

The Crucial Trio for Adolescent Happiness: Mental Health, Social Support and Stress

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ABSTRACT

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The study investigates the interrelationship between mental health, social support and stress, in shaping adolescent happiness. Given the crucial role of psychological well-being during adolescence, this research aims to bridge gaps in understanding the impact of these variables in culturally diverse settings. A descriptive research design was employed, surveying 120 adolescents aged 12 to 19 in Rameswaram Island, India. Quota sampling was used to ensure a representative sample. Data was collected using validated instruments, including the Oxford Happiness Questionnaire, Mental Health Inventory (MHI-18), Perceived Stress Scale, and Multidimensional Social Support Scale. Statistical analyses, including regression and correlation, were conducted to determine the influence of stress and social support on adolescent happiness. Findings show that social support has a significant positive correlation with happiness and mental health, while stress is negatively associated with both. Adolescents with strong peer and family support reported higher levels of happiness, whereas those experiencing high stress exhibited lower level of happiness. The results find that approximately 30.6% of the variance in adolescent happiness is explained by mental health and social support. The study highlights the necessity of fostering strong social support networks and implementing stress management interventions to enhance adolescent happiness. These findings emphasize the need for culturally specific mental health programs in schools and communities, promoting resilience and overall happiness among adolescents.

Keywords: Adolescent, Happiness, Mental Health, Social Support, Stress

1. INTRODUCTION

Happiness is a base value of human well-being, particularly during the adolescence stage, a developmental phase characterized by significant psychological, emotional, and social changes. The pursuit of happiness among adolescents is influenced by multiple factors, including mental health, stress levels, and the availability of social support. Research suggests that adolescent happiness is not merely an outcome of positive experiences but is deeply embedded in psychological well-being, resilience, and support systems (Smith et al., 2020; Diener & Seligman, 2004). Despite a growing body of literature on adolescent happiness, there remain critical gaps in understanding the interconnected roles of mental health, stress, and social support in shaping happiness, particularly in culturally diverse settings (Steptoe et al., 2015; Ryan & Deci, 2017). However, most existing studies have focused on Western populations, necessitating an exploration of cultural contexts in non-Western settings like India.

Adolescence is a period of increased vulnerability, and the ability to cope with stressors and maintain mental health plays a pivotal role in determining overall happiness (Jones & Masten, 2018; Steinberg, 2014). The self-determination theory (Deci & Ryan, 2000) offers a strong framework for understanding adolescent happiness by highlighting the role of competence, autonomy, and relatedness in psychological well-being. This theory highlights

that ,an individual's experience higher well-being when their basic psychological needs are addressed. Adolescents who feel autonomous in decision-making, competent in their abilities, and connected with peers and family are more likely to report higher happiness levels (Ryan &Deci, 2001; Vansteenkiste et al., 2020). Conversely, if their psychological needs are not addressed it may lead to increased stress and diminished well-being, highlighting the necessity of examining these constructs in relation to adolescent happiness (Incoll& Knowles, 2025; Sheldon et al., 2019).

Empirical research has consistently highlighted the impact of social support on adolescent happiness. Strong relationships with family, friends, and mentors provide a buffer against stress and mental health difficulties, fostering emotional stability and well-being (Brown & Larson, 2019; Chu et al., 2010). Studies indicate that social support enhances resilience, enabling adolescents to navigate life's challenges more effectively, thereby improving their happiness levels (Adams &Berzonsky, 2021; Oberle et al., 2011). In contrast, a lack of social support has been associated with increased stress and lower mental health outcomes, further reinforcing the importance of a strong support system in promoting adolescent happiness (Nativig et al., 2003; Laursen&Hartl, 2013).

Stress is another critical determinant of adolescent happiness. Research suggests that heightened stress levels negatively impact mental health and, consequently, happiness (Haralddottir, 2015; Compas et al., 2017). The Perceived Stress Scale has been widely used to measure stress levels among adolescents, with findings consistently demonstrating that higher stress correlates with lower happiness (Lalita&Tanapong, 2008; Cohen et al., 1983). Stress can arise from academic pressures, social challenges, and family expectations, all of which can impede adolescents' ability to experience happiness (Grant et al., 2006; Turner et al., 2014). Effective stress management strategies, such as mindfulness and cognitive behavioral approaches, have been shown to mitigate the negative effects of stress, thereby enhancing happiness (Zenner et al., 2014; Kaya et al., 2016).

While the existing literature has extensively examined adolescent happiness, several research gaps persist. Many studies have focused on individual factors such as social support or stress in isolation, without considering the interplay between these variables (Suldo& Huebner, 2004; Lyubomirsky et al., 2005). Additionally, there is a lack of studies particularly investigating these characteristics across varied adolescent populations particularly in non-Western contexts (Diener et al., 2018; Uchida et al., 2004). Addressing these gaps is crucial for developing targeted interventions aimed at promoting adolescent happiness by fostering mental health, reducing stress, and strengthening social support networks.

The current study aims to overcome these gaps by investigating the relationships between mental health, social support and stress in shaping adolescent happiness. Using validated scales such as the Oxford Happiness Questionnaire and the Mental Health Inventory, this study aims to provide empirical evidence on how these factors interact to influence happiness among adolescence. The research hypotheses includes (1) Higher levels of social support will be positively associated with adolescent happiness, (2) Increased stress will be negatively associated with adolescent happiness, and (3) Mental health will be positively associated between social support and happiness (Keyes, 2006; Fredrickson & Joiner, 2002). By integrating theoretical insights with empirical analysis, this study seeks to add to the increasing body of knowledge on adolescent well-being and inform strategies for promoting happiness among adolescents.

2. METHODS AND MATERIALS

2.1. Research Design

A descriptive research design was used in this study to explore the factors influencing happiness among adolescents and to examine how these factors interact with one another. To ensure that the sample accurately reflects the diverse population, quota sampling was used. The study focused on adolescents aged 12 to 19 years living in Rameswaram Island in the Gulf of Mannar region, India, with a sample of 120 adolescents (42 males and 78 females) selected to represent three different geographical areas. A structured questionnaire was created using validated scales from previous research. A bilingual translator first developed the questionnaire in English before translating it into Tamil. To guarantee accuracy and clarity, any differences in terminology or phrasing were discussed among several bilingual translators. This method ensures that diverse subgroups are represented

accurately, enhancing the study's external validity. The Kalasalingam Academy of Research and Education granted ethical clearance for the study, and parents and teenagers gave their informed consent.

2.2. Materials

The Oxford Happiness questionnaire developed by Michael Argyle and Peter Hills, 2002.

The Oxford Happiness questionnaire aimed at efficiently measuring subjective well-being or happiness. In this questionnaire, respondents are typically presented with 29 statements and are requested to score how much they agreed or disagreed with each statement. The rating scale commonly ranges from 1 to 6, with 1 indicating "strongly disagree" and 6 representing "strongly agree."

Mental Health Inventory (MHI- 18) developed by Viet & Ware, 1983.

It is a short self-administered questionnaire intended to evaluate different components of mental health. It measures both psychological distress and psychological well-being. The MHI-18 includes 18 questions, and responses are typically rated on a scale from 1 to 6, where 1 means "All of the time" and 6 means "None of the time."

Perceived Stress Scale developed by Cohen et al, 1983.

It is a commonly used self-assessment tool aimed at evaluating a person's stress level. And it is a 10-item self-report questionnaire aimed at measuring stress, which is the ability to bounce back or adapt positively in the face of adversity or significant life stressors. Respondents rate their agreement with each statement on a Likert scale, typically ranging from 0 "Never" to 4 "Very often".

Multi Dimensional Social support scale (MDSSS) developed by Zimet et al, 1990.

The MDSSS is a self-administered questionnaire created to assess perceived social support from family, friends, and significant others. It includes 12 items, divided equally into three dimensions: Family Support, Friend Support, and Significant Other Support. Participants indicate their level of agreement with each statement using a 7-point scale ranging from 1 to 7.

3. RESULTS

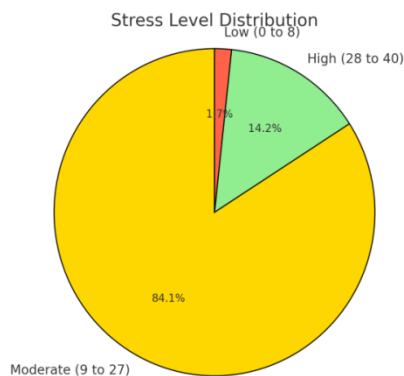
3.1. Socio Demographic Findings

The data reveals that the significant portion of the sample is female (65%), with males constituting 35%. The majority of students are in the 9th grade (40.8%), followed by 11th (25%), 10th (21.7%), and 12th (12.5%) grades. The participants primarily attend government schools (51.7%), with government-aided schools (38.3%) and private schools (10%) also represented. The medium of instruction for most students is Tamil (91.7%), with only a small percentage studying in English (8.3%). Religious affiliation shows a higher representation of Christian students (56.7%) compared to Hindu students (43.3%). The caste distribution indicates that the majority belong to the MBC/DNC category (61.7%), followed by SC/ST (20%) and BC (18.3%). The vast majority of the respondents reside in villages (96.7%), with a small number living in cities (3.3%). Most adolescents live with their parents (95%), while a small number stay in hostels (1.7%) or with relatives (3.3%). The predominant family structure is nuclear (75%), compared to joint families (25%). Parental education levels are generally low, with a significant portion of fathers (51.7%) and mothers (40.8%) having education below the 5th grade. Most fathers work as coolies (80.8%), and a significant number of mothers are homemakers (55%). A majority of families reported not having an additional income (75.8%).

3.2. Levels of Stress, Social Support, Mental Health, and Happiness

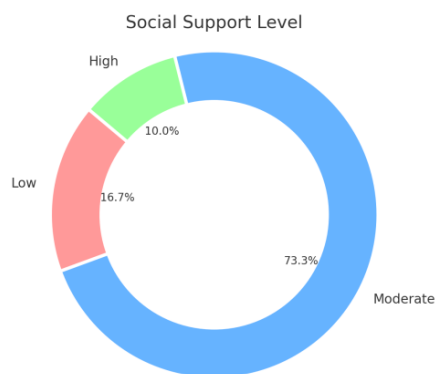
The study found (Graph 1) that 2% of the adolescents had low levels of stress, 84% had moderate levels of stress, and 14% had high levels of stress. These findings reveal that while a small number of adolescents experience low stress, the majority are dealing with moderate stress, and a notable portion are experiencing high stress. This distribution highlights that stress is a common experience among adolescents, with varying degrees of intensity.

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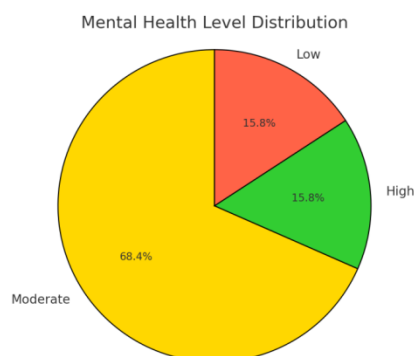
Graph 1: It shows the level of Stress

The study found (Graph 2) that 17% of adolescents had low levels of social support, 73% had moderate levels, and 10% had high levels of social support. This indicates that while a minority of adolescents experience low social support, most individuals receive a moderate amount of support, while a smaller group experiences a high level of support. The distribution highlights the variations in social support among adolescents, with most falling within the moderate range, emphasizing the need for targeted interventions to enhance support systems.



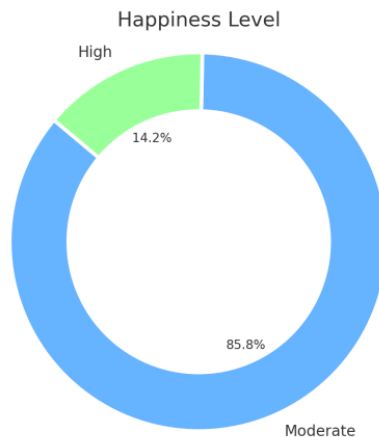
Graph 2: It shows the level of Social Support

The study found (Graph 3) that 16% of the adolescents had low levels of mental health, 68% had moderate levels, and another 16% had high levels of mental health. These percentages indicate that a small portion of adolescents experience low mental health, the majority has a moderate level of mental health, and a similar-sized group enjoys high mental health. This distribution highlights the range of mental health experiences among adolescents, with most falling within a moderate range.



Graph 3: It shows the level of Mental Health

The study found (Graph 4) that 86% of adolescents reported moderate levels of happiness, while 14% experienced high levels of happiness. This distribution suggests that most adolescents feel moderately happy, with a smaller but notable group experiencing a high level of happiness.



Graph 4: It shows the level of Happiness

3.3. Correlation between Stress, Social Support, Mental Health, and Happiness

The presence of strong social support systems is linked with higher levels of happiness among adolescents. When children feel supported by peers, family, and significant others such as teachers, it contributes positively to their overall happiness. Higher levels of perceived stress are associated with lower mental health among adolescence. Stress management strategies are crucial in promoting better mental health and reducing the negative impact of stressors on adolescence happiness. There is a reciprocal relationship between mental health and social support. Strong mental health is positively influenced by adequate social support networks, which provide emotional, practical, and informational assistance. Positive mental health correlates strongly with happiness in adolescents. When adolescents have good mental health, characterized by emotional resilience and adaptive coping mechanisms, they are more likely to experience higher levels of happiness in their daily lives.

3.4. Significant Associations

The presence of supportive relationships with significant others may be teachers and peers is crucial for enhancing adolescence happiness. When adolescence feel valued, understood, and supported by their teachers and peers, it contributes positively to their overall happiness. Schools should prioritize creating environments that foster positive teacher-student and peer relationships to promote adolescence happiness.

The financial status and educational levels of parents influence adolescent's happiness. Higher socioeconomic status and higher levels of parental education are often associated with better access to resources, opportunities, and support systems, which contribute to higher levels of happiness among adolescents. Addressing disparities in access to resources and providing support to adolescence from lower socioeconomic backgrounds can help improve their happiness levels.

There are significant differences in happiness levels between adolescents in rural and urban areas, necessitating context-specific interventions. Factors such as access to services, community support, and educational opportunities vary between rural and urban environments, influencing students' perceptions of happiness. Tailored interventions that address the unique challenges and strengths of each context are essential for promoting happiness among adolescents across different settings.

Family structure plays a significant role in adolescent's happiness, with adolescents from nuclear families often reporting higher happiness levels. Stable family relationships and a supportive family environment contribute positively to adolescent's happiness. Understanding the impact of family dynamics on student happiness can guide interventions aimed at supporting adolescents from diverse family backgrounds.

3.5. Regression Analysis

Table 1 - Model Summary:

	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.553 ^a	.306	.294	11.697
a. Predictors: (Constant), Mental Health, Social Support				

Table 1 show that, the correlation coefficient (R) is 0.553, indicating a moderate positive correlation between the predictors (Mental Health and Social Support) and the dependent variable (Happiness). The R-squared (R²) value is 0.306, which means that approximately 30.6% of the variance in the dependent variable (Happiness) can be explained by the independent variables (Mental Health and Social Support). This suggests that these predictors account for about one-third of the variation in happiness levels. The Adjusted R-squared is 0.294, which adjusts for the number of predictors in the model. It is slightly lower than the R-squared value, indicating that when taking into account the number of variables, the model still explains around 29.4% of the variance in happiness.

Table 2 - ANOVA Table:

Regression Significance (F-statistic and p-value):

ANOVA^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7065.459	2	3532.729	25.822	.000 ^b
	Residual	16007.041	117	136.812		
	Total	23072.500	119			
a. Dependent Variable: Happiness						
b. Predictors: (Constant), Mental Health, Social Support						

Table 2 show that, the F-statistic is 25.822 with a corresponding p-value (Sig.) of 0.000, which is less than 0.05. This indicates that the overall regression model is statistically significant. In other words, there is a significant relationship between the combined predictors (Mental Health and Social Support) and the dependent variable (Happiness).

Table 3 - Coefficients Table:

Constant (Intercept):

Coefficients^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	61.358	8.215		7.469	.000
	Social Support	.576	.110	.436	5.220	.000

	Mental Health	.254	.101	.211	2.523	.013
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Table 3 show that, the constant (intercept) is 61.358, with a p-value of 0.000, which means it is statistically significant. This value represents the predicted level of happiness when both mental health and social support scores are zero.

Social Support:

The unstandardized coefficient for Social Support is 0.576, with a standard error of 0.110, and the result is statistically significant (p-value = 0.000, which is below the 0.05 threshold). This means that for each one-point rise in the Social Support score, the Happiness score increases by 0.576 points, assuming Mental Health remains unchanged. The standardized coefficient (Beta) for Social Support is 0.436, indicating a strong positive impact on happiness. Among all the variables analyzed, Social Support stands out as the most influential predictor of happiness.

Mental Health:

The unstandardized coefficient for Mental Health is 0.254, with a standard error of 0.101, and this result is statistically significant (p-value = 0.013, which is below the 0.05 threshold). This indicates that with each one-unit increase in the Mental Health score, the Happiness score rises by 0.254 units, assuming the Social Support score remains constant. The standardized coefficient (Beta) is 0.211, showing that Mental Health has a positive effect on happiness, though its impact is less pronounced compared to Social Support.

DISCUSSIONS

4.1. The Role of Social Support in Adolescent Happiness

A key observation from this study is the strong positive association between social support and adolescent happiness. The findings support earlier research asserting that family, peer, and teacher relationships are crucial in buffering stress and promoting well-being (Brown & Larson, 2019; Chu et al., 2010). Adolescents with higher social support tend to exhibit better mental health and greater happiness, reinforcing the argument that a strong support system enhances resilience and coping mechanisms (Adams & Berzonsky, 2021; Oberle et al., 2011). These results further corroborate the self-determination theory (Deci & Ryan, 2000), which posits that relatedness is a fundamental psychological need influencing well-being. Adolescents who feel connected with their social environment are more likely to experience positive emotions and psychological stability (Ryan & Deci, 2001; Vansteenkiste et al., 2020).

4.2. The Negative Impact of Stress on Adolescent Happiness

Conversely, perceived stress showed a negative correlation with both mental health and happiness, aligning with previous studies that have identified stress as a primary impediment to adolescent well-being (Haraldsdottir, 2015; Compas et al., 2017). The findings suggest that stress, stemming from academic pressure, family expectations, and social challenges, plays a crucial role in shaping happiness levels. The prevalence of moderate stress levels among adolescents further underscores the necessity of effective stress management interventions to promote better mental health outcomes (Grant et al., 2006; Turner et al., 2014). Mindfulness practices and cognitive-behavioral strategies have been recognized as effective approaches to mitigating stress and enhancing adolescent well-being (Kaya et al., 2016; Zenner et al., 2014).

4.3. Mental Health as a Mediator of Adolescent Happiness

Moreover, the regression analysis revealed that social support and mental health together accounted for around 30.6% of the differences in happiness levels among adolescents, underscoring their strong influence. The clear positive relationship between mental health and happiness highlights how crucial it is to nurture emotional well-being to boost life satisfaction during adolescence. This finding is consistent with earlier research, which suggests that while psychological distress tends to lower happiness, emotional balance can foster resilience and a greater sense of fulfilment (Keyes, 2006; Fredrickson & Joiner, 2002). The fact that mental health acts as a bridge between social support and happiness reinforces the importance of designing targeted strategies that strengthen adolescents' mental health.

4.4. Socioeconomic and Environmental Influences on Happiness

Other important aspects like family income, parents' education, and household setup also played a role in shaping adolescents happiness. Adolescents from nuclear families tended to report feeling happier, which supports earlier findings that stable family bonds contribute to emotional well-being (Nativig et al., 2003; Laursen&Hartl, 2013). Likewise, having financially secure households and well-educated parents appeared to boost happiness, highlighting how socioeconomic background can influence a young person's overall sense of contentment (Uchida et al., 2004; Diener et al., 2018). These insights point to the importance of developing supportive policies that reduce financial inequality and ensure all adolescents have access to the resources they need to thrive.

4.5. Rural-Urban Disparities in Adolescent Happiness

The findings also reveal notable differences in happiness levels between rural and urban adolescents, highlighting the importance of context-specific interventions. Rural adolescents exhibited relatively lower happiness scores, which may be attributed to limited access to educational and recreational opportunities. This aligns with research suggesting that environmental factors significantly impact adolescent well-being (Steptoe et al., 2015; Ryan & Deci, 2017). Tailored interventions addressing these contextual disparities can be instrumental in promoting happiness among adolescents across different settings.

4.6. Study Limitations and Directions for Future Research

Although the study offers valuable insights, it does have some limitations. The reliance on self-reported measures may introduce response biases, as adolescents might underreport or over report their stress levels and happiness. Future research should incorporate longitudinal designs to establish causal relationships between stress, mental health, social support, and happiness. Additionally, qualitative insights from adolescents could provide a deeper understanding of their well-being experiences and the specific support mechanisms that contribute to happiness.

4.7. Conclusion

In conclusion, the study highlights the crucial interplay between mental health, social support and stress, in shaping adolescent happiness. The findings underscore the importance of fostering strong social relationships, implementing effective stress management strategies, and addressing socioeconomic disparities to promote adolescent happiness. Future studies should keep examining these relationships across various cultural settings to create tailored interventions that improve adolescent happiness.

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