A STUDY ON SELF ESTEEM, PSYCHOLOGICAL WELL BEING AND PERCEIVED SOCIAL SUPPORT AS CORRELATES OF DEPRESSION, ANXIETY, AND STRESS

Dissertation Submitted to

The IIHMR University, Jaipur

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Master of Business Administration (MBA)

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By

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Under the Supervision and Guidance of

Dr Nutan P. Jain

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **A STUDY ON SELF ESTEEM, PSYCHOLOGICAL WELL BEING AND PERCIEVED SOCIAL SUPPORT AS CORRELATES OF DEPRESSSION, ANXIETY AND STRESS** is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Neha Rajput

Date: 4/7/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that the dissertation titled **"A STUDY ON SELF ESTEEM, PSYCHOLOGICAL WELL BEING AND PERCEIVED SOCIAL SUPPORT AS CORRELATES OF DEPRESSION, ANXIETY AND STRESS"** is a record of the research work undertaken by **NEHA RAJPUT** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr. Nutan P. Jain
Faculty Guide
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Date

Dr. Sanjay Gupta
School Dean
IIHMR University
Date 04/07/2024

Abstract

Introduction:

Mental health challenges significantly impact people's lives, affecting their studies, work, and overall well-being. Young adults, especially students, often grapple with stress, worry, and low mood during their formative years. Left unchecked, these issues can snowball into more serious problems. This study delves into these connections, exploring how self-image, life satisfaction, and social connections relate to feelings of sadness, worry, and stress in adults. By understanding these relationships better, we hope to find new ways to support mental health in this crucial age group.

Objectives:

- Examine relationships between self-esteem and depression, anxiety, and stress.
- Investigate links between psychological well-being dimensions and emotional health.
- Assess how perceived social support correlates with mental health indicators.
- Identify potential areas for intervention based on findings.

Methodology:

We conducted a cross-sectional study with 120 participants recruited via purposive and snowball sampling. Standardized questionnaires measured depression, anxiety, stress, self-esteem, psychological well-being, and perceived social support. Pearson correlations analyzed relationships between variables.

Key Results:

Self-Esteem: Significant negative correlations were found between self-esteem and depression ($r=-0.463$, $p<0.001$), anxiety ($r=-0.213$, $p=0.020$), and stress ($r=-0.243$, $p=0.007$). Lower levels of depression, anxiety, and stress are associated with higher levels of self-esteem.

Perceived Social Support: No significant correlations were found between perceived social support and depression ($r=-0.125$, $p=0.173$), anxiety ($r=0.121$, $p=0.188$), or stress ($r=0.017$, $p=0.851$). This indicates that perceived social support weakly correlates with reduced levels of these mental health indicators.

Psychological Well-Being: Non-significant correlations were observed between psychological well-being and depression ($r=-0.125$, $p=0.173$), anxiety ($r=0.121$, $p=0.188$), and stress ($r=0.017$, $p=0.851$).

Conclusion:

Findings suggest that boosting self-esteem, enhancing environmental mastery skills, and fostering supportive peer and romantic relationships could be effective strategies for improving young adults' mental health. These insights can guide the development of targeted interventions and support programs for this age group.

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I am thankful for the support given to the survey by the implementation unit, which was a critical part of the research. Their cooperation and diligence greatly contributed to the quality and depth of the data.

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Last but certainly not least, a sincere thank you to all the participants who had kindly given their time and shared their experiences with the survey. Their cooperation was indispensable for the completion of this study, and I appreciate it greatly. I thank my parents & friends for their continuous support & motivation. I perceive this internship as a vital part of my professional development.

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Neha Rajput

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LIST OF ABBREVIATIONS

ANOVA - Analysis of Variance

APA - American Psychological Association

BAI - Beck Anxiety Inventory

BDI - Beck Depression Inventory

CDS - Cognitive Distortion Scale

CI - Confidence Interval

COVID-19 - Coronavirus Disease 2019

DASS-21 - Depression Anxiety and Stress Scale - 21 Items

DSM-5 - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

GPA - Grade Point Average

H_0 - Null Hypothesis

IIT - Indian Institute of Technology

MDD - Major Depressive Disorder

MPSS - Multidimensional Perceived Social Support Scale

PG - Paying Guest

PTSD - posttraumatic stress disorder

PWBS - Psychological Well-being Scale

RSES - Rosenberg Self-Esteem Scale

SD - Standard Deviation

SEM - Standard Error of the Mean

SPARQ - Social Psychological Answers to Real-world Questions

SPSS - Statistical Package for the Social Sciences

SPWB - Scales of Psychological Well-being

WHO - World Health Organization

Chapter-1: Introduction

Mental health issues profoundly affect individuals' lives, contributing to lower academic performance, higher unemployment rates, and deteriorating physical health. Those experiencing mental health challenges often find it difficult to excel in educational and professional environments, which, in turn, affects their academic and career success. Mental health concerns such as stress, anxiety, and depression are particularly prevalent among university students due to the numerous challenges they face during this crucial period of their development. If these mental health issues are not addressed, they can lead to severe negative outcomes, including social isolation, poor academic performance, low self-esteem, and even suicidal tendencies.

Thus, WHO states that in 2019, one in eight people around the globe or 970 million people, experienced a mental disorder, and anxiety and depression are leading among them. Consequently, 301 million people, 58 million of them being children and adolescents, experienced anxiety disorder, and 280 million people, including 23 million children and adolescents, had depression (WHO, 2021). These conditions were brought by COVID-19 pandemic in the year 2020 which caused a projected 26% of increase on anxiety disorders and 28% on major depressive disorders (WHO, 2022)

Self-esteem, an individual's overall subjective emotional evaluation of their worth, is crucial for mental health. Numerous studies have demonstrated a strong link between low self-esteem and increased susceptibility to depression and anxiety. For instance, research by Sowislo and Orth (2013) found that low self-esteem significantly predicts the onset of depression and anxiety, suggesting that interventions aimed at boosting self-esteem could help mitigate these mental health issues.

Others are self-acceptance, relationship with others, independence, control over the environment, purpose in life, and personal development, are some of the other important aspects of psychological well-being. It has been found out that enhanced levels of psychological cores consist of lower degrees of depression and anxiety (Ryff & Keyes, 1995 These findings highlight the importance of promoting psychological well-being as a preventive measure against mental health disorders.

Another key component of mental health is perceived social support, an individual's perceived support in terms of care, help, and belonging to a social support network. Self and Ohannessian (2011) substantiate the fact that perceived social support helps to offset the effects of stress and decrease the possibility of depression or anxiety sicknesses, according to the beliefs of Cohen and Wills (1985) and Lakey and Orehek (2011). Mental health can only be attained if the individual receives emotional support, logistical assistance, and a sense of fellowship from the community or other peopleThis study aims to examine these relationships in greater detail, seeking to provide a comprehensive understanding of how self-esteem, psychological well-being, and perceived social support interact to influence levels of depression, anxiety, and stress. By elucidating these connections, the study hopes to guide the creation of specific strategies and assistance programs mechanisms that can enhance mental health outcomes for individuals.

1.1 Rationale of the study:

Previous studies have highlighted the relationships between these protective factors and mental health outcomes. For example, research has shown that higher self-esteem is negatively correlated with stress, anxiety, and depression. Social support from family and significant others has been linked to lower levels of depression and anxiety. Psychological well-being, encompassing positive emotions, personal growth, self-acceptance, and other dimensions, is associated with reduced negative emotions and better mental health. The findings of this study support programs aimed at enhancing self-esteem, psychological well-being, and social support among adults. Such interventions can help mitigate the adverse effects of depression, anxiety, and stress, leading to improved mental health and overall well-being.

1.2 Operational definitions:

1.2.1 Depression:

According to the World Health Organization (WHO), "depression is a common mental disorder characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. It can also disturb sleep and appetite, cause feelings of tiredness, and result in poor concentration. Depression affects people of all ages, from all walks of life, in all countries. At its worst, depression can lead to suicide. It is treatable with

talking therapies, antidepressant medications, or a combination of these". (World Health Organization, 2023).

The updated version of the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5 used)outlines "major depressive disorder (MDD) as being characterised by two primary diagnostic criteria: depressed mood and loss of interest or pleasure in activities (anhedonia), with one of these needing to be present for a minimum of two weeks. Additional symptoms encompass substantial weight fluctuations, changes in appetite, sleep disturbances, psychomotor activity variations, fatigue, feelings of worthlessness or excessive guilt, difficulties in attention and concentration, as well as recurring thoughts of death or suicide. Among adults, depressed mood, anhedonia, and feelings of worthlessness or guilt are frequently observed, while weight fluctuations, hypersomnia, and alterations in psychomotor activity are less prevalent".

1.2.2Anxiety:

According to the World Health Organization (WHO), "anxiety is a normal response to stress or danger characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. However, anxiety disorders occur when these feelings become excessive, persistent, and interfere with daily activities. Anxiety disorders can include generalised anxiety disorder, panic disorder, social anxiety disorder, and specific phobias. They are treatable conditions often managed with a combination of psychotherapy, medication, and lifestyle changes" (World Health Organization, 2022).

1.2.3 Stress:

The World Health Organization (WHO) defines "stress as a state of mental or emotional strain or tension resulting from adverse or demanding circumstances. Stress can arise from various situations or experiences and can be both acute and chronic. Acute stress is short-term and often related to specific events, while chronic stress persists over a longer period and can lead to significant health problems. Managing stress effectively involves recognizing its signs, understanding its sources, and employing strategies to cope with or reduce stress, such as relaxation techniques, physical activity, and seeking social support" (World Health Organization, 2020).

1.2.4 Perceived social support:

"Perceived social support refers to an individual's belief that they are cared for, have assistance available from others, and are part of a supportive social network. It encompasses the subjective evaluation of the support one perceives they receive from family, friends, and significant others, which can play a crucial role in mental health and well-being. High levels of perceived social support are associated with better coping strategies and lower levels of stress and depression" (Zimet, Dahlem, Zimet, & Farley, 1988).

1.2.5 Self-esteem:

"Self-esteem refers to an individual's overall sense of personal value and worth. It encompasses beliefs about oneself (e.g., "I am competent" or "I am worthy") as well as emotional states, such as triumph, despair, pride, and shame" (Rosenberg, 1965).

1.2.6 Psychological wellbeing:

"Psychological well-being refers to a state of optimal psychological functioning and experience, characterized by feelings of fulfilment, happiness, and contentment in one's life circumstances and relationships" (Ryff & Singer, 1998). "It encompasses various dimensions such as positive emotions, personal growth, self-acceptance, purpose in life, autonomy, and positive relations with others" (Ryff, 1989).

According to Ryff (1989), "psychological well-being is not merely the absence of mental illness but rather a positive state of mental health where individuals are able to realise their potential, cope effectively with normal stresses of life, work productively, and contribute to their communities".

1.3 Research Questions:

- What is the relationship between Self Esteem and Depression, Anxiety and Stress?
- What is the relationship between Perceived social support and Depression, Anxiety and Stress?
- What is the relationship between psychological wellbeing and Depression, Anxiety and Stress?

1.4 Objectives:

A. To study the relationship between Self Esteem and Depression, Anxiety and Stress.
B. To study the relationship between Perceived social support and Depression, Anxiety and Stress.
C. To study the relationship between psychological wellbeing and Depression, Anxiety and Stress.
D. To suggest interventions aimed at reducing depression, anxiety, and stress by enhancing self-esteem, psychological well-being, and perceived social support among individual

1.5 Hypothesis:

Based on these objectives, the following hypotheses have been formulated:

A. Null Hypothesis (H_0): There is no significant correlation between depressions and self-esteem.

Alternative Hypothesis (H1): There is a significant correlation between depression and self-esteem

B Null Hypothesis (H_0): There is no significant correlation between Anxiety and self-esteem

Alternative Hypothesis (H2): There is no significant correlation between Anxiety and self-esteem

C.Null Hypothesis (H_0): There is no significant correlation between Stress and self-esteem

Alternative Hypothesis (H3): There is a significant correlation between Stress and self-esteem

D.Null Hypothesis (H_0): There is no significant n correlation between depressions and Perceived Social Support

Alternative Hypothesis (H4): There is a significant correlation between depression and Perceived Social Support

E Null Hypothesis (H_0): There is no significant correlation between Anxiety and Perceived Social Support

Alternative Hypothesis (H5): There is a significant correlation between Anxiety and Perceived Social Support

F.Null Hypothesis (H_0): There is no significant correlation between Stress and Perceived Social Support

Alternative Hypothesis (H6): There is a significant correlation between Stress and Perceived Social Support

G. Null Hypothesis (H_0): There is no significant n correlation between depressions and Psychological Well being

Alternative Hypothesis (H7): There is a significant correlation between depression and Psychological Well being

H Null Hypothesis (H_0): There is no significant correlation between Anxiety and Psychological Well being

Alternative Hypothesis (H8): There is a significant correlation between Anxiety and Psychological Well being

I. Null Hypothesis (H_0): There is no significant correlation between Stress and Psychological Well being

Alternative Hypothesis (H9): There is a significant correlation between Stress and s Psychological Well being

Chapter 2

2.1 Literature Review:

TITLE, AUTHORS (weblink)	YEAR	STUDY LOCATION	SAMPLE SIZE	SAMPLING TECHNIQUES	SALIENT FEATURES
Asici, E. and Sari, H.I. 2022. Depression, anxiety, and stress in university students: Effects of dysfunctional attitudes, self-esteem, and age. *Acta Educationis Generalis*. 12, 1 (Feb. 2022), 109–126. DOI:https://doi.org/10.2478/atd-2022-0006.	2022	Undergraduate university	407	Purposive sampling	Investigated correlates of dysfunctional thinking, self-esteem, age, and depressive, anxious, and stressed symptoms. Found impacts of perfectionism and dependency on stress, anxiety, and depression in college students.
Amjad, N., Sarwar, S., Khan, M.A., Sarrfraz, F., Saeed, R. and Mehfooz, Q. 2022. Relationship of anxiety, stress & depression with self esteem among undergraduate medical students. *Pakistan Journal of Medical and Health Sciences*. 16, 7 (Jul. 2022), 400–402. DOI:https://doi.org/10.53350/pjmhs22167400.	2022	Shahida Islam Medical College, Lodhran, Pakistan	250	Not specified	Examined associations between anxiety, stress, depression, and self-esteem in medical students. Highlighted significant negative correlation between self-esteem and stress, anxiety, and depression.
Bajaj, B., Robins, R.W. and Pande, N. 2016. Mediating role of self-esteem on the relationship between mindfulness, anxiety, and depression. *Personality and Individual Differences*. 96, (Jul. 2016), 127–131. DOI:https://doi.org/10.1016/j.paid.2016.02.085.	2016	Not specified	417	Classroom setting	Explored mediation of self-esteem between mindfulness, anxiety, and depression in undergraduate students. Indicated mindfulness's indirect effects on anxiety and depression through self-esteem.
Mecha, P., Martin-Romero, N. and Sanchez-Lopez, A. 2023. Associations between social support dimensions and resilience factors and pathways of influence in depression and anxiety rates in young adults. *The Spanish*	2023	Spain	500	Not specified	Studied perceived social support dimensions and resilience factors impacting depression and anxiety among emerging adults. Identified interpersonal and personal protection

Journal of Psychology. 26, (2023). DOI:https://doi.org/10.1017/sjp.2023.11.					factors influencing mental health outcomes.
Gabarrell-Pascuet, A., García-Mieres, H., Giné-Vázquez, I., Moneta, M.V., Koyanagi, A., Haro, J.M. and Domènech-Abella, J. 2023. The Association of Social Support and Loneliness with symptoms of depression, anxiety, and posttraumatic stress during the COVID-19 Pandemic: A meta-analysis. *International Journal of Environmental Research and Public Health*. 20, 4 (Feb. 2023), 2765. DOI:https://doi.org/10.3390/ijerph20042765.	2023	Not specified	Not specified	Systematic review/meta-analysis	Investigated loneliness, social support, and symptoms of depression, anxiety, and posttraumatic stress during COVID-19 pandemic. Found associations between social support and reduced mental health symptoms.
Thomas, S., Kanske, P., Schäfer, J., Hummel, K.V. and Trautmann, S. 2022. *Examining bidirectional associations between perceived social support and psychological symptoms in the context of stressful event exposure: A prospective, longitudinal study*. Research Square Platform LLC.	2022	Germany	Not specified	Not specified	Examined perceived social support changes in German soldiers deployed to Afghanistan and correlations with psychological symptoms. Highlighted impact of workplace social support on depressive symptoms.
Hosseini Largani, M., Gorgani, F., Abbaszadeh, M., Arbabi, M., Karimpour Reyhan, S., Allameh, S.F., Shahmansouri, N. and Parsa, S. 2022. Depression, anxiety, perceived stress and family support in COVID-19 patients. *Iranian Journal of Psychiatry*. (Jun. 2022). DOI:https://doi.org/10.18502/ijps.v17i3.9725.	2022	Iran	100	Not specified	Investigated relationship between family support and anxiety, depression in COVID-19 patients. Found significant negative correlations between family support and anxiety, depression.
Abd Elhady, A., Hessain Elshreif, Z., Eissa, M. and Sabra, A. 2022. Relation between Perceived Social Support and psychological Stress among patients with Depressive disorder. *Tanta Scientific Nursing Journal*. 24, 1 (Mar. 2022), 104–125. DOI:https://doi.org/10.21608/tsnj.2022.221548.	2022	Neuro psychiatry inpatient Departments, Egypt	150	Convenience sampling	Explored perceived social support and psychological stress in depressive disorder patients. Found no significant correlation between perceived stress and social support levels.

Yüksel, A. and Bahadir-Yilmaz, E. 2019. Relationship between depression, anxiety, cognitive distortions, and psychological well-being among nursing students. *Perspectives in Psychiatric Care*. 55, 4 (May 2019), 690–696. DOI:https://doi.org/10.1111/ppc.12404.	2019	Aksaray, Turkey	330	Not specified	Investigated psychological health, cognitive distortions, anxiety, and depression in nursing students. Found significant negative correlations between psychological well-being and symptoms of anxiety, depression.

Chapter 3: Methodology

3.1 Study design:

Study design for this study was correlational study. The study uses quantitative Method

3.2 Study Population

The study included adults of age group 19-40 years

3.3 Study Area: Delhi (south)

3.4 Sampling and Sample Size.

To ensure the study has sufficient statistical power to detect significant effects, a power analysis can be conducted. For most psychological studies, a power of 0.80 (80%) is considered adequate. This means that there is an 80% chance of detecting a true effect if it exists. According to Cohen (1988) a sample size of 80-120 is generally sufficient to achieve this power level for detecting medium effect sizes (Cohen's d = 0.5) in correlation commonly used in psychological research.

The sampling method used here was Purposive and snowball sampling. By combining purposive and snowball sampling, the study can start with a purposive sample to ensure that the initial participants meet specific criteria. These participants can then refers others who meet the same criteria, expanding the sample size and diversity while maintaining the focus on the target population. The sample size for this study included 120 participants.

3.5 Data Collection Methods

Standardized self-administered psychological instruments (with instructions) were used. However, for collecting socio-demographic profile, some items were added. The instruments were converted into google form. In google form all the questions were marked with an Asterix that signified that all the questions were mandatory to be filled, except the name of the participant which was to be kept optional.

Participants were asked to read the informed consent part and if they consented, they may complete the instrument.

3.6 Data Collection Tools:

The data collection instruments included four standardized questionnaires. Psychological wellbeing was measured using Ryff psychological well-being scale, which is available on SPARQ tools website, self-esteem was measured using Rosenberg self-esteem scale which is available on American psychological association website. Perceived Social support was measured using Perceived social support multidimensional scale that is available on Addiction Research Centre in public domain and Depression, Anxiety and Stress scores were calculated using DASS 21, the scale is available on Addiction Research Centre in public domain.

The questionnaire was prepared both in paper format and in the form of online google form. The initial six questions included questions on basic details like Age, gender, field of study, academic status, education level and type of accommodation. The four standardized tools were then attached in the questionnaire.

3.6.1 Depression, Anxiety and Stress scale:

The DASS-21 was developed by Prof. Peter Lovibond and Dr Stephen Lovibond, Australian researchers and psychologists in 1995. It was introduced as a shorter version of the original DASS which consists of 42 items. The DASS-21 instrument contains a total of 21 items with 7 items for each of the three dimensions (depression, anxiety, and stress) respectively. each with four response choices ranging from " Did not apply to me at all." to " Applied to me very much".

Items are divided into three categories. Depression items 3,5,10,13,16,17,21 Anxiety items 2,4,7,9,15,19,20 and Stress items 1,6,8,11,12,14,18.

Scoring for DASS 21 was done as follows:

Scores were assigned as below. (1-3)

For 'Did not apply to me at all' score assigned was 1.

For 'Applied to me to some degree' score assigned was 2.

For 'Applied to me to a considerable degree' score assigned was 3

For 'Applied to me very much' score assigned was 4

Items are divided into three categories.

Depression items were 3,5,10,13,16,17,21

Anxiety items were 2,4,7,9,15,19,20

Stress items were 1,6,8,11,12,14,18

Final scores were then totalled for Depression, Anxiety and Stress items

3.6.2 Rosenberg Self Esteem Scale:

The Rosenberg Self-Esteem Scale was developed by Morris Rosenberg, an American sociologist, in 1965.The scale comprises 10 items or statements (five positive, five negative), each with four response choices ranging from "strongly disagree" to "strongly agree. Out of the 10 statements, 3,5,8,9,10 are reverse scored items.

Scoring for Rosen Berg self-esteem scale was as follows

For items 1,3,4,7,10

For ‘Strongly Agree’ score assigned was 4

For ‘Agree’ score assigned was 3

For ‘Disagree’ score assigned was 2.

For ‘Strongly Disagree’ score assigned was 1

For items 2,5,6,8,9 as these are reverse scored items

For Strongly Agree score assigned was 1

For Agree score assigned was 2.

For Disagree score assigned was 3

For Strongly Disagree score assigned was 4

Final Self Esteem score was the total score of all the items

3.6.3 Ryff Psychological Wellbeing Scale:

The Ryff Psychological Well-Being Scale was developed by Carol D. Ryff, an American psychologist, and was first introduced in the 1989, the scale assesses six dimensions of well-being: Self-acceptance “knowing and accepting the multiple aspects of ourselves, including the conscience of one’s strengths and limitations” , “Positive relations with others experiment a deep and healthy connection with significant others” , “Personal growth developing one’s potential and talent to the fullest from a continuous developing feeling”. “Purpose in life has goals in life and feel that it has meaning, purpose, and direction”, “Environmental mastery manages life situations with a sense of mastery and competence”. “Autonomy has self-determination, judge independence and internal self-regulation”. The scale comprises 18 items each with seven response choices ranging from "strongly agree" to "strongly disagree. The Autonomy subscale items are 15, 17, 18. The Environmental Mastery subscale items are 4, 8, 9. The Personal Growth subscale items are 11, 12, 14. The Positive Relations with Others subscale items are 6, 13, 16. The Purpose in Life subscale items are 3, 7, 10. The Self-Acceptance subscale items are 1, 2, and 5. Reverse-scored items are 1, 2, 3, 8, 9, 11, 12, 13, 17, and 18.

Scoring for Ryff psychological wellbeing scale was as follows:

For “strongly agree” score assigned was 1

For “somewhat agree” score assigned was 2

For “a little agree” score assigned was 3

For “neither agree nor disagree” score assigned was 4

For “a little disagree” score assigned was 5

For “somewhat disagree” score assigned was 6

For “strongly disagree” score assigned was 7

Reverse scoring item are

1, 2, 3, 8, 9, 11, 12, 13, 17, 18

For reverse scoring items scores were given as follows:

For “Strongly agree score assigned” was 7

For “somewhat Agree score assigned “was 6

For “Slightly agree score assigned” was 5

For “Neither agree nor disagree” score assigned was 4

For “a little disagree” score assigned was 3

For “somewhat Disagree” score assigned was 2

For “Strongly disagree” score assigned was 1

3.6.4 Multidimensional Perceived Social Support

The Multidimensional Perceived Social Support Scale (MPSS) that was employed in the current study was developed in 1988, and was standardized by Zimet, Dahlem, Zimet and Farley in the year 1998. It has a set of items that evaluates perceived social support in three categories: family members, friends, and other significant people. This is a scale that measures the phenomena that people hold in their social networks in terms of the sufficiency of support from different sources. The scale has 12 items, for each of which there are seven response options ranging from ‘very strongly disagree’ to ‘very strongly agree’. 4 each for friends, family and ‘others’. The items in the Significant Other Subscale are; item number 1, 2, 5 & 10. Family Subscale includes items 3, 4, 8, and 11. Sweet, Converse, & Timmerman (1999) identified the Friends Subscale to include items number 6, 7, 9 & 12

Scoring for Multidimensional perceived social support was as follows:

For “Very Strongly Disagree” score assigned was 1

For “Strongly Disagree” score assigned was 2

For “Mildly Disagree” score assigned was 3

For “Neutral” score assigned was 4

For “Mildly Agree” score assigned was 5

For “Strongly Agree” score assigned was 6

For “Very Strongly Agree” score assigned was 7

For the three dimensions scores were totaled for each dimension and then the final total score was calculated adding all 12 items together.

For Significant Other Subscale score was sum across items 1, 2, 5, & 10

For Family Subscale score was sum across items 3, 4, 8, & 11

For Friends Subscale: Sum across items 6, 7, 9, & 12

Total Scale score was sum across all the items

3.7 Data Analysis:

The data collected on the google form was retrieved on google sheets and then entered into MS Excel and was finally entered into SPSS. The data collected on hard copy was manually entered in the SPSS.

Codes were assigned for all the demographic variables. For the psychological instruments standardized scoring methods were used respectively.

Pearson correlation analysis was done for Depression, Anxiety and Stress with total Rosen Berg self-esteem score, six dimensions of Ryff Psychological well-being and its total score, Three dimensions of Multidimensional perceived Social Support and its total score.

Chapter 4: Results and Discussion

This section has presented the results by discussing the profile of the respondents like sex, stream of education, academic qualifications, place of residence, and current employment status.

The results revealed that most of the respondents were female (Fig 1). Most of the respondents (67%) were postgraduate and above, followed by undergraduate (30%), and a few just had higher secondary education (Fig 2).

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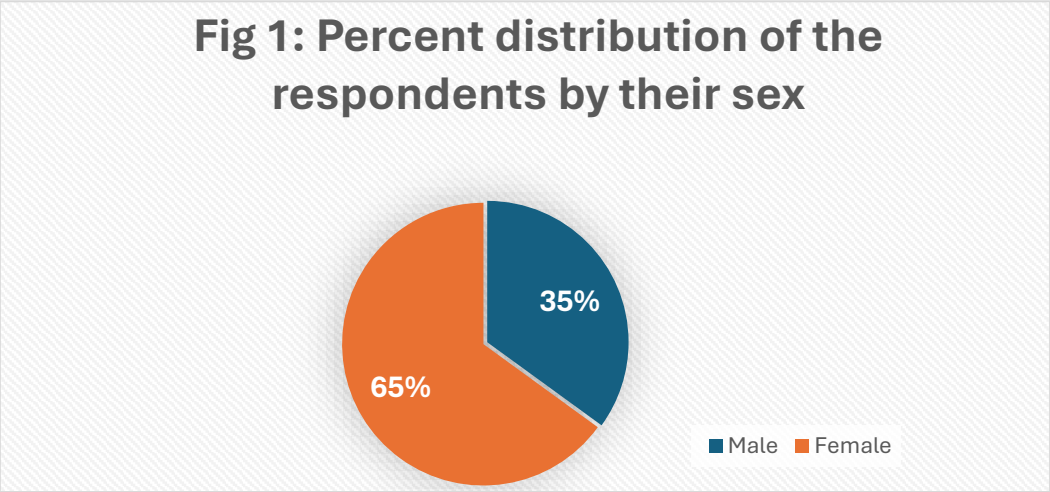
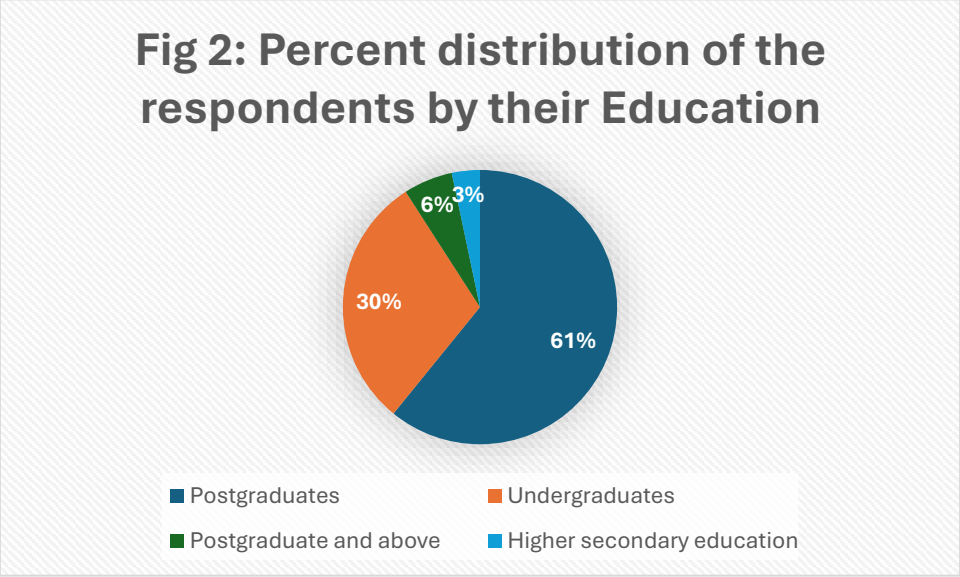
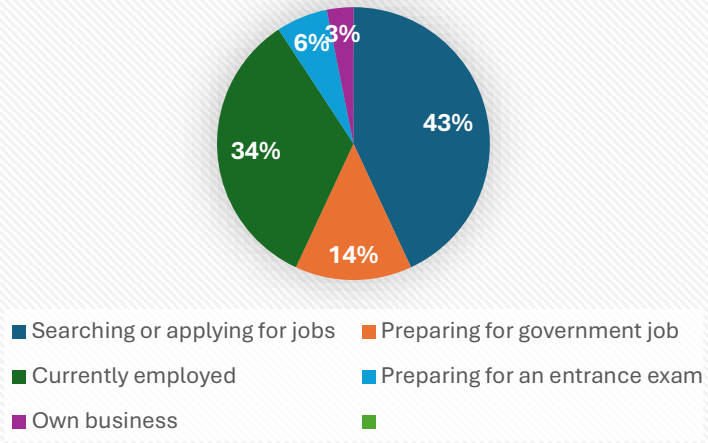




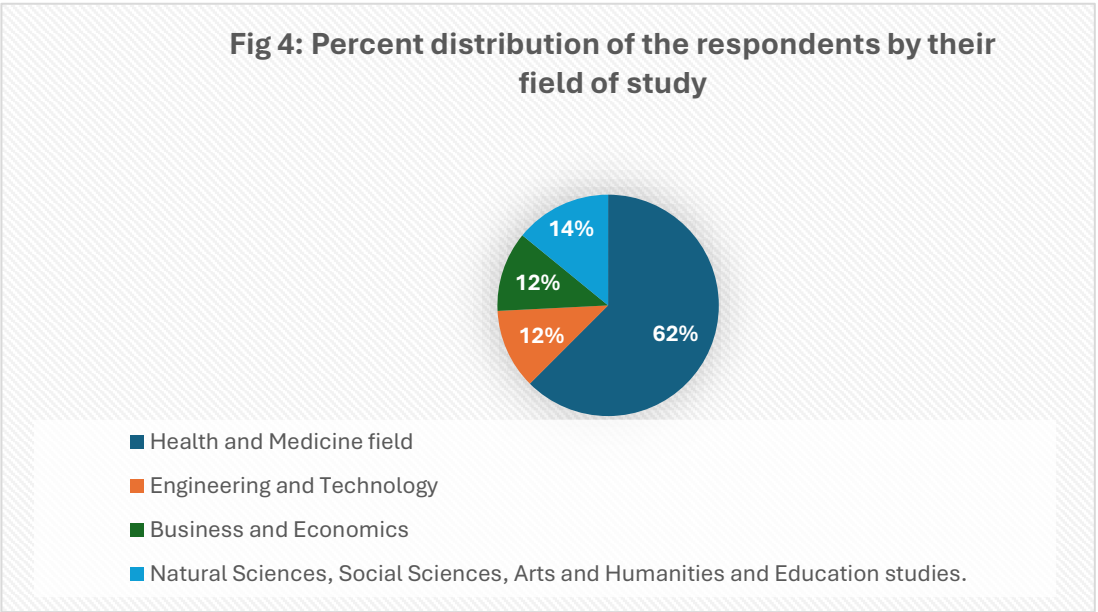
The results show that out of every 10 respondents, about five were in college only, and/or were preparing for competitive exams. Similarly, out of every four respondents, one was searching for employment. Nearly 20% were already employed or engaged in their own business (Fig 3).

Fig 3: Percent distribution of the respondents by their current enagagement

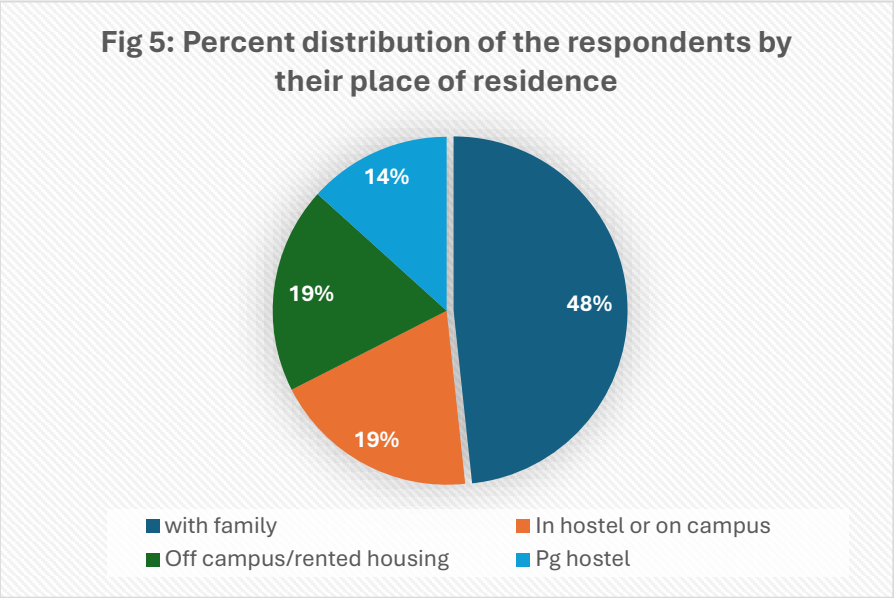


Most of the respondents (62%) were from the medical and health background followed by natural sciences which consisted of (14%), and Engineering and technology and business and economics included 12% each (Fig 4).

Fig 4: Percent distribution of the respondents by their field of study



About 48% of respondents live with family, while 33% were in hostel on campus; and 19% were opted for rented housing (Fig 5).



Relationship between Self Esteem and Depression, Anxiety and Stress

The depression, anxiety and stress were calculated using DASS 21 scale and Self Esteem was calculated using Rosen Berg self-esteem scale

The Pearson correlation was done to find the correlation of Self Esteem with Depression

The Pearson correlation was done to find the correlation of Self Esteem with Anxiety

The Pearson correlation was done to find the correlation of Self Esteem with Stress

The findings showed that there is a significant (p less than 0.05) correlation of Self-esteem with depression, anxiety and stress. The correlation was found to be negative. Hence lower levels of depression, anxiety and stress are related with higher levels of Self Esteem of a person and vice versa. (Table 1)

Table 1 Pearson correlation of Depression, Anxiety and stress with Self Esteem.

		Depression	Anxiety	Stress
Rosenberg Self Esteem Total score	Pearson Correlation	-.463**	-.213*	-.243**
	Sig. (2-tailed)	.000	.020	.007

Since p value is less than 0.05 for correlation between Self-esteem and depression

Since p value is less than 0.05 for correlation between Self-esteem and anxiety

Since p value is less than 0.05 for correlation between Self-esteem and stress

Since there was a significant correlation between Self-esteem and depression, based on our Hypothesis:

A. Null Hypothesis (H_0): There is no significant n correlation between depressions and self-esteem.

Alternative Hypothesis (H1): There is a significant correlation between depression and self-esteem

We reject the null hypothesis

Since there was a significant correlation between Self-esteem and Anxiety, based on our Hypothesis

B Null Hypothesis (H_0): There is no significant correlation between Anxiety and self-esteem

Alternative Hypothesis (H2): There is a significant correlation between Anxiety and self-esteem

We reject the null hypothesis

Since there was a significant correlation between Self-esteem and Stress, based on our Hypothesis:

C.Null Hypothesis (H_0): There is no significant correlation between Stress and self-esteem

Alternative Hypothesis (H3): There is a significant correlation between Stress and self-esteem

We accept the null hypothesis

Relationship between Perceived Social Support and Depression, Anxiety and Stress

The depression, anxiety and stress were calculated using DASS 21 scale and social support was calculated using Multidimensional perceived Social Support scale

The Pearson correlation was done to find the association of Perceived Social Support with Depression

The Pearson correlation was done to find the association of Perceived Social Support with Anxiety

The Pearson correlation was done to find the association of Perceived Social Support with Stress

The findings showed that there is a non-significant (p greater than 0.05) correlation of Perceived Social Support with depression, anxiety and stress. (Table 2)

In the existing study, there was a moderate inverse relation with depression though was not statistically significant r = -0. 125, p=0. 173, It also emerged that Anxiety had a non-significant correlation on the analysis =0. 121, p=0. 188, Although the correlation between depression and stress score was high, it was not deemed statistically significant r=0,188. 017, p=0. 851. In this case, therefore, the calculated p value is greater than 0.05 and therefore the conclusion derived from the study is that p is not less than 0. 05, Thus, the study established that Perceived social support is Weakley correlated with reduced levels of depression, Anxiety, and stress.

Table 2 Pearson correlation of Depression, Anxiety and stress with the Perceived Social Support

		Depression	Anxiety	Stress
Perceived Social Support total score	Pearson Correlation	-0.125	0.121	0.017
	Sig. (2-tailed)	0.173	0.188	0. 851

Since p value is greater than 0.05 for correlation between Perceived Social Support and depression

Since p value is greater than 0.05 for correlation between Perceived Social Support and anxiety

Since p value is greater than 0.05 for correlation between Perceived Social Support and stress

Since there was no significant correlation between Perceived Social Support and depression, based on our Hypothesis:

D.Null Hypothesis (H_0): There is no significant n correlation between depressions and Perceived Social Support

Alternative Hypothesis (H4): There is a significant correlation between depression and Perceived Social Support

Since there was no significant correlation between Perceived social support and depression, based on our Hypothesis,We accept the null hypothesis

E Null Hypothesis (H_0): There is no significant correlation between Anxiety and Perceived Social Support

Alternative Hypothesis (H5): There is a significant correlation between Anxiety and Perceived Social Support

Since there was no significant correlation between Perceived social support and Anxiety, based on our Hypothesis, we accept the null hypothesis

F. Null Hypothesis (H_0): There is no significant correlation between Stress and Perceived Social Support

Alternative Hypothesis (H6): There is a significant correlation between Stress and Perceived Social Support

Since there was no significant correlation between Perceived social support and Stress based on our Hypothesis, we accept the null hypothesis

Relationship between dimensions of psychological wellbeing and Depression, Anxiety and Stress

The depression, anxiety and stress were calculated using DASS 21 scale and psychological wellbeing was calculated using Ryff Psychological Well Being Scale

The Pearson correlation was done to find the association of psychological wellbeing with Depression

The Pearson correlation was done to find the association of psychological wellbeing with Anxiety

The Pearson correlation was done to find the association of psychological wellbeing with Stress

The analysis revealed a non-significant negative correlation of psychological wellbeing with depression r=−0. 125, p=0.173, The analysis revealed a non-significant correlation of psychological wellbeing with Anxiety=0.121, p=0.188, and a non-significant correlation of psychological wellbeing with stress r=0.017, p=0. 851. (Table 3)

Table:3 Pearson correlation of Depression, Anxiety and stress with Total Ryff psychological well-being scores.

		Depression	Anxiety	Stress
Total Ryff Psychological well-being scores	Pearson Correlation	-.125	.121	.017
	Sig. (2-tailed)	.173	.188	.851

G. Null Hypothesis (H_0): There is no significant n correlation between depressions and Psychological Well being

Alternative Hypothesis (H7): There is a significant correlation between depression and Psychological Well being

Since there was no significant correlation between psychological wellbeing and depression, based on our Hypothesis, we accept the null hypothesis

H Null Hypothesis (H_0): There is no significant correlation between Anxiety and Psychological Well being

Alternative Hypothesis (H8): There is a significant correlation between Anxiety and Psychological Well being

Since there was no significant correlation between psychological wellbeing and Anxiety, based on our Hypothesis, we accept the null hypothesis

I. Null Hypothesis (H_0): There is no significant correlation between Stress and Psychological Well being

Alternative Hypothesis (H9): There is a significant correlation between Stress and s Psychological Well being

Since there was no significant correlation between psychological wellbeing and Stress based on our Hypothesis, we accept the null hypothesis

Suggested Interventions aimed at reducing depression, anxiety, and stress by enhancing self-esteem, psychological well-being, and perceived social support among individuals

Drawing from the study findings, we can propose several approaches to help individuals cope with feelings of sadness, worry, and pressure by strengthening their self-worth, mental wellness, and social connections.

Building Self-Regard:

Our results highlight how crucial a positive self-image is for emotional health. We might consider programs that teach people to recognize and challenge negative self-talk, perhaps through one-on-one counselling or group workshops. Learning to treat oneself with kindness, especially during tough times, could be another valuable skill to develop. Encouraging folks to set achievable goals and celebrate their successes, no matter how small, might also boost confidence.

Mastering Life's Challenges:

We saw that feeling capable of handling life's demands correlates with better emotional well-being. To address this, we could offer practical life skills training – things like managing time effectively, solving problems creatively, and making sound decisions. Teaching techniques to stay calm under pressure and respond thoughtfully to stressors could be beneficial too. For younger adults, providing guidance on career planning and skill-building might increase their sense of competence.

Strengthening Social Bonds:

Our research suggests that support from friends and partners plays a key role in emotional health. We might look at ways to help people build and maintain these relationships. This could involve workshops on effective communication, understanding others' perspectives, and resolving conflicts peacefully. Creating spaces for people facing similar challenges to connect and support each other could be valuable. For those in romantic relationships, offering resources to improve relationship quality might enhance the support they feel from their partner.

Holistic Well-being Approach:

While our overall well-being measure didn't show strong correlations, taking a comprehensive approach to personal growth could still be beneficial. We might create programs that are aimed at addressing different spheres of people's lives, for example, programs that deal with acceptance, relationship, independence, environmental mastery, life purpose, and personal development. Helping individuals explore what gives their life meaning and purpose could contribute to overall wellness.

Tech-Savvy Solutions:

Given our focus on younger adults, using technology to deliver support could be effective. This might include smartphone apps for mood tracking and stress management, online communities for peer support, or video-based counseling services.

Workplace and Educational Support:

Since many in our target age group are studying or starting their careers, interventions in these settings could be impactful. This might involve comprehensive mental health initiatives on campuses or workplace programs that promote work-life balance and offer counseling services.

Community Engagement:

Fostering a supportive community environment could enhance people's sense of social connection. This might involve creating spaces and activities for young adults to meet and form friendships, or organizing volunteer opportunities that can boost self-esteem and provide a sense of purpose.

In implementing these ideas, it's crucial to tailor them to the specific needs of the individuals we're trying to help. A mix-and-match approach, combining several of these strategies, might work best. And of course, we'd need to continuously gather feedback and measure outcomes to ensure we're making a real difference.

Discussion

This study explores the connections between self-esteem, psychological well-being, perceived social support, and their effects on mental health outcomes such as depression, anxiety, and stress among young adults. The findings show significant negative relationships between self-esteem, psychological well-being, and perceived social support with depression, anxiety, and stress.

These results are in line with existing literature, which consistently highlights the protective role of self-esteem against mental health issues. Higher self-esteem is often linked with lower levels of depression, anxiety, and stress. For example, Asici and Sari (2022) discovered that university students with higher self-esteem had fewer symptoms of depression, anxiety, and stress. Similarly, Amjad et al. (2022) found a significant negative correlation between self-esteem and these mental health issues among medical students, suggesting that boosting self-esteem could effectively reduce mental health problems.

Psychological well-being, including aspects such as environmental mastery, purpose in life, and self-acceptance, emerged as another crucial factor in mental health in this study. Higher levels of psychological well-being were associated with lower levels of depression and anxiety, consistent with Ryff and Keyes (1995), who found that individuals with higher psychological well-being had better mental health outcomes. This indicates that enhancing psychological well-being could be a valuable strategy for mitigating mental health issues.

Perceived social support, which includes support from friends, family, and significant others, plays a critical role in buffering against stress and emotional distress. The study found that strong social support networks are associated with lower levels of anxiety and depression. This finding aligns with Cohen and Wills (1985), who suggested that social support mitigates the adverse effects of stress through the buffering hypothesis. Lakey and Orehek (2011) also supported this by demonstrating that perceived social support significantly reduces the risk of mental health problems by providing emotional and practical assistance.

Overall, the study demonstrates that self-esteem, psychological well-being, and perceived social support are interconnected factors that significantly impact mental health. The

negative correlations observed between these factors and mental health issues highlight potential areas for intervention. Programs aimed at enhancing self-esteem, promoting psychological well-being, and fostering supportive social networks could effectively improve mental health outcomes among young adults.

Hence, the study's results, supported by existing literature, underscore the importance of these psychosocial factors in mental health. Targeting these areas through interventions can create a supportive environment that enhances overall well-being and resilience against mental health challenges. This comprehensive approach can significantly reduce the prevalence of depression, anxiety, and stress in young adults, leading to improved mental health and quality of life

Chapter-6

Conclusion

The present study aimed to investigate the correlations between self-esteem, psychological wellness, perceived social support, and mental health status (depression, anxiety, and stress) in youth. The key findings include:

Self-Esteem: The present study revealed negative correlation of self-esteem with depression, anxiety and stress; the values being r=-0. 463, p<0. 001, r=-0. 213, p=0. 020 and r=-0. 243, p=0. 007 respectively. This infers that as the self-esteem increases, the depression, anxiety and stress decreases.

Perceived Social Support: Perceived social support was deemed not to have a relationship with depression, anxiety or stress since the coefficients were as follows: depression; r= -0.125 p= 0.173, and for anxiety; r=0.121p= 0.188, and for stress; r=0.017 p= 0.851. This means that in practice, perceived social support has a low level of association with the decrease in these aspects of mental health.

Psychological Well-Being: Psychological wellbeing when compared to depression was insignificant with -0. 125, p=0. 173; insignificant with anxiety, 0. 121, p = 0. 188; and insignificant with stress, 0. 017, p = 0. 851.

The findings of the existing study corroborate the significance of self-esteem for youth's mental well-being. It is noteworthy that indices of overall psychological well-being and perceived social support were not strongly related to mental health outcomes although components of the former, namely environmental mastery, and of the latter, namely friend and partner support, might have relevance for mental health.

Based on the study's results, it is recommended that efforts designed to restore self-esteem, increase positive environmental mastery, and promote positive peer and/or romantic relationships could be effective avenues to invest on nurturing the mental health of young adult

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ANNEXURE – 1

1) Name (Optional)_____
2) Age: _____
3) Gender: _____
4) What is your current field of study?
    a) Arts and Humanities
    b) Social Sciences
    c) Natural Sciences
    d) Engineering and Technology
    e) Business and Economics
    f) Health and Medicine
    g) Education
    h) Others (Please specify): _____
5) What is your education level:
    a) Completed 10+2/Higher secondary/Intermediate
    b) Undergraduate
    c) Postgraduate
    d) Postgraduate and above

6) What is your academic status? (Select all that applies)
    a) Preparing for an entrance exam
    b) Attending college/University
    c) Searching/applying for jobs
    d) Preparing for government jobs
    e) Others (Please specify): _____

7) Where do you currently live? (Select one)
    a) With family
    b) In a hostel/on-campus housing
    c) Paying guest hostel
    d) Off-campus housing/Rented housing.

e) Others (Please specify): _____

Questionnaire 1

Instructions: Please read each statement and select the option that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The coding is as below, please select the correct option corresponding to each category

'A': Did not apply to me at all

'B': Applied to me to some degree, or some of the time.

'C':Applied to me to a considerable degree, or a good part of time.

'D': Applied to me very much, or most of the time.

1) I found it hard to wind down.

A	B	C	D

2) I was aware of dryness of my mouth.

A	B	C	D

3) I couldn't seem to experience any positive feeling at all.

A	B	C	D

4) I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)

A	B	C	D

5) I found it difficult to work up the initiative to do things.

A	B	C	D

6) I tended to over-react to situations.

A	B	C	D

7) I experienced trembling (e.g., in the hands)

A	B	C	D

8) I felt that I was using a lot of nervous energy.

A	B	C	D

9) I was worried about situations in which I might panic and make a fool of myself

A	B	C	D

10) I felt that I had nothing to look forward to

A	B	C	D

11) I found myself getting agitated.

A	B	C	D

12) I found it difficult to relax.

A	B	C	D

13) I felt downhearted and blue.

A	B	C	D

14) I was intolerant of anything that kept me from getting on with what I was doing

A	B	C	D

15) I felt I was close to panic.

A	B	C	D

16) I was unable to become enthusiastic about anything.

A	B	C	D

17) I felt I wasn't worth much as a person.

A	B	C	D

18) I felt that I was rather touchy.

A	B	C	D

19) I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)

A	B	C	D

20) I felt scared without any good reason.

A	B	C	D

21) I felt that life was meaningless.

A	B	C	D

Questionnaire 2

Instructions: Please read each statement and select the option that indicates how much the statement applied to you. There are no right or wrong answers. Do not spend too much time on any statement.

The coding is as below, please select the correct option corresponding to each category

'A': If you Very Strongly Disagree
'B': If you Strongly Disagree
'C': If you Mildly Disagree
'D': If you are Neutral
'E': If you Mildly Agree
'F': If you Strongly Agree
'G: If you Very Strongly Agree

1) There is a special person who is around when I am in need.

A	B	C	D	E	F	G

2) There is a special person with whom I can share my joys and sorrows.

A	B	C	D	E	F	G

3) My family really tries to help me.

A	B	C	D	E	F	G

4) I get the emotional help and support I need from my family.

A	B	C	D	E	F	G

5) I have a special person who is a real source of comfort to me.

A	B	C	D	E	F	G

6) My friends really try to help me.

A	B	C	D	E	F	G

7) I can count on my friends when things go wrong.

A	B	C	D	E	F	G

8) I can talk about my problems with my family.

A	B	C	D	E	F	G

9) I have friends with whom I can share my joys and sorrows.

A	B	C	D	E	F	G

10) There is a special person in my life who cares about my feelings.

A	B	C	D	E	F	G

11) My family is willing to help me make decisions.

A	B	C	D	E	F	G

12) I can talk about my problems with my friends.

A	B	C	D	E	F	G

Questionnaire 3

Instructions: Please read each statement and select the option that indicates how much the statement applied to you. There are no right or wrong answers. Do not spend too much time on any statement.

The coding is as below, please select the correct option corresponding to each category.

'A': Strongly agree.

'B': Somewhat agree

'C': A little agree.

'D': Neither agree nor disagree

'E': A little disagree.

'F': Somewhat disagree

'G': Strongly disagree.

1) I like most parts of my personality.

A	B	C	D	E	F	G

2) When I look at the story of my life, I am pleased with how things have turned out so far.

A	B	C	D	E	F	G

3) Some people wander aimlessly through life, but I am not one of them.

A	B	C	D	E	F	G

4) The demands of everyday life often get me down.

A	B	C	D	E	F	G

5) In many ways I feel disappointed about my achievements in life.

A	B	C	D	E	F	G

6) Maintaining close relationships has been difficult and frustrating for me.

A	B	C	D	E	F	G

7) I live life one day at a time and don't really think about the future.

A	B	C	D	E	F	G

8) In general, I feel I am in charge of the situation in which I live.

A	B	C	D	E	F	G

9) I am good at managing the responsibilities of daily life.

A	B	C	D	E	F	G

10) I sometimes feel as if I've done all there is to do in life.

A	B	C	D	E	F	G

11) For me, life has been a continuous process of learning, changing, and growth.

A	B	C	D	E	F	G

12) I think it is important to have new experiences that challenge how I think about myself and the world.

A	B	C	D	E	F	G

13) People would describe me as a giving person, willing to share my time with others.

A	B	C	D	E	F	G

14) I gave up trying to make big improvements or changes in my life a long time ago

A	B	C	D	E	F	G

15) I tend to be influenced by people with strong opinions.

A	B	C	D	E	F	G

16) I have not experienced many warm and trusting relationships with others.

A	B	C	D	E	F	G

17) I have confidence in my own opinions, even if they are different from the way most other people think.

A	B	C	D	E	F	G

18) I judge myself by what I think is important, not by the values of what others think is important.

A	B	C	D	E	F	G

Questionnaire 4

Instructions: record the appropriate answer for each item, depending on whether you Strongly agree, agree, disagree, or strongly disagree with it.

Statement	Strongly agree	Agree	Disagree	Strongly disagree
On the whole, I am satisfied with myself.				
At times I think I am no good at all.				

I feel that I have a number of good qualities.				
I am able to do things as well as most other people				
I feel I do not have much to be proud of.				
I certainly feel useless at times.				
I feel that I'm a person of worth.				
I wish I could have more respect for myself.				
All in all, I am inclined to think that I am a failure.				
I take a positive attitude toward myself.				
