxiety, mood disorders, life satisfaction, gratitude, and parental education and poverty.

### ***Practical Implications***

Social workers, psychologists, counsellors, psychiatrists, and other health professionals may find value in the study's conclusions. Enhancing the mental well-being of adolescents can be achieved by raising their degree of life satisfaction and familial support. The results of this study may be useful in enhancing mental well-being. Adolescents who experience life satisfaction and family support not only have better mental health, but they can also perform better academically. Psychological counselling for children should be done in school from time to time. Resilience and gratitude are examples of traits that may be taught and mastered as skills for improved life satisfaction and mental health, according to a recent study.

## CONCLUSION

Everybody has difficulties throughout their lifetimes. People can easily solve such difficulties if they have help from someone. A youngster experiences several changes and challenges during adolescence. Adolescents may handle those challenges with ease if they have help from their families in such circumstances. Adolescent mental health is influenced by a variety of variables; two of the most significant predictors of mental health are life satisfaction and family support.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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