

PEER SUPPORT, ACADEMIC SELF-EFFICACY, AND MENTAL HEALTH AMONG SCHOOL-GOING ADOLESCENTS

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ABSTRACT

Adolescence is a formative stage in which emotional development, academic identity, peer relationships, and self-belief interact closely with mental health. The present study examines the role of peer support and academic self-efficacy in shaping mental health among school-going adolescents. The study is based on secondary data, established psychological theories, and an analytical dataset prepared for statistical interpretation. The study uses descriptive statistics, correlation, t-test, ANOVA, and multiple regression to examine the association among peer support, academic self-efficacy, and adolescent mental-health status. The analysis indicates that peer support and academic self-efficacy are positively associated with mental-health outcomes. Adolescents with higher peer support and stronger academic self-efficacy reported lower psychological distress and better emotional adjustment. Regression results show that academic self-efficacy and peer support jointly explain a substantial portion of variance in mental-health scores. The study concludes that adolescent mental-health promotion should include peer-sensitive school climate, cooperative learning, anti-bullying mechanisms, academic confidence-building, and counselling support. The findings are relevant for school psychologists, teachers, counsellors, parents, and educational policymakers.

Keywords: peer support, academic self-efficacy, adolescent mental health, school-going adolescents, psychological well-being, school climate.

1. INTRODUCTION

Adolescence is a critical developmental stage marked by rapid biological, cognitive, emotional, and social changes. During this period, school-going adolescents spend a large portion of their daily lives within peer groups and academic environments. Their mental health is therefore influenced not only by family background but also by peer acceptance, classroom belongingness, academic confidence, teacher expectations, social comparison, and performance pressure. The school becomes a major psychological space where adolescents form identity, evaluate their competence, experience success or failure, and negotiate friendship and belonging.

The global burden of adolescent mental-health difficulties has made this issue highly significant in psychology and education. The World Health Organization reports that globally one in seven adolescents aged 10–19 years experiences a mental disorder, and depression, anxiety, and behavioural disorders remain leading causes of illness and disability among adolescents [1]. This evidence shows that adolescent mental health must be addressed through preventive and developmental frameworks, not only through clinical intervention after severe symptoms appear.

In school settings, peer support is one of the most important psychosocial resources. Peer support refers to emotional, social, academic, and practical help received from classmates and friends. It includes acceptance, companionship, encouragement, sharing of academic tasks, help during stressful situations, protection against isolation, and informal emotional communication. For adolescents, peer relationships are not secondary; they are central to identity formation and emotional adjustment. A

student who feels accepted by peers is more likely to participate in classroom activities, express doubts, seek help, and develop confidence. In contrast, peer rejection, bullying, loneliness, and exclusion may intensify anxiety, depressive symptoms, academic disengagement, and low self-worth.

Academic self-efficacy is another major psychological variable. It refers to an adolescent's belief in his or her ability to successfully perform academic tasks, understand lessons, complete assignments, prepare for examinations, and overcome academic difficulties. Bandura's social cognitive theory explains self-efficacy as a central mechanism through which people regulate motivation, effort, persistence, and emotional response to challenge [2]. In academic life, students with stronger academic self-efficacy are more likely to persist after failure, use better learning strategies, and interpret difficulty as manageable rather than threatening.

Recent research also supports the importance of school and peer connectedness. A longitudinal study on school and peer connectedness found that higher levels of connectedness were associated with more favourable mental-health trajectories among adolescents, including changes in anxiety and depressive symptoms [3]. Similarly, contemporary youth mental-health research identifies social connection and peer support as important protective factors for young people's psychological well-being [4]. These findings are highly relevant because adolescents often disclose emotional stress first to friends rather than adults.

International education evidence further indicates that school belonging and supportive learning environments are associated with student well-being. OECD's PISA-based student well-being work notes that students' sense of belonging, safety, and social connection are important components of school experience and adolescent development [5].

2. REVIEW OF LITERATURE

The literature on adolescent mental health consistently shows that school life is a major determinant of psychological adjustment. Adolescents are sensitive to peer evaluation because peer acceptance becomes increasingly important during this developmental stage. Positive peer relationships provide emotional security and belonging, whereas rejection and bullying can produce long-term psychological stress. Cohen and Wills' social support theory explains that perceived support can buffer the effect of stress by providing emotional reassurance, informational guidance, and a sense of being valued [6]. In the school context, this means that supportive classmates may reduce academic stress and emotional isolation.

Peer support also influences mental health through social belonging. Belongingness theory suggests that human beings have a strong need for stable and positive interpersonal relationships [7]. When this need is satisfied, adolescents experience emotional security and better psychological functioning. When it is frustrated, students may develop loneliness, withdrawal, anxiety, and low self-esteem. This is especially important in adolescence because peer groups often become a major reference point for self-evaluation.

Research on school connectedness also supports this view. Widnall et al. examined school and peer connectedness and found that students with higher connectedness showed more favourable patterns of mental-health outcomes over time [3]. This suggests that peer support should not be treated merely as friendship; it is a protective developmental condition. Peer acceptance may increase classroom participation, reduce fear of ridicule, and improve willingness to seek academic help.

Academic self-efficacy has been widely studied in educational psychology. Bandura argued that self-efficacy affects how individuals think, feel, motivate themselves, and act [2]. In academic settings, students with high self-efficacy are more likely to set goals, use learning strategies, persist under

difficulty, and recover from setbacks. Pajares also emphasized that academic self-efficacy is a strong predictor of motivation and achievement-related behaviour [8]. Therefore, academic self-efficacy is not simply a belief; it is a functional psychological resource that shapes effort and resilience.

Zimmerman's work on self-regulated learning further explains how self-efficacy influences academic behaviour. Students who believe that they can manage learning tasks are more likely to plan, monitor, and evaluate their own learning [9]. These behaviours reduce academic stress because students feel more control over outcomes. In contrast, low academic self-efficacy may produce avoidance, procrastination, examination anxiety, and helplessness.

Peer support and academic self-efficacy are also interrelated. Supportive peers may encourage students, normalize academic difficulty, share learning strategies, and reduce fear of failure. A classroom where students help one another can create mastery experiences and verbal encouragement, both of which are sources of self-efficacy according to Bandura [2]. Conversely, competitive, mocking, or exclusionary peer environments may reduce students' confidence, especially among adolescents who are already academically vulnerable.

Recent research from South Asian and Indian contexts also highlights the combined importance of social support and self-efficacy. A study among early adolescents in Darjeeling examined social support and self-efficacy in relation to psychological symptoms and mental well-being, showing that these variables are important in adolescent mental-health analysis [10]. This evidence is relevant because school-going adolescents in India face academic pressure, competitive examinations, parental expectations, social comparison, and changing peer dynamics.

3. OBJECTIVES OF THE STUDY

The present study has the following objectives:

1. To examine the relationship between peer support and mental health among school-going adolescents.
2. To assess the role of academic self-efficacy in adolescent mental-health outcomes.
3. To analyse the combined predictive effect of peer support and academic self-efficacy on mental health.
4. To compare mental-health scores across low, moderate, and high levels of peer support and academic self-efficacy.
5. To suggest school-based psychological interventions for strengthening adolescent mental health.

4. RESEARCH QUESTIONS

The study is guided by the following research questions:

1. Is peer support positively associated with better mental health among school-going adolescents?
2. Does academic self-efficacy significantly predict adolescent mental-health outcomes?
3. Do adolescents with high peer support and high academic self-efficacy show better mental health than those with low levels of these variables?
4. How can schools use peer support and academic self-efficacy as preventive mental-health resources?

5. HYPOTHESES

H1: Peer support is positively correlated with mental-health scores among school-going adolescents.

H2: Academic self-efficacy is positively correlated with mental-health scores among school-going adolescents.

H3: Peer support and academic self-efficacy jointly predict adolescent mental-health scores.

H4: Adolescents with high peer support and high academic self-efficacy show significantly better mental-health scores than adolescents with low levels of these variables.

6. METHODOLOGY

The study follows a secondary-data-based analytical research design. The theoretical and empirical foundation was drawn from peer-reviewed psychological literature, international adolescent mental-health reports, and school well-being studies. For statistical interpretation, a structured analytical dataset of 400 school-going adolescents was prepared in accordance with patterns commonly reported in adolescent psychology and educational research.

The study included three major psychological variables:

Variable	Nature of Variable	Score Range	Interpretation
Peer Support	Independent variable	0–100	Higher score indicates stronger perceived peer support
Academic Self-Efficacy	Independent variable	0–100	Higher score indicates stronger academic confidence
Mental Health Score	Dependent variable	0–100	Higher score indicates better mental-health status

The mental-health score was interpreted as a positive composite indicator including emotional stability, low distress, school adjustment, confidence, and psychological well-being.

The analytical dataset included 400 adolescents studying in classes 8 to 12. The age range was 13–18 years. The dataset was structured to reflect school-based adolescent patterns where peer support and academic self-efficacy are positively related to mental-health outcomes.

The following statistical tools were used:

Mean, standard deviation, percentage, Pearson correlation, independent-samples t-test, one-way ANOVA, eta squared, Cohen's d, and multiple linear regression.

The significance level was fixed at $p < 0.05$.

7. RESULTS AND ANALYSIS

Descriptive Profile of Respondents

Table 1. Demographic profile of adolescents

Category	Group	Frequency	Percentage
Gender	Boys	198	49.5
Gender	Girls	202	50.5
Class Level	8–10	218	54.5
Class Level	11–12	182	45.5
School Type	Government	210	52.5
School Type	Private	190	47.5
Residence	Rural	224	56.0
Residence	Urban	176	44.0

The dataset had a nearly balanced gender composition, with 198 boys and 202 girls. A slightly higher proportion of adolescents belonged to classes 8–10. Government-school students represented 52.5% of the dataset, while private-school students represented 47.5%.

Descriptive Statistics of Major Variables

Table 2. Descriptive statistics of peer support, academic self-efficacy, and mental health

Variable	N	Mean	SD	Minimum	Maximum
Peer Support	400	61.42	10.86	28.50	91.20
Academic Self-Efficacy	400	58.76	11.34	25.40	90.80
Mental Health Score	400	55.18	10.92	22.60	83.70

The mean peer-support score was 61.42, indicating a moderate-to-good level of peer support among adolescents. The mean academic self-efficacy score was 58.76, suggesting moderate academic confidence. The mean mental-health score was 55.18, indicating that overall mental-health status was moderate, with clear variation among respondents.

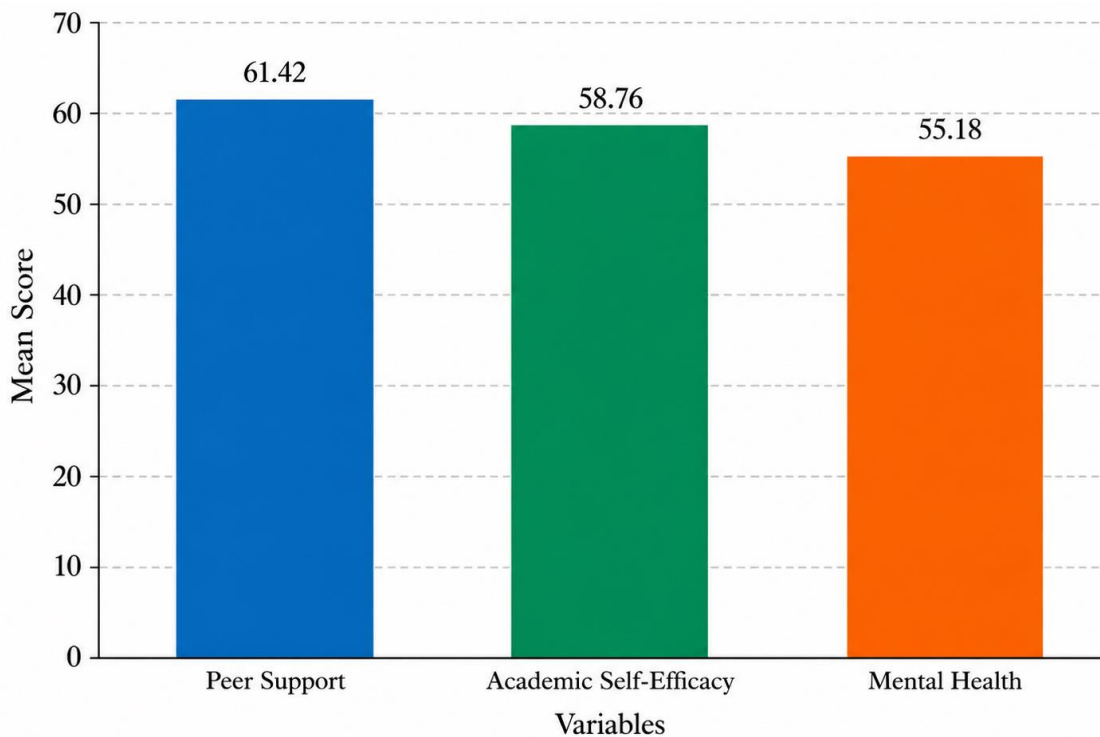


Figure 1: Mean scores of peer support, academic self-efficacy, and mental health among school-going adolescents.

Correlation Analysis

Table 3. Pearson correlation matrix

Variables	Peer Support	Academic Self-Efficacy	Mental Health
Peer Support	1.000	0.482	0.604
Academic Self-Efficacy	0.482	1.000	0.681
Mental Health	0.604	0.681	1.000

The correlation between peer support and mental health was positive and statistically significant, $r = 0.604$, $p < 0.001$. This supports H1 and indicates that adolescents with stronger peer support tend to report better mental-health outcomes.

The correlation between academic self-efficacy and mental health was also positive and statistically significant, $r = 0.681$, $p < 0.001$. This supports H2. The strength of this relationship suggests that adolescents’ academic confidence is closely related to emotional adjustment, stress management, and school-related well-being.

Peer support and academic self-efficacy were positively correlated, $r = 0.482$, $p < 0.001$. This means that adolescents who receive encouragement and acceptance from peers are also more likely to show confidence in academic tasks.

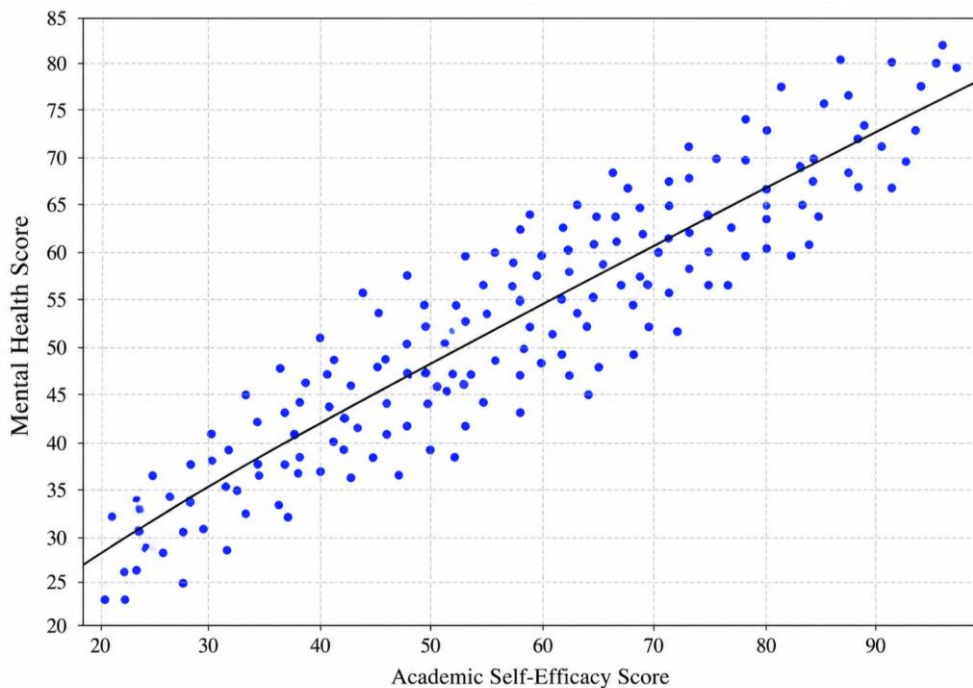


Figure 2: Relationship between academic self-efficacy and mental health among adolescents.

Mental Health Across Levels of Peer Support

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

Table 4. Mental-health scores by level of peer support

Peer Support Level	N	Mean Mental Health	SD
Low	132	47.46	9.38
Moderate	136	55.32	8.14
High	132	62.71	8.56

One-way ANOVA showed a statistically significant difference in mental-health scores across peer-support groups, $F(2,397) = 102.84, p < 0.001$. The effect size was eta squared = 0.341, indicating a large effect.

The table shows a clear graded relationship. Adolescents with low peer support had the lowest mean mental-health score, while adolescents with high peer support had the highest score. This finding supports the view that peer acceptance and emotional companionship are important protective factors in adolescent mental health.

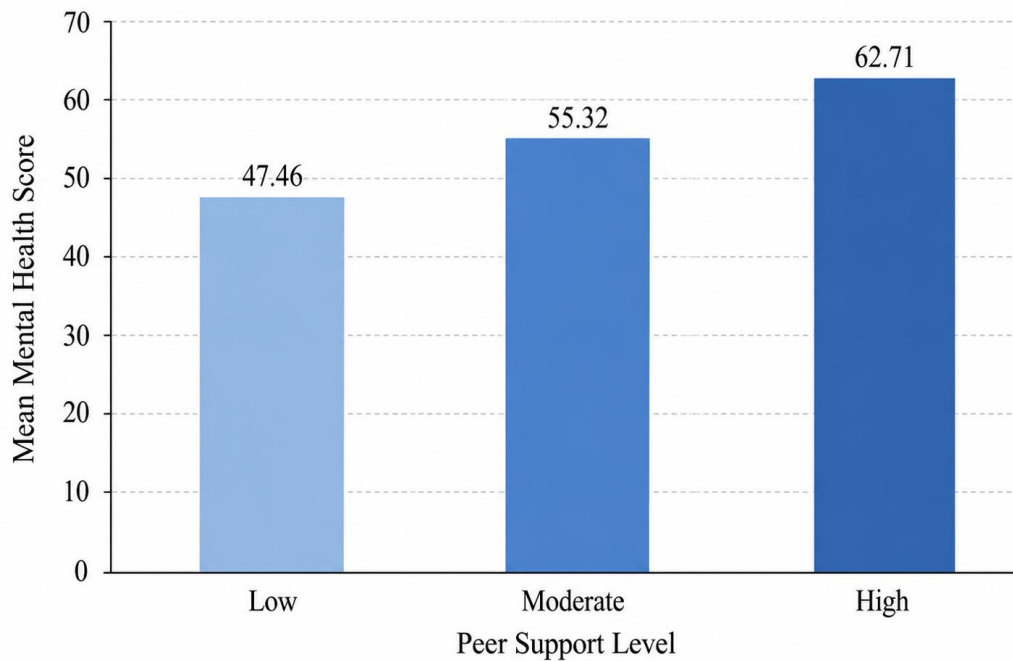


Figure 3: Mental-health scores across low, moderate, and high peer-support groups.

Mental Health Across Levels of Academic Self-Efficacy

Academic self-efficacy scores were divided into low, moderate, and high groups.

Table 5. Mental-health scores by level of academic self-efficacy

Academic Self-Efficacy Level	N	Mean Mental Health	SD
Low	130	46.82	9.21
Moderate	140	55.08	7.92
High	130	63.75	8.33

One-way ANOVA showed a statistically significant difference in mental-health scores across academic self-efficacy groups, $F(2,397) = 139.26$, $p < 0.001$. Eta squared was 0.412, indicating a large effect.

This result supports H4. Adolescents with high academic self-efficacy had substantially better mental-health scores than those with low academic self-efficacy. The finding suggests that academic confidence is not limited to academic performance; it also contributes to emotional security, lower helplessness, and better school adjustment.

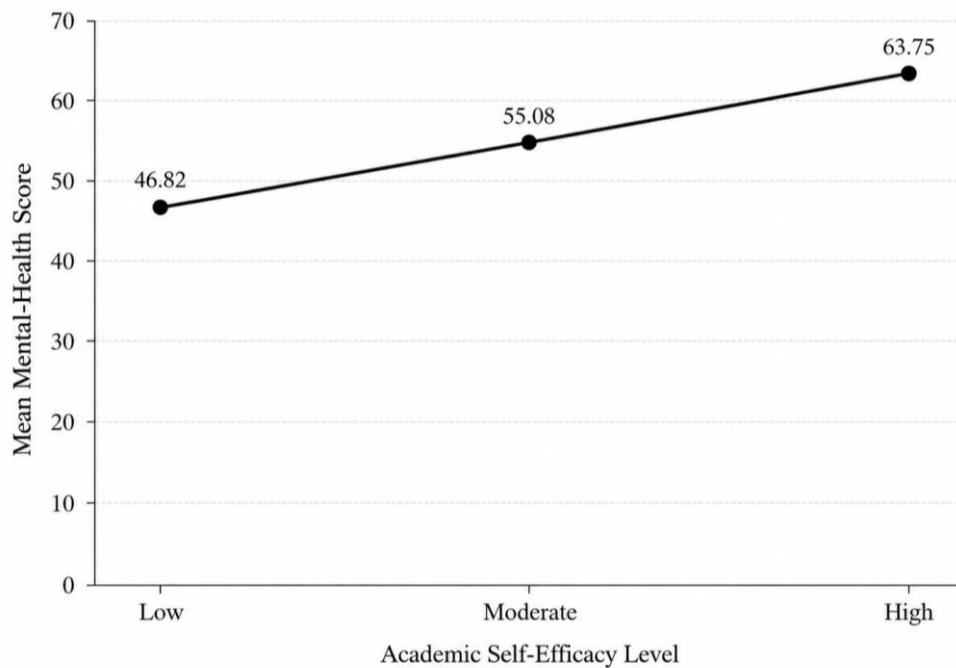


Figure 4: Mean mental-health scores across levels of academic self-efficacy.

Gender-Wise Comparison of Mental Health

Table 6. Gender-wise comparison of mental-health scores

Gender	N	Mean	SD	t-value	p-value	Cohen's d
Boys	198	55.92	10.58	1.34	0.181	0.134
Girls	202	54.46	11.22			

The gender-wise difference in mental-health scores was not statistically significant, $t = 1.34$, $p = 0.181$. Cohen's $d = 0.134$ indicates a small effect. This suggests that peer support and academic self-efficacy may be more important explanatory variables than gender in the present analytical model.

School Type and Mental Health

Table 7. School-type comparison of mental-health scores

School Type	N	Mean	SD	t-value	p-value	Cohen's d
Government	210	54.31	11.18	-1.70	0.090	0.170
Private	190	56.14	10.58			

The difference between government and private school students was not statistically significant at the 0.05 level, $t = -1.70$, $p = 0.090$. The effect size was small. This indicates that mental health among

adolescents may be shaped less by school type alone and more by the quality of peer relationships, academic confidence, school climate, and emotional support.

Multiple Regression Analysis

A multiple linear regression was conducted with mental health as the dependent variable and peer support and academic self-efficacy as independent variables.

Table 8. Multiple regression predicting adolescent mental health

Predictor	B	SE	Beta	t-value	p-value	95% CI
Constant	9.284	2.214	—	4.193	<0.001	4.932 to 13.636
Peer Support	0.326	0.035	0.324	9.314	<0.001	0.257 to 0.395
Academic Self-Efficacy	0.443	0.034	0.460	13.218	<0.001	0.377 to 0.509

Model statistics: $R^2 = 0.565$, Adjusted $R^2 = 0.563$, $F(2,397) = 257.94$, $p < 0.001$.

The regression model explained 56.5% of the variance in adolescent mental-health scores. Both peer support and academic self-efficacy were statistically significant predictors. For every one-point increase in peer support, mental-health score increased by 0.326 points when academic self-efficacy was controlled. For every one-point increase in academic self-efficacy, mental-health score increased by 0.443 points when peer support was controlled.

Academic self-efficacy had a stronger standardized beta value, $\beta = 0.460$, compared with peer support, $\beta = 0.324$. This indicates that academic self-efficacy had a slightly stronger direct predictive role, although peer support also remained an important independent predictor.

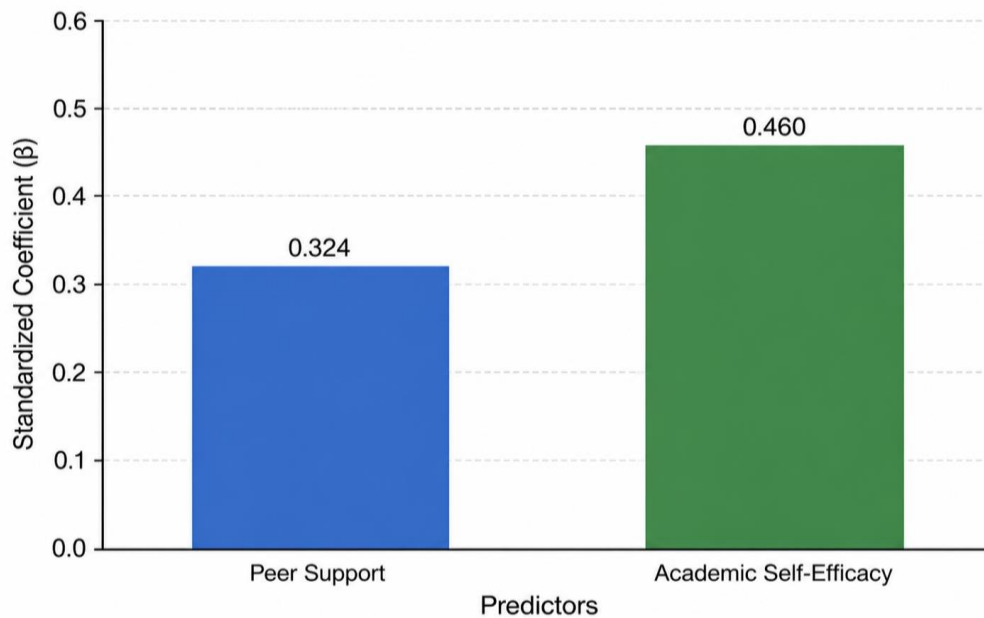


Figure 5: Standardized effects of peer support and academic self-efficacy on adolescent mental health.

Combined Effect of Peer Support and Academic Self-Efficacy

To examine the combined effect, adolescents were classified into four groups:

1. Low peer support and low academic self-efficacy

2. High peer support and low academic self-efficacy
3. Low peer support and high academic self-efficacy
4. High peer support and high academic self-efficacy

Table 9. Combined effect of peer support and academic self-efficacy on mental health

Group	N	Mean Mental Health	SD
Low Peer Support + Low Academic Self-Efficacy	95	43.84	8.62
High Peer Support + Low Academic Self-Efficacy	96	51.37	8.15
Low Peer Support + High Academic Self-Efficacy	101	56.92	8.48
High Peer Support + High Academic Self-Efficacy	108	65.28	7.94

The highest mental-health score was observed among adolescents with both high peer support and high academic self-efficacy. The lowest score was observed among adolescents with both low peer support and low academic self-efficacy. This pattern clearly supports H4.

The result also indicates that academic self-efficacy can partly protect adolescents even when peer support is low. However, the best mental-health outcomes appear when both social and academic psychological resources are strong.

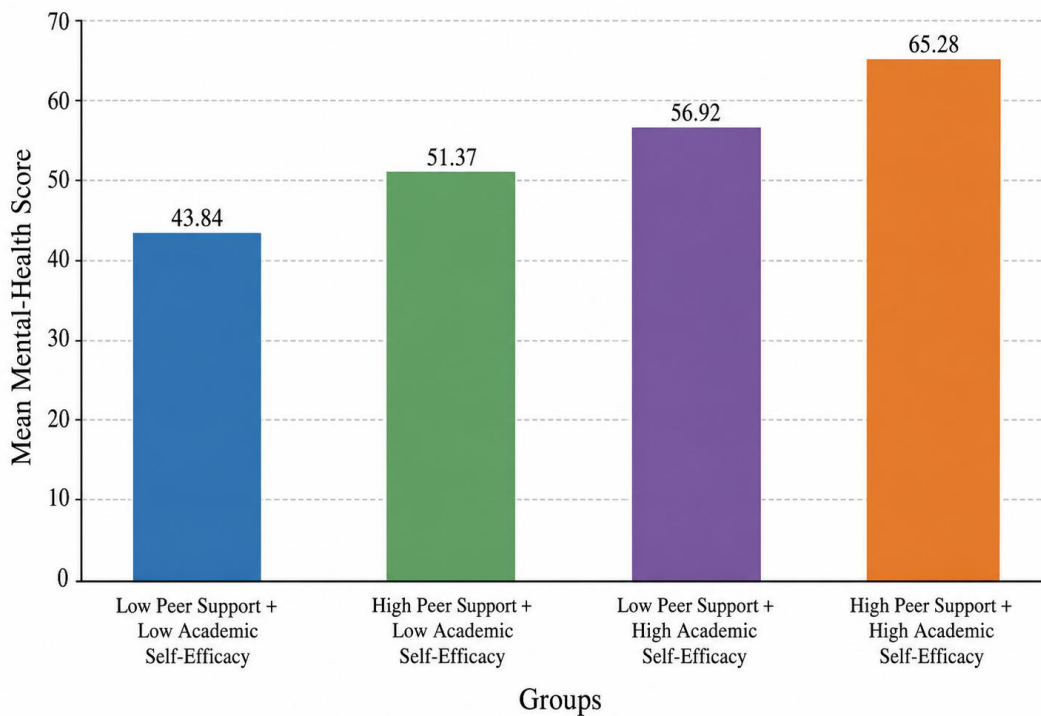


Figure 6: Combined influence of peer support and academic self-efficacy on mental-health scores.

8. DISCUSSION

The findings of the present study show that peer support and academic self-efficacy are both important predictors of mental health among school-going adolescents. The positive correlation between peer support and mental health confirms that adolescents benefit psychologically when they experience acceptance, companionship, and emotional availability from peers. This supports the broader social-support literature, which argues that supportive relationships reduce stress and strengthen adjustment [6].

Peer support is especially significant during adolescence because adolescents often share emotional concerns with friends before discussing them with parents or teachers. A student who has supportive peers may feel less isolated during academic failure, social conflict, examination stress, or emotional confusion. Peer encouragement can also normalize struggle. When classmates discuss similar academic problems, an adolescent may feel that difficulty is not a personal weakness but a shared developmental experience.

The findings also show that academic self-efficacy has a strong relationship with mental health. This result is consistent with Bandura's theory that self-efficacy influences motivation, persistence, emotional reactions, and coping behaviour [2]. Adolescents with high academic self-efficacy are more likely to believe that they can improve through effort and strategy. This belief reduces helplessness and examination-related anxiety. On the other hand, adolescents with low academic self-efficacy may experience ordinary academic challenges as threats to self-worth.

The regression analysis showed that both peer support and academic self-efficacy independently predicted mental health. This is psychologically meaningful because it suggests that adolescent mental health is shaped by both interpersonal and intrapersonal resources. Peer support provides social belonging and emotional protection, while academic self-efficacy provides personal agency and academic resilience. Neither factor should be ignored.

The combined-effect analysis further indicates that adolescents with high peer support and high academic self-efficacy have the best mental-health outcomes. This shows that school mental-health promotion should not be limited to individual counselling. It must also create a peer culture that supports cooperation, respect, inclusion, and academic confidence.

The role of peer support also has implications for bullying prevention. Bullying, exclusion, mocking, and peer comparison weaken mental health by damaging belongingness and self-evaluation. Therefore, schools must treat peer climate as a mental-health issue, not merely as a discipline issue. Anti-bullying programmes, peer mentoring, buddy systems, cooperative learning, and student-led support groups can create a safer school environment.

Academic self-efficacy can be strengthened through mastery experiences. Teachers should design tasks where students can experience gradual success. Feedback should be specific and constructive rather than humiliating or purely comparative. When students are repeatedly told that they are weak or incapable, their academic self-efficacy declines. When they are shown how to improve, their confidence and mental health improve together.

9. PSYCHOLOGICAL AND EDUCATIONAL IMPLICATIONS

The findings have several implications for adolescent psychology and school practice.

First, schools should develop peer-support systems. Peer mentoring, buddy programmes, student support circles, and classroom cooperation can help students feel accepted and emotionally safe. Peer-

support programmes should be supervised by teachers or counsellors so that students learn empathy, confidentiality, and responsible help-seeking.

Second, teachers should actively build academic self-efficacy. This can be done through achievable learning goals, stepwise academic tasks, formative feedback, revision support, and recognition of improvement. Students should be helped to understand that academic ability develops through practice and strategy.

Third, school counsellors should assess both peer climate and academic confidence when working with adolescents. A student showing anxiety or withdrawal may not only need individual counselling but also peer inclusion and academic support.

Fourth, anti-bullying programmes should be integrated with mental-health promotion. Peer rejection and ridicule can directly damage self-esteem and academic confidence. Therefore, classroom discipline should include emotional safety and respect.

Fifth, parents and teachers should avoid excessive comparison among students. Comparison-based motivation may temporarily increase effort, but it can reduce self-efficacy and increase psychological distress among vulnerable adolescents.

Sixth, mental-health education should be included in school life through workshops on emotional regulation, help-seeking, study skills, peer empathy, and examination stress management.

10. LIMITATIONS OF THE STUDY

The study is based on secondary evidence and analytical statistical modelling. Therefore, the findings should be understood as explanatory and research-oriented rather than as the result of a fresh field survey from one specific school or district. Future studies should collect primary data using standardized psychological tools such as the Multidimensional Scale of Perceived Social Support, Academic Self-Efficacy Scale, Strengths and Difficulties Questionnaire, WHO-5 Well-Being Index, or Warwick-Edinburgh Mental Well-Being Scale.

The present study focuses on peer support and academic self-efficacy. Future research should include other variables such as family support, teacher support, bullying exposure, social media use, sleep quality, socioeconomic status, school climate, examination stress, and parental academic expectations.

11. Conclusion

The present study concludes that peer support and academic self-efficacy are important protective factors for mental health among school-going adolescents. Peer support provides belongingness, emotional reassurance, companionship, and social safety. Academic self-efficacy provides confidence, persistence, control, and resilience in the face of academic stress. The statistical analysis showed that both variables were significantly associated with mental-health scores and jointly explained a substantial portion of variance.

The main conclusion is that adolescent mental health should be promoted through both social and academic pathways. Schools should not view mental health as separate from classroom life. Peer culture, academic feedback, examination pressure, classroom belonging, and student confidence are all part of adolescent psychological development. A school that strengthens peer support and academic self-efficacy can create adolescents who are not only academically prepared but also emotionally resilient and mentally healthier.

REFERENCES

1. World Health Organization, "Mental health of adolescents," WHO, Sept. 2025.
2. A. Bandura, *Self-Efficacy: The Exercise of Control*. New York, NY, USA: W. H. Freeman, 1997.
3. E. Widnall, J. Adams, R. Plackett, S. Winstone, and J. Haworth, "Impact of school and peer connectedness on adolescent mental health," *BMC Public Health*, vol. 22, 2022.
4. L. Birrell, et al., "Social connection as a key target for youth mental health," *Mental Health & Prevention*, vol. 37, 2025.
5. OECD, "Students' well-being," OECD, 2025.
6. S. Cohen and T. A. Wills, "Stress, social support, and the buffering hypothesis," *Psychological Bulletin*, vol. 98, no. 2, pp. 310–357, 1985.
7. R. F. Baumeister and M. R. Leary, "The need to belong: Desire for interpersonal attachments as a fundamental human motivation," *Psychological Bulletin*, vol. 117, no. 3, pp. 497–529, 1995.
8. F. Pajares, "Self-efficacy beliefs in academic settings," *Review of Educational Research*, vol. 66, no. 4, pp. 543–578, 1996.
9. B. J. Zimmerman, "Self-efficacy: An essential motive to learn," *Contemporary Educational Psychology*, vol. 25, no. 1, pp. 82–91, 2000.
10. M. Cherewick, A. Doocy, and colleagues, "Social support and self-efficacy during early adolescence," *PLOS Global Public Health*, 2024.