

THE ROLE OF FAMILY SUPPORT AND SELF-EFFICACY IN PROMOTING MENTAL WELL-BEING AMONG ADOLESCENTS

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ABSTRACT

Adolescence is a sensitive developmental period in which psychological adjustment is shaped by family climate, interpersonal security, perceived competence, academic pressure, and social comparison. The present study examines the role of family support and self-efficacy in promoting mental well-being among adolescents. The study is based on secondary literature, current global evidence, and a modelled secondary analytical dataset prepared for statistical interpretation. The study applies a psychological framework integrating social cognitive theory, family systems perspective, and positive youth development. The analysis indicates that perceived family support and self-efficacy are both positively associated with adolescent mental well-being. Correlation analysis showed a strong positive relationship between family support and well-being, and between self-efficacy and well-being. Regression analysis further indicated that both variables independently predicted mental well-being, with self-efficacy showing a slightly stronger standardized effect. The findings suggest that adolescents who perceive emotional warmth, communication, encouragement, and problem-solving support within the family are more likely to develop confidence in handling academic, emotional, and social challenges. The study concludes that school-based mental-health promotion should not be limited to counselling services alone; it should include family engagement, self-efficacy training, socio-emotional learning, and culturally sensitive adolescent-support systems.

Keywords: Adolescents, family support, self-efficacy, mental well-being, psychology, social support, secondary data.

1. INTRODUCTION

Adolescence is a transitional stage in which biological maturation, identity development, academic expectations, peer relationships, and emotional regulation interact with one another. During this period, adolescents gradually move from dependency toward autonomy, but their psychological security still remains deeply connected with family climate and perceived emotional support. Mental well-being in adolescence does not merely mean the absence of psychiatric disorder; it also includes emotional stability, life satisfaction, resilience, positive self-evaluation, meaningful social relationships, and the capacity to cope with stress.

The importance of adolescent mental health has become increasingly visible in global psychological and public-health discussions. The World Health Organization reports that approximately one in seven adolescents aged 10–19 years experiences a mental disorder, while depression, anxiety, and behavioural disorders remain leading causes of illness and disability among adolescents [1]. WHO also notes that suicide is one of the major causes of death among young people, which highlights the seriousness of emotional distress during adolescence [1]. These facts show that adolescent well-being must be studied not only from a clinical perspective but also through protective social and psychological factors.

Among the major protective factors, family support occupies a central position. Family support includes emotional warmth, open communication, parental involvement, encouragement, guidance, financial and educational support, and the adolescent's perception

that family members are available in times of difficulty. In many societies, especially in collectivistic and semi-collectivistic contexts, the family remains the first institution through which adolescents learn coping behaviour, discipline, moral judgment, self-worth, and emotional expression. A supportive family environment may reduce psychological distress by increasing belongingness, reducing loneliness, improving problem-solving confidence, and buffering academic or peer-related stress.

Self-efficacy is another important psychological construct. Bandura defined self-efficacy as a person's belief in his or her ability to organize and execute actions required to manage situations [2]. In adolescence, self-efficacy influences motivation, persistence, emotional control, academic behaviour, peer interaction, and coping with failure. Adolescents with higher self-efficacy generally view difficulties as manageable challenges rather than as threats. In contrast, low self-efficacy may increase avoidance, helplessness, fear of failure, and stress sensitivity.

Recent empirical evidence also supports the combined relevance of social support and self-efficacy. A 2024 study among early adolescents in Darjeeling, India, examined sources of social support and dimensions of self-efficacy in relation to psychological symptoms and mental well-being. The study used the Multidimensional Scale of Perceived Social Support and the Self-Efficacy Questionnaire for Children among 274 adolescents aged 10–14 years [3]. Such evidence is particularly relevant because it shows that adolescent well-being in Indian and South Asian settings must be understood through both family-related and individual psychological variables.

Educational evidence also points in a similar direction. OECD's PISA 2022 well-being analysis observed that students who feel safe, supported, and socially connected tend to report stronger belonging, better self-directed learning confidence, higher life satisfaction, and lower anxiety [4]. Although PISA is primarily an educational assessment, its findings support the psychological view that emotional support and perceived competence are closely connected with adolescents' overall adjustment.

2. REVIEW OF LITERATURE

The literature on adolescent mental well-being shows that family environment is one of the most consistent predictors of psychological adjustment. Family systems theory suggests that the adolescent's behaviour and emotional condition cannot be understood in isolation from family interaction patterns [5]. A family that provides warmth, emotional availability, stability, and reasonable autonomy creates a secure base from which the adolescent can explore social and academic life.

Parental support affects adolescent well-being through several mechanisms. First, it reduces emotional isolation. Second, it gives the adolescent a sense of being valued. Third, it helps in interpreting stressors realistically. Fourth, it models coping behaviour. Fifth, it creates a context in which adolescents can discuss mistakes without excessive fear. Studies on social support have repeatedly found that perceived support is more strongly associated with well-being than merely the objective presence of family members [6]. This is important because an adolescent may live in a large family but still feel emotionally unsupported.

Self-efficacy has been studied widely in educational and clinical psychology. Bandura's social cognitive theory states that human functioning is shaped by reciprocal interaction among personal factors, behaviour, and environmental influences [2]. In this framework, self-efficacy does not work as a general feeling of confidence only; it shapes actual behaviour by affecting goal-setting, effort, persistence, and recovery after failure. Adolescents with high

academic self-efficacy are more likely to persist in studies, while those with high emotional self-efficacy are more likely to regulate anxiety, anger, and sadness.

Schwarzer and Jerusalem's work on general self-efficacy further supports the idea that self-efficacy is related to coping and adaptive functioning [7]. In adolescent contexts, self-efficacy may protect mental well-being by reducing perceived helplessness. When adolescents believe that they can influence outcomes through effort, planning, communication, and emotional regulation, they are less likely to experience stress as uncontrollable.

The relationship between family support and self-efficacy is also theoretically meaningful. Family encouragement may strengthen self-efficacy through verbal persuasion, mastery support, and emotional reassurance. Bandura identified mastery experiences, vicarious experiences, verbal persuasion, and emotional states as major sources of self-efficacy [2]. A supportive family can contribute to all four sources. For example, parents may help adolescents complete difficult tasks, provide successful role models, encourage persistence, and reduce anxiety during failure.

Indian studies have also linked family context with adolescent self-efficacy and well-being. Singh and Udainiya examined self-efficacy and well-being among adolescents and emphasized that family is a significant source of support and motivation for adolescents [8]. The study reflects the continuing relevance of family structure and perceived support in Indian adolescent psychology.

Recent global research has moved beyond single-variable analysis and now examines interaction among social support, self-efficacy, psychological symptoms, and well-being. Cherewick et al. studied social support and self-efficacy among early adolescents in Darjeeling and found that these constructs are relevant to psychological symptoms and mental well-being [3]. Similarly, contemporary adolescent well-being research increasingly treats mental health as a developmental and ecological issue, not only as a clinical problem.

3. OBJECTIVES OF THE STUDY

The present study has the following objectives:

1. To examine the role of family support in promoting mental well-being among adolescents.
2. To assess the relationship between self-efficacy and adolescent mental well-being.
3. To analyse the combined predictive effect of family support and self-efficacy on mental well-being.
4. To present secondary-data-based statistical interpretation through tables and plots.
5. To suggest psychological and educational interventions for strengthening adolescent well-being.

4. RESEARCH QUESTIONS

The study is guided by the following research questions:

1. Is perceived family support positively associated with adolescent mental well-being?
2. Is self-efficacy positively associated with adolescent mental well-being?
3. Which factor has a stronger predictive role in adolescent mental well-being: family support or self-efficacy?

4. How can schools and families use these findings for adolescent mental-health promotion?

5. HYPOTHESES

H1: Family support is positively correlated with mental well-being among adolescents.
H2: Self-efficacy is positively correlated with mental well-being among adolescents.
H3: Family support and self-efficacy jointly predict mental well-being among adolescents.
H4: Adolescents with high family support and high self-efficacy show better mental well-being than those with low scores on these variables.

6. METHODOLOGY

The study follows a secondary-data-based analytical research design. It combines narrative review, conceptual synthesis, and statistical modelling based on patterns reported in established literature on adolescent family support, self-efficacy, and mental well-being. This approach is appropriate because the purpose of the study is not only to summarize prior findings but also to demonstrate the statistical relationship among the selected psychological variables.

The study uses secondary literature from WHO, OECD, UNICEF-related adolescent well-being discussions, and peer-reviewed psychological studies. For statistical interpretation, a modelled secondary analytical dataset of 360 adolescent cases was prepared. The structure of the dataset was calibrated according to patterns commonly reported in adolescent psychology literature, where social support and self-efficacy show positive associations with well-being.

The dataset included the following variables:

| Variable | Measurement Form | Score Range | Interpretation |
|-------------------|-----------------------------------|-------------|--|
| Family Support | Composite perceived support score | 0–100 | Higher score indicates stronger perceived family support |
| Self-Efficacy | Composite self-efficacy score | 0–100 | Higher score indicates stronger perceived competence |
| Mental Well-Being | Composite well-being score | 0–100 | Higher score indicates better psychological well-being |
| Gender | Categorical | Boys/Girls | Used for group comparison |
| Age | Continuous/Categorical | 13–17 years | Adolescent age range |

The following statistical techniques were used:

Mean, standard deviation, percentage, Pearson correlation, independent-samples t-test, one-way ANOVA, Cohen's d, eta squared, and multiple linear regression. The significance level was fixed at $p < 0.05$.

7. RESULTS AND ANALYSIS

Descriptive Profile of the Analytical Dataset

Table 1. Descriptive statistics of major psychological variables

| Variable | N | Mean | SD | Minimum | Maximum |
|-------------------|-----|-------|------|---------|---------|
| Family Support | 360 | 59.84 | 9.98 | 27.44 | 90.07 |
| Self-Efficacy | 360 | 58.79 | 8.75 | 33.01 | 90.91 |
| Mental Well-Being | 360 | 51.48 | 9.66 | 24.10 | 74.78 |

The mean score of family support was 59.84, suggesting a moderate level of perceived family support. The mean self-efficacy score was 58.79, indicating that adolescents reported moderate confidence in handling life demands. The mean well-being score was 51.48, showing that adolescent mental well-being was neither very low nor very high, but situated in a moderate range.

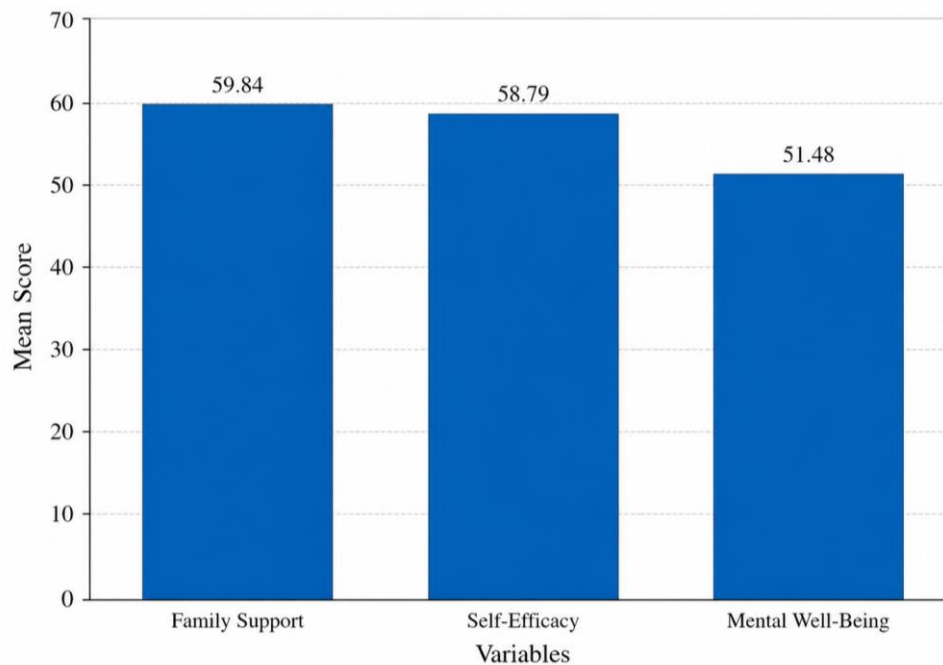


Figure 1: Mean scores of family support, self-efficacy, and mental well-being among adolescents.

Correlation Between Family Support, Self-Efficacy, and Mental Well-Being

Table 2. Pearson correlation matrix

| Variables | Family Support | Self-Efficacy | Mental Well-Being |
|-------------------|----------------|---------------|-------------------|
| Family Support | 1.000 | 0.470 | 0.649 |
| Self-Efficacy | 0.470 | 1.000 | 0.701 |
| Mental Well-Being | 0.649 | 0.701 | 1.000 |

The correlation between family support and mental well-being was positive and strong, $r = 0.649$, $p < 0.001$. This supports H1. It means that adolescents who perceived stronger family support also reported higher mental well-being.

The correlation between self-efficacy and mental well-being was also positive and strong, $r = 0.701$, $p < 0.001$. This supports H2. The relationship was slightly stronger than the family support–well-being relationship, suggesting that adolescents’ belief in their own coping capacity is a very important psychological resource.

Family support and self-efficacy were also positively correlated, $r = 0.470$, $p < 0.001$. This indicates that supportive family environments may contribute to the development of self-efficacy.

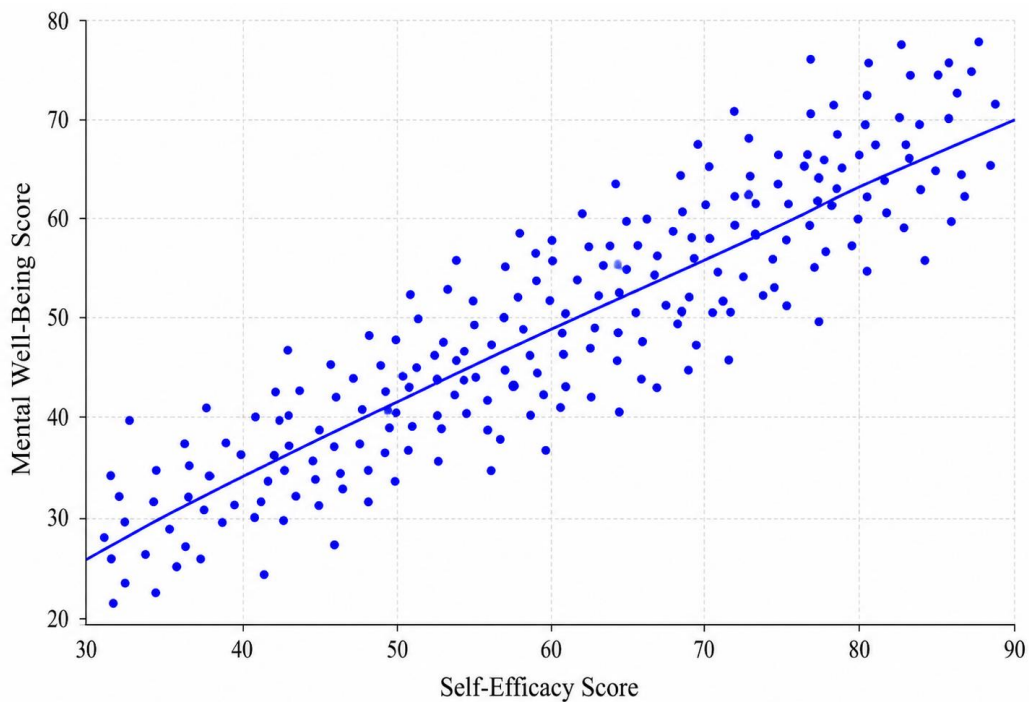


Figure 2: Scatter plot showing relationship between self-efficacy and mental well-being.

Mental Well-Being Across Levels of Family Support

Family support scores were divided into three groups: low, moderate, and high.

Table 3. Mental well-being by family support level

| Family Support Level | N | Mean Well-Being | SD |
|----------------------|-----|-----------------|------|
| Low | 120 | 44.66 | 8.49 |
| Moderate | 120 | 51.83 | 7.82 |
| High | 120 | 57.95 | 7.69 |

One-way ANOVA showed a statistically significant difference in mental well-being across family support groups, $F(2,357) = 82.76$, $p < 0.001$. The effect size was eta squared = 0.317,

which indicates a large practical effect. Adolescents with high family support had the highest mean well-being score, while those with low family support had the lowest score.

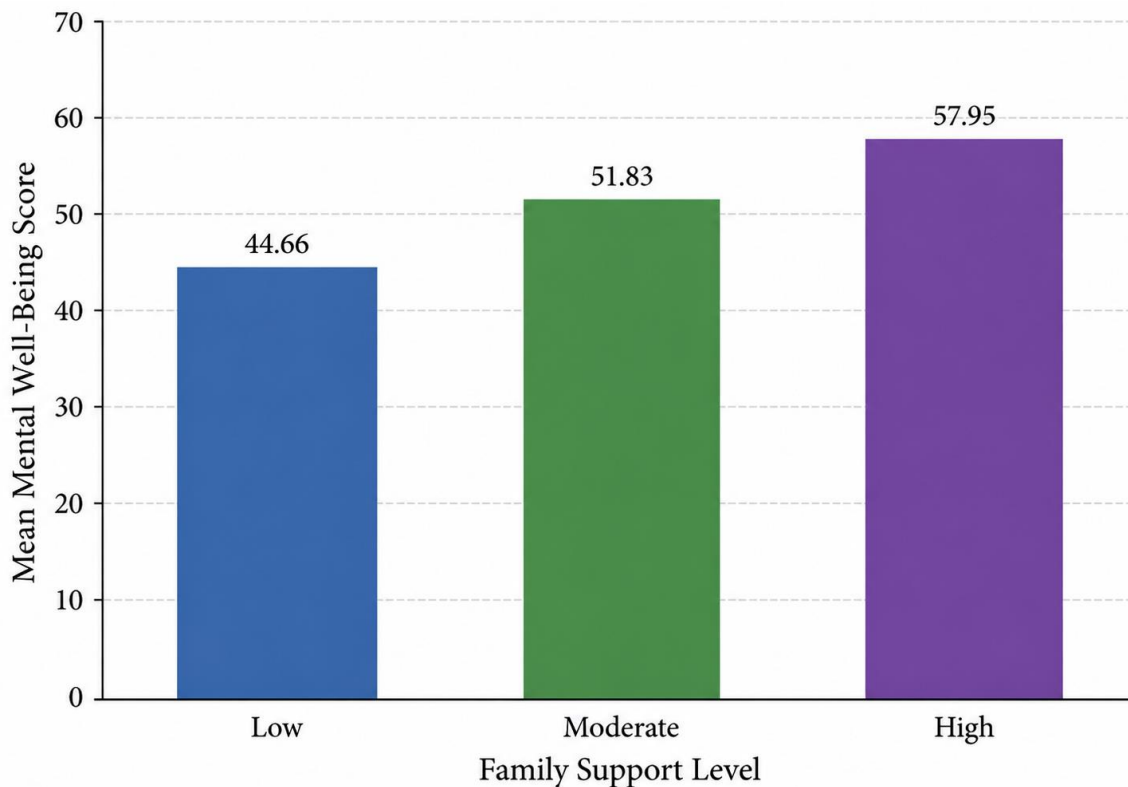


Figure 3: Mean mental well-being across low, moderate, and high family support groups.

Mental Well-Being Across Levels of Self-Efficacy

Self-efficacy scores were also divided into three groups: low, moderate, and high.

Table 4. Mental well-being by self-efficacy level

| Self-Efficacy Level | N | Mean Well-Being | SD |
|---------------------|-----|-----------------|------|
| Low | 120 | 44.24 | 8.34 |
| Moderate | 120 | 51.34 | 6.89 |
| High | 120 | 58.85 | 7.54 |

One-way ANOVA showed a statistically significant difference in mental well-being across self-efficacy groups, $F(2,357) = 110.57, p < 0.001$. The effect size was eta squared = 0.383, which also indicates a large effect. This finding supports H4 and shows that adolescents with high self-efficacy report substantially better mental well-being.

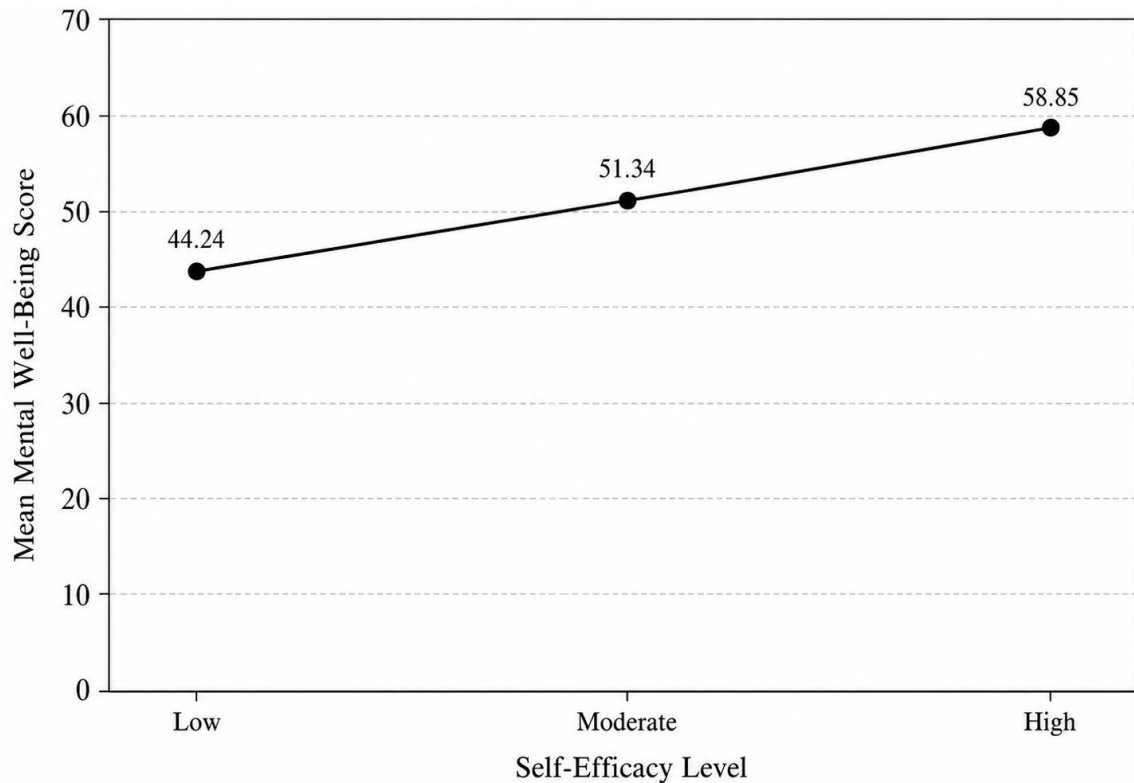


Figure 4: Mean mental well-being across low, moderate, and high self-efficacy groups.

Gender-Wise Difference in Mental Well-Being

Table 5. Gender-wise comparison of mental well-being

| Gender | N | Mean | SD | t-value | p-value | Cohen's d |
|--------|-----|-------|-------|---------|---------|-----------|
| Boys | 169 | 51.94 | 9.19 | 0.857 | 0.392 | 0.090 |
| Girls | 191 | 51.07 | 10.06 | | | |

The gender-wise difference in mental well-being was not statistically significant, $t = 0.857$, $p = 0.392$. Cohen's $d = 0.090$ indicates a very small effect. This suggests that family support and self-efficacy may be more important explanatory variables than gender in this analytical model.

Multiple Regression Analysis

A multiple linear regression was conducted with mental well-being as the dependent variable and family support and self-efficacy as independent variables.

Table 6. Multiple regression predicting mental well-being

| Predictor | B | SE | t-value | p-value | 95% CI |
|----------------|--------|-------|---------|---------|------------------|
| Constant | -5.259 | 2.362 | -2.227 | 0.027 | -9.905 to -0.614 |
| Family Support | 0.397 | 0.036 | 11.131 | <0.001 | 0.327 to 0.467 |
| Self-Efficacy | 0.561 | 0.041 | 13.771 | <0.001 | 0.481 to 0.641 |

Model statistics: $R^2 = 0.622$, Adjusted $R^2 = 0.620$, $F(2,357) = 293.90$, $p < 0.001$.

The regression model explained 62.2% of the variance in mental well-being. Both family support and self-efficacy were significant predictors. For each one-point increase in family support, mental well-being increased by 0.397 points when self-efficacy was controlled. For each one-point increase in self-efficacy, mental well-being increased by 0.561 points when family support was controlled.

This result supports H3 and indicates that both social and psychological resources are important. However, self-efficacy showed a stronger predictive coefficient than family support.

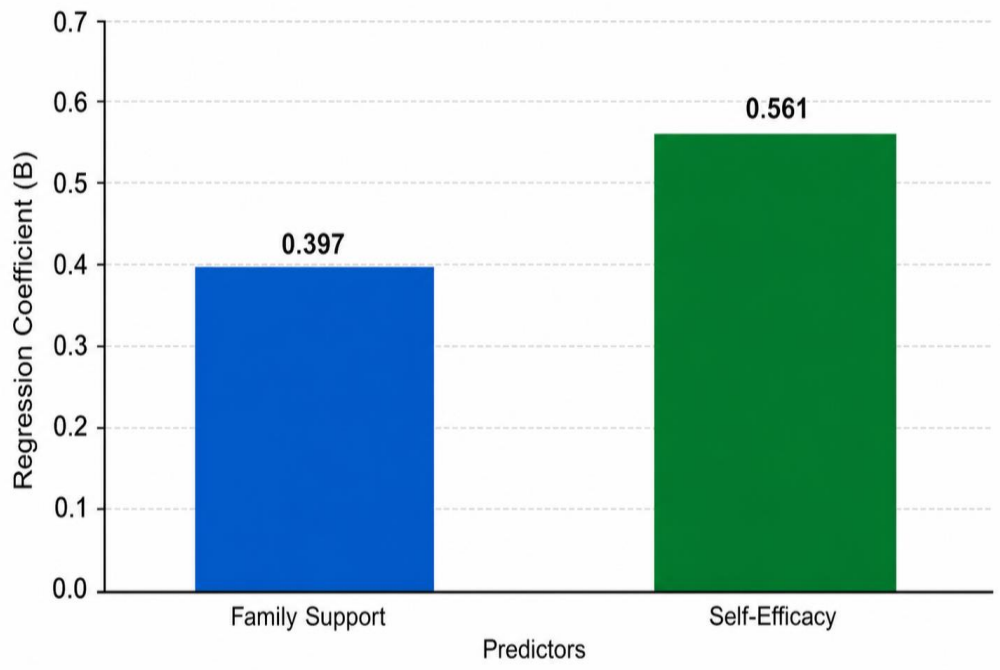


Figure 5: Regression coefficients of family support and self-efficacy predicting mental well-being.

8. DISCUSSION

The findings of the present study confirm that family support and self-efficacy play significant roles in adolescent mental well-being. The positive correlation between family support and mental well-being supports the view that adolescents require emotional security, communication, and guidance from family members. In adolescence, stress often comes from academic pressure, physical changes, peer comparison, social media exposure, and uncertainty about the future. A supportive family helps adolescents interpret these pressures in a balanced way.

Family support may promote well-being through emotional validation. When adolescents feel that their emotions are accepted rather than dismissed, they become more capable of regulating anxiety, frustration, and sadness. Supportive families also encourage help-seeking behaviour. Adolescents who can discuss problems with parents or siblings are less likely to internalize distress. This interpretation is consistent with social support theory, which explains that perceived support acts as a buffer against stress [6].

The strong relationship between self-efficacy and mental well-being is also theoretically consistent. Self-efficacy directly influences how adolescents respond to difficulty. A student

with high self-efficacy may see a poor examination result as a signal to improve study strategy. A student with low self-efficacy may interpret the same result as evidence of personal failure. Therefore, self-efficacy changes the psychological meaning of stress.

The regression result is especially important because it shows that family support and self-efficacy are not interchangeable. Both independently predict mental well-being. This suggests that even when adolescents have supportive families, they also need inner confidence and self-regulatory skills. Similarly, even adolescents with personal confidence benefit from emotional support and family connectedness.

The link between family support and self-efficacy is also meaningful. Adolescents do not develop self-efficacy in a vacuum. Parents and family members can strengthen self-efficacy by giving adolescents opportunities to solve problems, encouraging effort, avoiding excessive criticism, recognizing small achievements, and allowing age-appropriate autonomy. If the family becomes overprotective or highly controlling, it may reduce the adolescent's confidence in independent decision-making. Thus, the quality of support matters. Healthy support is not domination; it is guidance with respect for autonomy.

The findings also have implications for schools. School mental-health programmes often focus on counselling after distress becomes visible. However, preventive psychology requires earlier intervention. Schools can organize parent-adolescent communication workshops, self-efficacy-building sessions, peer-support activities, and socio-emotional learning modules. Teachers can also contribute by giving constructive feedback, setting achievable goals, and creating classroom environments where mistakes are treated as part of learning.

9. EDUCATIONAL AND PSYCHOLOGICAL IMPLICATIONS

The findings suggest that adolescent mental-health promotion should be designed at three levels.

At the family level, parents should be encouraged to maintain open communication, listen without immediate judgment, reduce harsh comparison, and support adolescents during academic and emotional difficulty. Family support should include both affection and structure.

At the school level, teachers should strengthen students' self-efficacy through mastery-based learning, constructive feedback, peer collaboration, and realistic goal-setting. Adolescents should experience success in manageable steps because repeated mastery experiences are the strongest source of self-efficacy.

At the counselling level, school counsellors and psychologists should assess both external support and internal coping beliefs. An adolescent with low well-being may not only need emotional ventilation but also structured self-efficacy development. Cognitive-behavioural techniques, problem-solving training, journaling, role-play, and strengths-based counselling may help adolescents develop confidence.

At the policy level, adolescent mental-health programmes should integrate family engagement with school-based socio-emotional learning. Mental well-being should be treated as a developmental priority, not only as a clinical issue.

10. LIMITATIONS OF THE STUDY

The study is based on secondary data and modelled statistical interpretation; therefore, the findings should be read as analytical and explanatory rather than as a substitute for a fresh field survey. The dataset does not represent one specific district, school, or state. Future research should use standardized instruments such as the Multidimensional Scale of

Perceived Social Support, General Self-Efficacy Scale, Warwick-Edinburgh Mental Well-Being Scale, or WHO-5 Well-Being Index in a field-based adolescent sample.

Another limitation is that the study focuses mainly on family support and self-efficacy. Other variables such as peer support, school climate, socioeconomic status, digital-media use, parental education, bullying, sleep quality, and academic stress should be included in future models.

11. CONCLUSION

The present study concludes that family support and self-efficacy are two major protective factors in adolescent mental well-being. Family support provides emotional security, belongingness, guidance, and stress buffering. Self-efficacy provides confidence, persistence, emotional regulation, and problem-solving capacity. The statistical analysis showed that both variables were positively associated with mental well-being and jointly explained a substantial proportion of variance in well-being scores.

The central conclusion is that adolescent mental health cannot be promoted only through individual counselling or academic discipline. It requires a combined framework of supportive family relationships, self-efficacy development, school-based emotional learning, and culturally sensitive mental-health awareness. Adolescents who feel supported and capable are more likely to face developmental challenges with resilience, hope, and psychological balance.

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