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Research Article

Mental Health Well- Being Among Adolescents

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A B S T R A C T

Introduction: Adolescence is marked by rapid physical, cognitive, and social transitions, making this stage of life uniquely vulnerable to psychological distress. When coupled with external pressures such as academic expectations, peer influence, and digital exposure, adolescents face a heightened risk of self-harm and suicidal behaviour.

Objectives: The aim of the study is to determine the mental health well-being of adolescents in selected school of New Delhi.

Methodology: The study used a quantitative approach and descriptive survey design. The setting of the study was selected school in New Delhi. The present study sample included 36 students studying in 12th class selected through convenient sampling technique. Administrative approval was obtained from the selected school authority of New Delhi to conduct the survey. A written informed consent was taken from each participant. The data collection tool used in this survey was organized into two sections. Section A included the demographic profile of students. Section B include the Adolescent Well- Being scale. The data were analyzed using descriptive statistics.

Results: The results show that (91.6%) adolescents indicate a possible depressive disorder, while 3 adolescents (8.4%) exhibited good well-being with no depressive symptoms with a mean of 16.9 and a standard deviation of 2.9. The item-wise analysis of the Adolescent Well-Being Scale which revealed several indicators of poor psychological well-being and depressive symptoms among the adolescents. A substantial proportion of participants reported negative emotional experiences.

Conclusion: Strengthening parental awareness regarding adolescent mental health may further improve early recognition of emotional difficulties and encourage timely help-seeking behaviour. Teachers should collaborate to establish comprehensive mental health promotion programmes that include stress management training, life-skills education, resilience-building activities.

Keywords: Adolescent Well-Being, Depressive Symptoms

Introduction

Adolescence is a crucial stage of development characterized by significant physical, emotional, and social changes. During this period, individuals navigate vital milestones in identity formation, peer relationships, and academic progress (World Health Organization, 2021). While these experiences foster growth and resilience, they may also contribute to vulnerabilities that can lead to mental health issues. Among the latter, suicide stands out as a leading cause of death among adolescents, ranking as the third leading cause of death for individuals aged 10 to 19 worldwide[1].

Adolescence is marked by rapid physical, cognitive, and social transitions, making this stage of life uniquely vulnerable to psychological distress. When coupled with external pressures such as academic expectations, peer influence, and digital exposure, adolescents face a heightened risk of self-harm and suicidal behavior[2].

Depression and self-harm are common mental health challenges that often begin during adolescence. Over the past 20–30 years, rates of adolescent depression and self-harm have risen in many countries, with prevalence higher among girls than boys.[3] A pooled analysis of the Global School-Based Survey (GSHS) across 90 countries revealed a significant prevalence of suicidal ideation among 397,299 adolescents (51.3% female) was significantly higher among girls than boys.

India witnessed a constantly rising suicide rate over the past three decades with the highest number of incidences in the world. The suicide scenario among Indian children, adolescents and youth (< 30 years old) is highly alarming as it is their top leading cause of death.[4]

According to Malhotra et al., the prevalence rate of mental health issues in children and teenagers in India was determined to be 23.33% in school and 6.46% in the community. Aside from these studies, the National Mental Health Survey 2016 found that teenagers had a 7.3% prevalence of illness, distributed equally across boys and girls. However, it was greater in metropolitan metro areas, and the prevalence of anxiety issues was 3.6%, with depression-related conditions at 0.8%.[5]

Adolescents' high levels of mental well-being contribute to their social, intellectual, and emotional development, enrich self-esteem and academic achievement, and facilitate the transition to adulthood. However, stress and anxiety levels among young people are increasing, putting them at risk for mental, behavioral, and emotional disorders. Poverty, trauma, exposure to discrimination, and the pressure for excessive achievement in affluent environments are among the four "high-risk" factors for adolescents' mental health.

Decreasing rates of mental well-being and the increasing number of early-onset mental problems in this age group indicate the need for better insights into the determinants and triggers to enhance mental well-being.[6]

The intense academic pressure, cut-throat competition, and societal pressures faced by school children in India make it crucial to comprehend the extent of their struggles and their impact on their overall well-being. The early identification of mental health challenges and the provision of timely interventions are essential to prevent more severe and long-lasting problems, underscoring the fundamental importance of prioritizing mental health as a cornerstone of healthy child and adolescent development

Objective of the study

The present study to determine the mental health well-being of adolescents in selected school of New Delhi.

Methodology

The study used a quantitative approach and descriptive survey design. The setting of the study was a selected school in New Delhi. The present study sample included 36 students studying in 12th class selected through convenient sampling technique. Administrative approval was obtained from the selected school authority of New Delhi to conduct the survey. A written informed assent was taken from each participant. They were assured anonymity and confidentiality of the information provided by them during the survey. The data collection tool used in this survey was organized into two sections. Section A included the demographic profile of students. Section B include the Adolescent Well- Being scale. The Adolescent Well-being Scale was devised by Peter Birleson and it is considered a standardized and validated screening tool for assessing emotional well-being and depressive symptoms among children and adolescents. It consists of 18 items and scoring of the responses was done as follows: most of the time (0), sometimes (1) and never (2). The reliability of the Adolescent Well-Being Scale was established by Peter Birleson (1981)[7]. The instrument demonstrated good internal consistency with a split-half reliability coefficient of 0.86. The data were analyzed using descriptive statistics in SPSS Version 27.0 (IBM Corp. Released 2020. Armonk, NY).

Results

The data presented in Table 1 describe the frequency and percentage distribution of 36 adolescents according to their demographic characteristics, including age, gender, type of family, and number of family members. With regard to age all were aged between 17 and 18 years. Regarding gender, more than half of the participants, 56%, were male, while 44% were female. In terms of family type, approximately half of adolescents, 61.2% belonged to joint family, whereas

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5.5% came from single-parent families. With respect to family size, 66.6% adolescents reported having more than four family members, 27.7% had 3–4 family members, and 5.5% had fewer than three family members.

Findings related to level of depressive disorder and well-being among adolescents

The mean and standard deviation of the scores obtained from the Adolescent well-being scale were computed. Based on these scores a range was created in terms of possibility of depressive disorder and well-being among adolescent i.e., (>13), has been suggested as indicative of possible depressive disorder and (<13) has been suggested as healthy well-being.

The data presented in Table-2 shows that the possible range of score of level of depressive disorder and well-being among adolescents was 13-36, range of obtained scores was 15-36 with a mean of 16.9 and a standard deviation of 2.9. The mean score (16.9) was just around the middle of the score range (15-36) and the closeness of mean shows that the scores are in the normal distribution. The standard deviation (2.9) depicts variability in the scores.

The data presented in Table-3 and Figure-1 shows the frequency and percentage distribution of adolescents by their level of depressive disorder and well-being The data shows that (91.6%) adolescents indicate a possible depressive disorder, while 3 adolescents (8.4%) exhibited good well-being with no depressive symptoms.

The data presented in Table 4 shows the item-wise analysis of the Adolescent Well-Being Scale, which revealed several indicators of poor psychological well-being and depressive symptoms among the adolescents. A substantial proportion of participants reported negative emotional experiences. Approximately 3/4 felt very lonely (86.1%), felt so sad they could hardly bear it (83.3%), and felt like crying most of the time (77.7%), indicating a high prevalence of emotional distress. Regarding thoughts and attitudes toward life, 72.2% of the adolescents reported that they sometimes thought life was not worth living, while 22.2% reported experiencing such thoughts most of the time. These findings suggest the presence of significant depressive cognitions among the respondents.

Social and interpersonal functioning also appeared to be affected. While 52.8% sometimes liked talking to friends and family, 30.6% reported never enjoying such interactions. Additionally, 75% indicated that they were unable to assert themselves, which implies a lack of self-confidence and assertiveness. A majority (66.6%) reported only sometimes enjoying activities as much as they used to, reflecting reduced interest and pleasure in daily activities.

Concerning physical and behavioral aspects, 80.6% stated that they had lots of energy most of the time, and 66.6% reported sleeping well. However, 72.2% sometimes experienced horrible dreams, and 22.2% experienced them most of the time. Most participants (58.3%) never experienced stomach aches or cramps, indicating that somatic symptoms were less prominent than emotional symptoms.

With respect to self-perception, 80.6% reported being good at the things they do only sometimes, while 11.1% believed this most of the time. Similarly, 58.3% indicated that they were only sometimes easily cheered up, suggesting fluctuating emotional resilience. The findings further showed that 72.2% of adolescents felt bored sometimes, and 22.2% experienced boredom most of the time. Additionally, only 33.3% looked forward to things as much as they used to, while 38.9% reported never experiencing such anticipation, indicating diminished optimism and motivation.

Table 1.Frequency and percentage distribution of adolescents by their demographic profile

n=36

S No	Sample Characteristics	-	Frequency (f)	Percentage (%)
1	Age (in years)	a) 17-18	36	100
2	Gender	a) Male	20	56
		b) Female	16	44
		c) Other	0	0
3	Type of family	a) Nuclear family	12	33.3
		b) Joint family	22	61.2
		c) Single-Parent family	2	5.5
4	No of family member	a) 3-4	10	27.7
		b) More than 3	24	66.6
		c) Less than 3	2	5.5
		d) if any other specify	0	0

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Table 2.Findings related to Possible range of score, Range of the obtained score, Mean, and Standard Deviation of adolescents by their level of depressive disorder and well-being among adolescents

n=36

Possible range of score	Range of obtained score	Mean	Standard deviation
13-36	15-36	16.9	2.9

Table 3.Frequency and percentage distribution of adolescents by their level of depressive disorder and well-being

n=36

Range of score	Level of depressive disorder and well-being	Frequency (f)	Percentage (%)
≤ 13	Good well being	3	8.4%
>13	Possible depressive disorder	33	91.6%

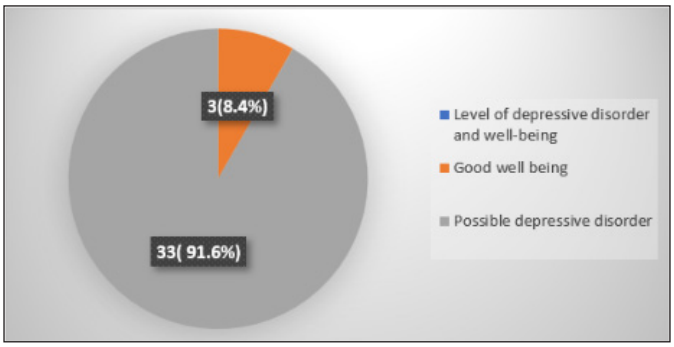

Figure 1.Pie chart depicting the frequency and percentage distribution of adolescents by their level of depressive disorder and well -being

Table 4.Item analysis of adolescent well -being scale

S.No	Statement	Most of the times	Sometimes	Never
1.	I look forward to things as much as I used to	12 (33.3 %)	10 (27.8%)	14 (38.9%)
2.	I sleep very well	24 (66.6%)	8 (22.3%	4 (11.1%)
3.	I feel like crying	28 (77.7%)	5 (13.9%)	3 (8.3%)
4.	I like going out	20 (55.6%)	12(33.3 %)	4(11.1%)
5.	I feel like leaving home	2 (5.6%)	18 (50%)	16(44.4%)
6.	I get stomach-aches/cramps	1 (2.8%)	14(38.9%)	21(58.3%)
7.	I have lots of energy	29(80.6%)	1(2.8%)	6(16.7%)
8.	I enjoy my food	11(30.6%)	14(38.9%)	11(30.6%)
9.	I can stick up for myself	6(16.7%)	3(8.3%)	27(75%)
10.	I think life isn't worth living	8(22.2%)	26(72.2%)	2(5.6%)
11.	I am good at things I do	4 (11.1%)	29(80.6%)	3(8.3%)
12.	I enjoy the things I do as much as I used to	3(8.3%)	24(66.6%)	9(25%)
13.	I like talking to my friends and family	6(16.7%)	19(52.8%)	11(30.6%)
14.	I have horrible dreams	6(16.7%)	22(72.2%)	8(22.2%)
15.	I feel very lonely	31(86.1%)	3(8.3%)	2(5.6%)
16.	I am easily cheered up	8(22.2%)	21(58.3%)	7(19.4%)
17.	I feel so sad I can hardly bear it	30(83.3%)	1(2.8%)	6 (16.7%)
18.	I feel very bored	8(22.2%)	26(72.2%)	2(5.6%)

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Discussion

The results of this study highlight the magnitude and complexity of poor mental health in adolescence, emphasizing its multifactorial nature and the constant interaction between psychological, family, school, and social variables. In this scenario, the school appears as a key environment because of its capacity for early detection and its prevention. The government of India has introduced the National Suicide Prevention Strategy (NSPS),8,9 which focuses on the prevention of suicide in students; the Deptartment of School Education and Literacy, Ministry of Education, has drafted a guideline for schools for the effective prevention of student suicide. The guidelines developed for schools intend to empower teachers to effectively identify suicidal behavior and the potential risk factors of this behaviour among the students. The role of the teacher should not be limited to identifying warning signs but also to building safe, welcoming, and caring educational environments.

The present study assessed the mental well-being of adolescents studying in Class XII using the Peter Birleson Adolescent Well-Being Scale. The findings reveal a concerning mental health profile among the participants, with 91.6% of adolescents scoring above the cut-off indicative of possible depressive disorder, while only 8.4% demonstrated healthy psychological well-being. These findings suggest that emotional distress and depressive symptoms are highly prevalent among the surveyed adolescents and indicate the need for timely mental health screening and intervention in school settings.

The high proportion of adolescents with possible depressive symptoms observed in this survey is consistent with growing evidence that adolescent mental health has become a major public health concern worldwide. Recent studies have shown that increasing academic pressure, social expectations, rapid lifestyle changes, and psychological stress significantly contribute to depression and emotional distress among adolescents. Guo et al. (2026) reported that academic pressure is strongly associated with depressive symptoms and self-harm among adolescents, emphasizing that educational stress is an important determinant of adolescent mental health[3]. Similarly, Balamurugan et al. (2024), in their systematic review of Indian adolescents, concluded that mental health problems are increasingly common among school-going children, with depression, anxiety, and emotional distress emerging as major concerns[5].

Following the completion of the survey, an awareness session on adolescent mental health was conducted for the participating students. The session focused on common stressors experienced during adolescence, the causes and symptoms of stress and depression, risk factors, early warning signs, and evidence-based strategies for stress management and prevention. Various coping techniques, including time management, relaxation exercises, healthy lifestyle practices, effective communication, problem-solving skills, and the importance of seeking professional help when required, were discussed.

The session was highly interactive, with students demonstrating keen interest and active participation throughout. Participants raised numerous questions related to academic stress, peer pressure, family expectations, emotional well-being, examination anxiety, social media influence, and practical approaches to managing stress in daily life. Each query was addressed comprehensively using evidence-based information and appropriate stress management techniques. The active engagement of the students reflected their awareness of mental health concerns and highlighted the need for regular school-based mental health education and counselling programmes to promote psychological well-being and resilience among adolescents.

Nursing implications

The findings of the present survey have important implications for nursing practice, school health services, and educational policy. Routine mental health screening using standardized tools such as the Peter Birleson Adolescent Well-Being Scale can facilitate early identification of students at risk for depression. School health nurses, counsellors, psychologists, and teachers should collaborate to establish comprehensive mental health promotion programmes that include stress management training, life-skills education, resilience-building activities, peer-support initiatives, and accessible counselling services. Strengthening parental awareness regarding adolescent mental health may further improve early recognition of emotional difficulties and encourage timely help-seeking behaviour.

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