

Determinant factors of emotional mental health in adolescents: an exploratory study

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Received: 14 March 2026 ◦ Revised: 01 June 2026 ◦ Accepted: 07 July 2026 ◦ Published: 12 December 2026

ABSTRACT

Introduction: Adolescent emotional mental health is a critical component of overall development, with increasing vulnerability to emotional difficulties during this transitional period. Internal psychological factors such as coping mechanisms, self-esteem, and resilience are considered key determinants. This study aimed to analyze the determinants of adolescents' emotional mental health, particularly emotional difficulties and prosocial strengths.

Research Methodology: A quantitative descriptive-analytic study was conducted among 478 adolescents aged 12–15 years in Pontianak, Indonesia, selected using probability sampling. Data were collected using validated instruments, including the Strengths and Difficulties Questionnaire (SDQ), Rosenberg Self-Esteem Scale (RSES), coping mechanism questionnaire, and Connor–Davidson Resilience Scale (CD-RISC). Data analysis employed Spearman's Rank correlation and multivariate analysis to determine the strength of associations and the contribution of each variable (R^2).

Results: The majority of respondents had normal prosocial abilities (83.5%) and normal emotional difficulties (52.7%). Coping mechanisms showed the strongest association with emotional difficulties ($r = 0.626$; $R^2 = 0.391$; $p < 0.001$), followed by self-esteem ($r = 0.536$; $R^2 = 0.287$; $p < 0.001$) and resilience ($r = 0.206$; $R^2 = 0.042$; $p < 0.001$). For prosocial strengths, resilience was the dominant factor ($r = 0.385$; $R^2 = 0.148$; $p < 0.001$), followed by coping mechanisms ($r = 0.252$; $R^2 = 0.063$; $p < 0.001$) and self-esteem ($r = 0.220$; $R^2 = 0.048$; $p < 0.001$).

Conclusion: Coping mechanisms, self-esteem, and resilience are significant determinants of adolescent emotional and mental health. Strengthening adaptive coping strategies, enhancing self-esteem, and fostering resilience are essential to improve emotional well-being and promote positive social behavior among adolescents. These findings support the development of school-based and family-centered mental health interventions.

Keywords: adolescents; coping; mental health; resilience; self concept.



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INTRODUCTION

Adolescent emotional and mental health has emerged as a critical public health concern, driven by the increasing prevalence of psychological distress during this developmental stage (Benton et al., 2021). Adolescence represents a period of rapid biological maturation, identity formation, and social transition, all of which contribute to heightened vulnerability to emotional disturbances (Asseffa et al., 2026). Empirical evidence indicates that a substantial proportion of adolescents experience symptoms such as anxiety, depression, and behavioral dysregulation, which may adversely affect academic performance, interpersonal relationships, and long-term well-being (Dedios Sanguineti et al., 2025). In the Indonesian context, recent epidemiological reports suggest that emotional and mental health problems among adolescents remain under-identified and insufficiently addressed, particularly in school-based settings (Forsman, 2025). This gap underscores the urgency of identifying modifiable determinants to inform targeted, scalable interventions (Hietajärvi et al., 2026).

Current literature has consistently highlighted the role of internal psychological resources in shaping adolescent mental health outcomes (Irmawati S et al., 2025). Coping mechanisms, for instance, are recognized as central processes through which individuals manage stress and adapt to environmental demands (Larsen et al., 2026). Studies have demonstrated that adaptive coping strategies, such as problem-solving and seeking social support, are associated with lower levels of emotional distress (Lipskaya-Velikovsky et al., 2026). In contrast, maladaptive coping strategies, including avoidance and emotional suppression, tend to exacerbate psychological problems (Long et al., 2025). In parallel, self-esteem has been identified as a fundamental construct reflecting an individual's perception of self-worth and significantly influencing emotional regulation and resilience to stress (Lovell et al., 2026). Adolescents with higher self-esteem are more likely to demonstrate psychological stability and positive adjustment, while those with low self-esteem are at increased risk for anxiety and depressive symptoms (Mendes et al., 2026).

Resilience, as another critical psychological factor, refers to the capacity to recover from adversity and maintain functional well-being under stress (Mudunna et al., 2025). A growing body of research suggests that resilience not only mitigates the negative impact of stressors but also facilitates positive developmental outcomes, including prosocial behavior and adaptive functioning (Namirembe et al., 2026). However, the existing literature often examines these variables in isolation, limiting the ability to understand their relative contributions and interactive effects on different dimensions of adolescent mental health (Neelakantan et al., 2025). Furthermore, while some studies have explored associations between these factors and emotional outcomes, fewer have quantitatively assessed their comparative influence using multivariate approaches, particularly in low- and middle-income country settings (Oberle et al., 2025).

Despite these advancements, several critical gaps remain. First, there is a lack of integrative analysis that simultaneously examines coping mechanisms, self-esteem, and resilience as determinant factors within a single analytical framework. Second, most studies tend to focus predominantly on negative outcomes such as emotional difficulties, with limited attention to positive dimensions of mental health, including prosocial strengths. Third, context-specific evidence from Indonesian adolescents remains scarce, limiting the generalizability of existing findings to local populations. These limitations hinder the development of comprehensive, evidence-based mental health interventions tailored to adolescents' psychosocial needs.

Addressing these gaps, the present study offers a novel contribution by employing a multivariate analytical approach to evaluate the relative and combined influence of coping

mechanisms, self-esteem, and resilience on both negative and positive dimensions of adolescent mental health. Unlike prior research that isolates individual predictors, this study integrates multiple psychological constructs to provide a more nuanced understanding of their contributions. Additionally, by incorporating both emotional difficulties and prosocial strengths as outcome variables, this research adopts a more balanced perspective on adolescent mental health, aligning with contemporary frameworks that emphasize not only the absence of pathology but also the presence of positive functioning. Therefore, the objective of this study is to analyze the determinants of adolescents' emotional mental health, specifically focusing on the roles of coping mechanisms, self-esteem, and resilience in shaping emotional difficulties and prosocial strengths. The findings are expected to provide empirical evidence to inform the design of targeted interventions to strengthen adolescents' psychological resources, ultimately contributing to improved mental health outcomes and positive developmental trajectories.

RESEARCH METHODOLOGY

Study Design

This study employed a quantitative descriptive-analytic design with a cross-sectional approach. This design was selected to examine the relationships and relative contributions of multiple psychological determinants, coping mechanisms, self-esteem, and resilience on adolescent emotional mental health outcomes at a single point in time. The cross-sectional framework is appropriate for identifying associations and estimating the magnitude of influence between variables in population-based studies.

Setting & Participants

The study was conducted in junior high schools in Pontianak City, West Kalimantan, Indonesia, between January and March 2026. The target population consisted of adolescents aged 12–15 years enrolled in formal education. Inclusion criteria were: (1) adolescents aged 12–15 years, (2) currently enrolled in selected schools, and (3) willing to participate with informed consent. Exclusion criteria included: (1) adolescents with diagnosed severe mental disorders, and (2) incomplete questionnaire responses. A probability sampling technique, stratified random sampling, was used to ensure representativeness across schools. The minimum sample size was calculated using a correlation study formula with an assumed effect size of 0.3, power of 80%, and significance level of 5%, resulting in a minimum requirement of 350 participants. To increase statistical power and account for potential non-response, 478 respondents were included in the final analysis.

Variables & Measurement

The independent variables were coping mechanisms, self-esteem, and resilience, while the dependent variables were emotional difficulties and prosocial strengths. Operational definitions were as follows: coping mechanisms refer to adaptive or maladaptive strategies used by adolescents to manage stress; self-esteem reflects an individual's overall evaluation of self-worth; resilience denotes the ability to recover and adapt positively to stressors; emotional difficulties represent internalizing and behavioral problems; and prosocial strengths indicate positive social behaviors such as empathy and cooperation.

Data were collected using validated instruments. Emotional mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ). Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES), coping mechanisms were assessed using a standardized coping questionnaire based on Lazarus and Folkman's framework, and resilience was measured using the Connor–Davidson Resilience Scale (CD-RISC). All instruments demonstrated

acceptable psychometric properties, with Cronbach’s alpha coefficients ranging from 0.70 to 0.89 in previous studies. A pilot test was conducted on 30 adolescents to confirm reliability in the study context, yielding Cronbach’s alpha values above 0.70 for all scales. Data sources were primary, obtained directly from participants through self-administered questionnaires.

Data Collection

Data collection was conducted in a classroom setting under the researcher's supervision. Participants were first provided with standardized information regarding study objectives, procedures, confidentiality, and their rights. Questionnaires were distributed and completed anonymously within approximately 30–45 minutes. Quality control measures included training of data collectors, standardized administration procedures, on-site verification of questionnaire completeness, and double data entry to minimize input errors.

Data Analysis

Descriptive statistics were used to summarize participant characteristics and variable distributions, including frequencies, percentages, means, and standard deviations. Bivariate analysis was performed using Spearman’s Rank correlation test to assess associations between independent and dependent variables, given the non-parametric distribution of data. Multivariate analysis was conducted using multiple correlation analysis with the coefficient of determination (R^2) to evaluate the relative contribution of each independent variable to emotional difficulties and prosocial strengths. All statistical analyses were performed using SPSS version 26. The level of statistical significance was set at $\alpha = 0.05$.

Ethical Approval

This study received ethical approval from the Research Ethics Committee of KEPK STIKes Yarsi Pontianak (Approval Number: 033/KEPK/STIKes.YSI/I/2025). Written informed consent was obtained from all participants before data collection. Participation was voluntary, and confidentiality and anonymity of all data were strictly maintained throughout the research process.

RESULT

This section presents the study's findings, beginning with the respondents' demographic characteristics and then the distribution of key study variables. The analysis then examines the relationships between coping mechanisms, self-esteem, and resilience with adolescent emotional mental health outcomes, including emotional difficulties and prosocial strengths. Finally, multivariate analysis is conducted to determine the relative contribution of each determinant factor.

Table 1. Characteristics of Respondents (n = 478)

Variable	Category	n	%
Age	12 years	104	21.8
	13 years	145	30.3
	14 years	174	36.4
	15 years	55	11.5
Gender	Male	206	43.1
	Female	272	56.9
Living Status	With parents	424	88.7
	Relatives	45	9.4
	Others	9	1.9

The majority of respondents were aged 14 years (36.4%) and female (56.9%). Most adolescents lived with their parents (88.7%), indicating relatively stable family environments.

Table 2. Bivariate Analysis of Determinant Factors and Adolescent Mental Health

Variable	Outcome	r/ β	95% CI	p-value
Coping Mechanisms	Emotional Difficulties	0.626	0.58–0.67	<0.001
Self-Esteem	Emotional Difficulties	0.536	0.49–0.58	<0.001
Resilience	Emotional Difficulties	0.206	0.15–0.26	<0.001
Resilience	Prosocial Strengths	0.385	0.34–0.43	<0.001
Coping Mechanisms	Prosocial Strengths	0.252	0.20–0.30	<0.001
Self-Esteem	Prosocial Strengths	0.220	0.17–0.27	<0.001

All independent variables were significantly associated with both emotional difficulties and prosocial strengths ($p < 0.001$). Coping mechanisms showed the strongest association with emotional difficulties, while resilience demonstrated the strongest association with prosocial strengths.

Table 3. Multivariate Analysis of Determinants of Adolescent Mental Health

Variable	Outcome	β	R ²	p-value
Coping Mechanisms	Emotional Difficulties	0.626	0.391	<0.001
Self-Esteem	Emotional Difficulties	0.536	0.287	<0.001
Resilience	Emotional Difficulties	0.206	0.042	<0.001
Resilience	Prosocial Strengths	0.385	0.148	<0.001
Coping Mechanisms	Prosocial Strengths	0.252	0.063	<0.001
Self-Esteem	Prosocial Strengths	0.220	0.048	<0.001

Multivariate analysis indicates that coping mechanisms were the strongest determinant of emotional difficulties ($R^2 = 39.1\%$), followed by self-esteem and resilience. In contrast, resilience emerged as the primary determinant of prosocial strengths ($R^2 = 14.8\%$).

The present findings indicate that adolescent emotional mental health cannot be attributed to a single dominant factor, but rather emerges from the interplay of multiple internal psychological resources with differential weights. While the majority of adolescents were categorized within normal ranges of emotional and prosocial functioning, the presence of borderline and abnormal conditions in a substantial subgroup signals a latent vulnerability that warrants closer attention, particularly in preventive mental health strategies. The strong association between coping mechanisms and emotional difficulties reinforces the argument that stress regulation capacity functions as a proximal determinant of psychological outcomes. However, this relationship should not be interpreted in isolation. Coping does not operate independently of underlying cognitive and affective structures, such as self-esteem, which shapes how stressors are appraised, or resilience, which influences recovery trajectories following adversity. The comparatively greater contribution of coping mechanisms may therefore reflect their more immediate role in behavioral responses, rather than their exclusivity as a determinant factor.

Interestingly, resilience emerged as the primary contributor to prosocial strengths, suggesting that adaptive recovery processes extend beyond individual well-being into the social domain. This finding supports the conceptualization of resilience not merely as a protective buffer, but as a developmental asset that facilitates positive social engagement. In contrast, the relatively smaller contribution of self-esteem to prosocial outcomes suggests that self-perception alone may be insufficient to drive outward social behaviors without the support of adaptive coping and resilience. Taken together, these findings highlight a layered mechanism in which coping strategies act at the behavioral level, self-esteem at the cognitive-evaluative level, and resilience at the adaptive-developmental level. The interaction among these dimensions provides a more comprehensive explanation of adolescent mental health. Consequently, intervention models that focus on a single psychological construct may be less effective. A more integrative approach that simultaneously strengthens coping skills, reinforces positive self-evaluation, and builds resilience is likely to produce more sustainable improvements in both emotional regulation and prosocial functioning.

DISCUSSION

The findings of this study offer a more integrated perspective on adolescent emotional mental health by demonstrating that psychological well-being is not determined by isolated factors, but rather by the dynamic interaction of coping mechanisms, self-esteem, and resilience. These variables appear to operate across different psychological layers, forming a coherent system that shapes how adolescents perceive, respond to, and recover from stress. Coping mechanisms emerge as the most immediate and behaviorally expressed responses to stressors, which explains their dominant role in emotional difficulties. Adolescents who rely on maladaptive coping strategies are more likely to experience persistent emotional strain, whereas adaptive coping enables more effective stress regulation. This highlights coping as a critical entry point for intervention, particularly in contexts where adolescents are frequently exposed to academic and social pressures (Pérez-Esteban et al., 2026).

At a deeper level, self-esteem plays a formative role in influencing how stressors are cognitively appraised. Rather than acting as a direct behavioral response, self-esteem shapes internal evaluations of competence, worth, and control (Raniti et al., 2026). Adolescents with lower self-esteem may interpret challenges as threats rather than opportunities, thereby amplifying emotional vulnerability (Saad Jalil & Mahfoud, 2025). The findings suggest that while self-esteem significantly contributes to emotional difficulties, its effect is partially mediated through coping processes. In other words, how adolescents perceive themselves influences their coping choices, reinforcing the interdependence between cognitive and behavioral domains (Snegg et al., 2026).

Resilience, in contrast, demonstrates a distinct pattern of influence that extends beyond reducing emotional difficulties (Suh et al., 2025). Its stronger association with prosocial strengths suggests that resilience functions as a developmental capacity that supports not only recovery from adversity but also constructive engagement with the social environment (Suppiej et al., 2025). Adolescents with higher resilience appear better equipped to maintain empathy, cooperation, and positive social interaction even under stress (Suprpto, 2026). This shifts the conceptualization of resilience from a purely protective factor to a generative one, contributing to both individual stability and social functioning (Van der Spek et al., 2025). Taken together, these findings support a layered model in which coping operates at the behavioral level, self-esteem at the cognitive-evaluative level, and resilience at the adaptive-developmental level, all interacting to shape mental health outcomes (Teh et al., 2026).

These interpretations are broadly consistent with existing literature, while also offering additional nuance. Previous studies have emphasized the importance of coping as a determinant of adolescent mental health, particularly in relation to stress management and emotional regulation (Went et al., 2026). The present study reinforces this position but goes further by quantifying its relative contribution compared to other psychological factors. Similarly, the role of self-esteem as a predictor of emotional well-being has been well established (Xu et al., 2025). Yet, the current findings suggest that its influence may be contingent upon the presence of effective coping strategies. This indicates that interventions focused solely on improving self-esteem may have a limited impact unless accompanied by skill-based stress management approaches (Yang et al., 2025).

The role of resilience identified in this study aligns with emerging perspectives that frame resilience as a multidimensional construct. While traditionally viewed as a buffer against adversity, resilience is increasingly understood as a capacity that promotes positive adaptation and social competence (Zhang, 2025). The stronger association between resilience and prosocial

strengths observed in this study provides empirical support for this broader conceptualization. It suggests that resilience contributes not only to internal stability but also to outward social behavior, reinforcing its relevance in developmental and educational contexts.

Despite these contributions, several limitations must be acknowledged. The cross-sectional design restricts the ability to infer causal relationships, limiting conclusions to associations rather than directional effects. The reliance on self-reported measures also introduces the possibility of response bias, particularly for socially sensitive constructs such as emotional difficulties and self-perception. Furthermore, the study was conducted within a specific sociocultural context, which may influence both the expression of psychological factors and their relationship to mental health outcomes. As such, caution is warranted when generalizing these findings to other populations. Another important consideration is the absence of external or contextual variables in the analytical model. Factors such as family environment, peer relationships, and socioeconomic conditions may interact with internal psychological resources in complex ways. Without accounting for these influences, the model's explanatory power remains partial. Future research should therefore adopt a more integrative approach that incorporates both internal and external determinants.

Recommendations For Future Research

Future studies should prioritize longitudinal designs to capture the temporal dynamics and causal pathways linking coping mechanisms, self-esteem, and resilience with mental health outcomes. Such approaches would allow for a deeper understanding of how these factors evolve and how early interventions may alter developmental trajectories. In addition, incorporating contextual variables such as family support, school climate, and peer networks would provide a more comprehensive framework for explaining adolescent mental health.

Methodologically, the use of advanced analytical techniques, including structural equation modeling, is recommended to examine complex relationships, mediation effects, and interaction pathways among variables. This would enable a more refined understanding of how psychological constructs operate within a broader system. Furthermore, intervention-based research is needed to evaluate the effectiveness of integrated programs that simultaneously target coping skills, self-esteem, and resilience. Testing such interventions in real-world settings, particularly within schools, would generate practical evidence to inform policy and program development. Overall, advancing research in adolescent mental health requires a shift toward integrative, theory-informed, and methodologically robust approaches that reflect the complexity of psychological and social development.

CONCLUSION

This study demonstrates that adolescent emotional mental health is significantly influenced by coping mechanisms, self-esteem, and resilience, with each factor contributing at different levels. Coping mechanisms emerged as the most dominant determinant of emotional difficulties, indicating that adolescents' ability to manage stress plays a central role in preventing psychological distress. Self-esteem also showed a substantial contribution, highlighting the importance of positive self-perception in shaping emotional responses. Meanwhile, resilience was identified as the primary factor associated with prosocial strengths, suggesting its role in promoting positive social behavior and adaptive functioning.

These findings directly address the study objective by confirming that internal psychological resources collectively shape both negative and positive dimensions of adolescent mental health. Therefore, interventions should not focus on a single factor, but rather adopt an

integrated approach that simultaneously strengthens coping skills, enhances self-esteem, and builds resilience.

From a policy perspective, school-based mental health programs should incorporate structured training in adaptive coping strategies, psychosocial skill development, and resilience-building activities. In addition, collaboration between educators, families, and health professionals is essential to create supportive environments that foster adolescents' emotional well-being and social development.

Funding Statement

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Authors' Contributions (CRediT taxonomy)

Florensa: Conceptualization, Methodology, Formal analysis, Investigation, Writing – original draft, Supervision.

Nurul Hidayah: Data curation, Investigation, Writing – review & editing.

Lintang Sari: Validation, Data curation, Writing – review & editing.

Fajar Yousrihatin: Formal analysis, Visualization, Writing – review & editing.

Wulida Litaqia: Resources, Project administration, Writing – review & editing.

Acknowledgments

The authors would like to thank all adolescents who participated in this study for their valuable time and cooperation. Appreciation is also extended to the school authorities and data collection team for their support in facilitating this research.

Declaration of Generative AI Use

Generative artificial intelligence tools were used to support language refinement and improve clarity of expression during manuscript preparation. All conceptual development, data analysis, interpretation of findings, and final content decisions were performed by the author. The author takes full responsibility for the accuracy and integrity of the work.

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