A STUDY ON IMPACT OF LONELINESS ON MENTAL HEALTH OF ADOLESCENTS

DISSERTATION

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CERTIFICATE

This is to certify that Ms. Muskan Gupta student of B.A. Honours Psychology Semester V, Session 2021-2024, bearing Roll No 2108022 has worked under supervision of Dr. Taniya Raina on Project entitled "A Study on Impact of Loneliness on Mental Health of Adolescents". Her mini project is fit for submission, in partial fulfillment of their requirements for the award of the Degree in B.A. Honours psychology.

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LIST OF CONTENTS

List of Figures

List of Appendices

List of Tables

Acronyms Description

UCLA	University of California Los Angeles
HADS	Hospital Anxiety and Depression Scale
DASS	The Depression, Anxiety and Stress Scale
t	Student's 't' statistics
r	Correlation
S.D	Standard Deviation
N	Number of Participants
P	Probability value

CHAPTER I

INTRODUCTION

ADOLESCENTS

"Adolescence represents an inner emotional upheaval, a struggle between the eternal human wish to cling to the past and the equally powerful wish to get on with the future."

Louise Kaplan

The term 'adolescents' is derived from the Latin word 'adolescere' which means "to grow up" Adolescence as a concept is said to have appeared in literature in the 15th century. (Mwale & Muula, 2017) Adolescence (between the ages of 10-19 years, WHO) is a unique phase of life during which a child goes through tremendous physical, emotional and social changes (Gupta, n.d.) Adolescence has been described by Stanley Hall as "the period of storm and stress ''(Arnett, 1999). The term 'teenage' is used synonymously with adolescence to describe the age from 13-19 (Hockenberry, 2018) Adolescents constitute about one-fifth of population of India. The country's adolescents constitute 20 percent of the world's 1.2 billion adolescents, stating nine out of ten among the 1.2 billion adolescents live in the developing world (Guwahati, 2023)

Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them. Despite being thought of as a healthy stage of life, there is significant death, illness and injury in the adolescent years. Much of this is preventable or treatable. During this phase, adolescents establish patterns of behavior – for instance, related to diet, physical activity, substance use, and sexual activity – that can protect their health and the health of others around them, or put their health at risk now and in the future.(Adolescent Health, n.d.)Multiple factors affect mental health. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity. Media influence and gender norms can exacerbate the disparity between an important determinants include the quality of their home life and relationships with peers. Violence

(especially sexual violence and bullying), harsh parenting and severe and socioeconomic problems are recognized risks to mental health.(*Mental Health of Adolescents*, 2021)

Adolescence can be a vulnerable time for loneliness; navigating the academic and social pressures, as well as the transition between childhood and adulthood, makes this period particularly difficult for many. Not only do these environmental factors evoke stress, but the brain undergoes a critical period of development in regions involved in social processing, leading to a greater sensitivity to social rejection.(*Loneliness in Adolescence*, n.d.)

For most adolescents, school life next to their family life is important and profoundly influences their psychological well-being. The school context encompasses interactions with classmates and teachers. Strong peer relationships at school are considered to be a significant resource against loneliness whereas problematic relationships such as victimization are a well-established predictor of loneliness in adolescence. Such an aversive social experience is expected to impact adolescents' abilities to relate to others and to develop close relationships(Bayat et al., 2021) `

Feelings of loneliness for adolescents were strongly related to their feelings of connectedness to friends at school. For the ones that expressed strong feelings of disconnection and isolation from other adolescents it was clear that the absence of good friends was very difficult and painful and it was associated with feelings of sadness. This lack of friendships and the resulting loneliness had negative effect on the lives of these adolescents. It was shown that social connections and friendships were important for emotional wellbeing, as well as that the supportive role social friendships play in preventing feeling of loneliness (The Problem Of Loneliness In Adolescence., 2022).

LONELINESS

"Loneliness, is a fire, which I hold close to my skin, to see how much pain I can stand, before running to the water."

Atticus

Loneliness is very common a human emotion, yet it is unique and complex to each individual. While common definitions of loneliness describe it as a state of solitude or being alone, loneliness is actually a state of mind. Feeling empty, alone and unwanted is the

result of loneliness. Lonely people want to get socialized and be in contact with others but their state of mind makes it tough for them to let them connect to others. Loneliness is a severe problem that can drag young children to immediate and long-term negative consequences. However, only recent research and intervention in educational settings focused on young children who are lonely. Now increasingly many young children are able to understand the concept of loneliness and reporting feeling lonely. Because of the changes in the social system like changing social structure and social values, industrialization, urbanization and globalization, feeling of loneliness has become a serious problem among adolescents. Adolescents feel lonely when they perceive low level of social support, ignored, negatively evaluated, or rejected, by their family, peers, and other persons in the society which has an adverse effect on their psychological development and their wellbeing. Loneliness as a painful subjective experience or psychological feeling, which is characterized by the lack of satisfactory relationships.(Liu et al., 2016)

Loneliness refers to a negative emotional experience or discomfort due to a discrepancy between someone's desired social connections and actual experiences(*Loneliness*, n.d.)**.**

Loneliness involves excruciating physical, as well as mental, suffering. In fact, the first negative thing that the biblical God named was the experience of loneliness which has been shown to be related to numerous somatic, psychosomatic, and emotional phenomena and disturbances (Martens & Palermo, 2005). Loneliness can be a debilitating psychological condition characterized by a deep sense of social isolation, emptiness, worthlessness, lack of control and persona threat. Synonymous with perceived social isolation loneliness has been defined as a negative or distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships. Research has established strong links between loneliness and a myriad of adverse physical, psychological, social and mental health outcomes.(S et al., 2013) Adolescence has been identified as the peak period of high risk for loneliness (Hall-Lande et al., 2007) with 66–79 percent of young people reporting feelings of loneliness at some time; of these, 15–30 percent describe these feelings as persistent and painful (Heinrich & Gullone, 2006).Furthermore, the potential for loneliness to become chronic and in some cases pathological (Houghton et al., 2014).

Loneliness is most often defined as a subjective negative feeling resulting from a discrepancy between desired and achieved levels of social contact. Hence, loneliness is associated with a perceived lack of a wider social network or the absence of a specific

desired companion. As such, loneliness is related to both the amount of social contact (quantity) and the features (quality) defining social relationships. Researchers typically associate the high prevalence of loneliness in adolescence with ongoing changes in relationships with parents and peers, among other derived from profound social changes such as educational transitions and leaving home. Accordingly, transient feelings of loneliness are expected and normative. Indeed, many adolescents seem to overcome loneliness by reconnecting with other people, but a subgroup of adolescents appears to experience prolonged feelings of loneliness. Peer rejection and social withdrawal are some of the origins of social isolation in youth. Some adolescents experience exclusion leading to involuntary social isolation, whereas others are socially avoidant resulting in voluntary social isolation. (Christiansen et al., 2021)

Loneliness is increasingly seen as a public health issue, due to its strong links to health problems and behavioral and emotional problems in adolescence and early mortality in adulthood. Loneliness is typically defined as the cognitive discrepancy between the social relations an individual wishes to have and those one perceive to have and the affective reactions of sadness and emptiness resulting from this discrepancy. The feeling of loneliness is common in adolescence. For some adolescents loneliness can become a chronic state. Longitudinal studies show that intense and prolonged feelings of loneliness during childhood and adolescence have severe consequences. It is therefore important to monitor the prevalence of loneliness and to stimulate political attention and prevention of loneliness among adolescents.(Madsen et al., 2019a)

Symptoms of loneliness vary depending on what's causing it and the person's individual circumstances. But loneliness often involves the following, according to Olds:

- Feelings of sadness, emptiness, discomfort, or disconnectedness
- Feeling left out or isolated from others
- A longing of companionship
- Feeling like you're misunderstood or not heard
- Feeling isolated even when you're surrounded by others
- Feeling exhausted or burnt out by social interactions
- Feeling insecure

- Ruminating and reminiscing on the past

MENTAL HEALTH

Health is essential for the growth, development, and productivity of a society, and for a happy and healthy life anywhere in the universe (*National Mental Health Survey, 2015-16*). Health refers to a person's physical, mental, and social well-being, which was earlier described as the ability of the body to function well. If a person is free from any physical ailments, mental stress and enjoys good interpersonal relationships, then he is said to be enjoying good health. When a person maintains good health, everything else falls into place. However, maintaining good health depends on various factors such as physical, social, spiritual and emotional factors; that carries equal importance, and even if slip one of them, a person cannot be healthy completely. Being physically fit is the major component of health, which means devoid of any physical illness, whereas, social health relates to interpersonal communication with others, which is also an essential component of maintaining one's good health. To have a healthy mind and body, one must possess good spiritual health, which can help in dealing with tough situations such as rejection, death, or overcoming financial hardships. Being mentally sound is also part of good health that includes the emotional and psychological wellbeing of a person(*Mental Health*, 2022).

A mentally healthy person can more quickly adjust to his physical and social environment, as well as meet emotional and personal needs. People who are mentally healthy can easily adhere tosociety standards as well as face and accept life's facts, such as the capacity to balance feelings, aspirations, desires, and ideas. Individual difficulties with mental health manifest as symptoms such as worry, tension, depression, restlessness, and helplessness, among others. Each year 20% of young people around the world are considered to have mental health problems. Adolescents are especially prone to mental health issues throughout their transitional years, which are the years between childhood and maturity (Kessler et al., 2005)**.** Mental health is a healthy state of mind that allows a person to function well in society. Adolescents with good mental health are well adjusted to society, can relate to others, and can maintain their role in society. According to the WHO, Half of all mental health issues begin before the age of fourteen, but they go untreated and unpredicted in the vast majority of instances.

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is

an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairmentin functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (*Mental Health*, 2022).

The WHO states that mental health is “more than just the absence of mental disorders or disabilities.” Peak mental health is not only about managing active conditions but also looking after ongoing wellness and happiness.(*Mental Health: Definition*, n.d.) The definition of mental health affects every person on the planet. Mark Komrad (2012) asserts that "mental health problems affect all segments of society, regardless of age, gender, education, or ethnicity"(Peterson, 2019). Mental health is the full and harmonious functioning of the whole personality (Saji, 2015)**.**Mental Health as simultaneous success at working, loving and creating with the capacity for mature and flexible resolution of conflicts between instincts, conscience, important other people and reality (Group, 2023).

Different individuals react differently to feelings of loneliness. Their responses run the gamut from destructive to constructive. Some perceive loneliness as an undeserved punishment inflicted on them by circumstances beyond their control and may ruminate, obsessively thinking about their loneliness, feeling sorry for themselves. This tends to intensify and prolong the negative feelings, making them worse, and may lead to poor health.(jlavarnway, 2023)

There are lots of things we can do to try to take care of our mental health. We have tips to help you:

- Try to relax and reduce stress

- Find ways to learn and be creative
- Spend time in nature
- Connect with others
- Look after your physical health
- Try to improve your sleep

It's not always easy to take care of our mental health. Or to know where to start. You might find it helpful to:

- Only try what feels comfortable
- Give yourself time to figure out what works for you. Different things work for different people
- Go at your own pace
- Take it step by step. If the first step feels too hard, try to break that up into even smaller steps

LONELINESS AND MENTAL HEALTH

There was a strongly-held view among participants and stakeholders that mental health issues and loneliness are closely intertwined. Although it was considered possible to feel loneliness without experiencing poor mental health, loneliness was considered to increase the risk of mental social isolation and loneliness. Stakeholders were of the view that loneliness and depression or anxiety increase in tandem and that loneliness can be experienced as part of a mental health health issues and, conversely, mental health issues were considered to have a significant impact on feelings of condition, with sufferers often unable to differentiate one from the other. Further, the relationship was perceived by both participants and stakeholders to be multidirectional; that is, poor mental health could lead to loneliness, and vice versa.(*Mental Health and Loneliness*, n.d.)

Conversely, participants had experiences of loneliness leading to poor mental health. Relationship breakdowns, poor physical health, lockdowns during the COVID-19 pandemic, and retirement, had brought about periods of loneliness which triggered mental health issues. For example, a young man who developed a disabling and painful physical condition in his early twenties was suddenly unable to go out to socialize with friends, who gradually stopped visiting. This period of sudden isolation triggered his first episode of depression. During such periods of isolation, participants described having ‘fallen out of

practice' in social skills and, consequently, had lost their social confidence..(*Mental Health and Loneliness*, n.d.)

A small body of literature has examined how loneliness is related to mental health problems. Victor and Yang (2012) found that depression was related to loneliness in all age groups. Cacioppo, Hughes, Waite and Hawkley (2006) found a bi-directional relationship over time between loneliness and depression in middle aged and older adults. A cross-sectional survey from the United Kingdom (UK) found that whilst loneliness was associated with a broad range of mental health problems, there were particularly strong relationships with depression, phobias and Obsessive Compulsive Disorder (Richardson et al., 2017)

Mental health is a neglected global health priority, particularly for children and adolescents. Mental health disorders, including psychiatric disorders, general psychological distress, emotional, and behavioral problems, are a leading cause of health-related disability, affecting 10–20% of children worldwide, and are predictive of mental health disorders and other morbidities in adulthood. Research on mental health among children and adolescents lags considerably behind that of adults, particularly in resource-limited settings (RLS).A 2007 review of 11,501 intervention trials for the treatment or prevention of mental health disorders found that few targeted children and adolescents; the little research with children primarily focused on interventions for developmental disabilities. Furthermore, less than 1% of the studies of drug and psychological interventions for treating mental health disorders were conducted in "low-income" countries, with only 10% in "lower-middle-income" countries (Vreeman et al., 2017).

SIGNIFICANCE OF THE STUDY

Studying the impact of mental health and loneliness among adolescents is significant for improving individual outcomes, enhancing societal well-being, and informing policies and interventions that address the unique challenges faced by this demographic group.

STATEMENT OF THE PROBLEM

A Study On Impact of Loneliness On Mental Health of Adolescents.

OPERATIONAL DEFINITION

Loneliness: It refers to one's subjective feelings of loneliness as well as feelings of social isolation.

Depression: A depressed mood is the experience of unhappiness or distress. Depression may involve feelings of being sad, weak, disappointed, frustrated, despair, helpless and hopeless.

Anxiety: It is a psychological disorder that is associated with significant suffering and impairment in functioning.

Stress: It is a mechanism of any internal or external demand made upon the body.

Mental Health: It is defined as an individual's state of well-being when he or she realizes his or her own abilities, can cope with the normal stresses of life can work productively and fruitfully and is able to contribute to his or her community.

OBJECTIVES OF THE STUDY

The objective of research project summarizes what is to be achieved by the study. In view of the available literature & importance of the topic, the following objectives were set: -

1. To find out the association between loneliness and mental health among adolescents.
2. To find out the difference between loneliness among male and female adolescent.
3. To find out the difference between mental health among male and female adolescent.

HYPOTHESIS OF THE STUDY

1. There will be no association between loneliness and mental health among adolescents.

2. There will be no difference between loneliness among boys and girls adolescent.

3. There will be no difference between mental health among boys and girls adolescent.

DELIMITATION OF THE STUDY:

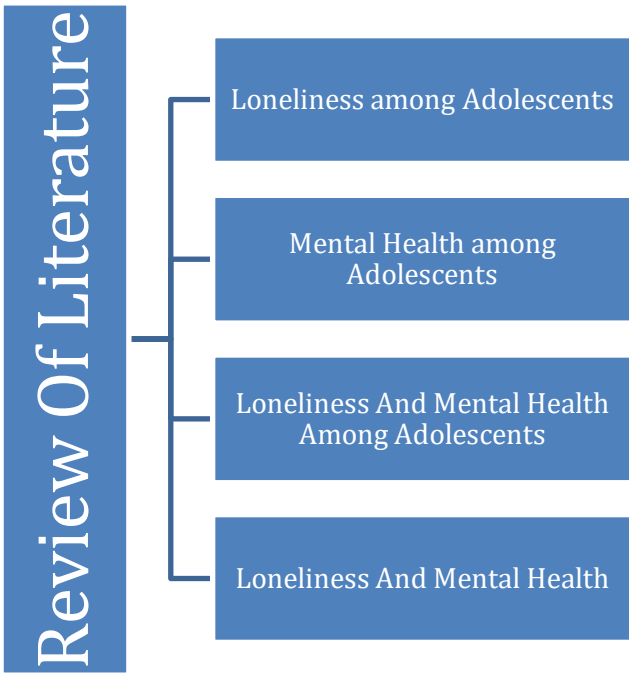
1. The study is limited to 100 School going students from Jammu district.
2. The study has been only quantitative in nature.

CHAPTER II

REVIEW OF LITERATURE

A literature review is a thorough summary of earlier studies on a subject. The literature review examines scholarly books, journals, and other sources that are pertinent to a particular field of study. This prior research should be listed described, summed up, impartially evaluated, and clarified in the review. Survey of related literature serves to show what is already available, solves the problem adequately without further investigation and also avoids the risk of duplication. It provides comparative data useful for the interpretation of results and contributes to the general scholarship of the investigator.

The related studies have been reviewed under the following Flow Chart:



LONELINESS AMONG ADOLESCENTS

Smith et al., (2024)aimed to examine the temporal trend of perceived loneliness among school-going adolescents aged 12–15 years from 28 countries in Africa, Asia, and the Americas. Perceived loneliness by country were assessed by linear regression models. In conclusion it was concluded that perceived loneliness among adolescents is a global phenomenon, which has seen little improvement if any in recent years. It would be prudent to implement nationwide policies to combat loneliness globally.

Jefferson et al., (2023) conducted a study to investigate the correlations between loneliness at the individual, school, and national levels and also investigate the impact of loneliness on academic achievement. They took a sample of 518,210 pupils from 75 countries, all of whom were 15 years of age. The result demonstrated that loneliness has a negative impact on academic achievement by using multilevel modelling to identify correlations between self-reported school-based loneliness and variables at the individual, school, and national levels. In conclusion they concluded that the most effective interventions for teenagers are those that concentrate on improving social and emotional skills, building student-teacher trust, and creating a more inclusive school environment. These interventions should also take cultural sensitivity into consideration.

Marquez et al., (2023) study to examine the influence of neighbourhoods on loneliness in early-to-mid adolescence. Sample of 36 141 adolescents across 1590 neighbourhoods were included. Data was analysed using multilevel regression. As a result several neighbourhood characteristics predicted loneliness at the individual level, including skills deprivation among children and young people, lower population density and perceptions of the local area. In conclusion it was concluded that neighbourhoods account for a small but significant proportion of the variation in adolescent loneliness, with some neighbourhood characteristics predicting loneliness at the individual level, and loneliness disparities for some groups differing across neighbourhoods.

Howden et al., (2022)examined the prevalence of loneliness and factors associated with loneliness among AYAs with cancer during this pandemic. It was measured using the 3-item UCLA Loneliness Scale. The higher levels of loneliness were identified using multiple logistic regression. They conducted a self-administered, online, cross-sectional survey of Canadian AYAs diagnosed with cancer .They concluded that one in two AYAs with cancer are feeling lonely during the COVID-19 pandemic.

Korzhina et al., (2022)aim of the study was to synthesize the existing knowledge on the different causes of involuntary loneliness among adolescents and young adults. A sample consisted of adolescents and young adults aged between 13 to 29 years. An integrative review method inspired by Whittemore and Knafl was used. The integrative review was performed in two separate stages. As a result four main themes and 7 subthemes were generated, linked to what underlies involuntary loneliness among adolescents and young adults. In conclusion the phenomenon can be linked to a myriad of underlying causes,

which conclude that complex circumstances might underlie each individual's experience of loneliness.

Sarıalioğlu et al., (2022)study was conducted to determine the relationship between the levels of loneliness adolescents feel during the pandemic, and their respective levels of internet addiction. The sample of the study consists of 482 adolescents who volunteered to participate in the study. Participants filled out a Google Docs form including the "Descriptive Information Form", "ULS-SF" and "IASA", which were used to collect data. As a result of the multiple regression analysis, it was found that family income, mothers' education status, fathers' education status, the duration of Internet use before and during the pandemic, and the total score of ULS-SF had statistically significant effects on the total score of IASA It was concluded that adolescents' internet addiction increases with the increasing level of loneliness. Adolescents who reported feeling moderately lonely had a low level of Internet addiction.

Bayat et al., (2021)aim to explore the association between loneliness and contextual factors in a large sample of young people. The sample was taken of 7956 Dutch adolescents aged between 12 and 18. Multivariate logistic analyses were performed to assess the strength of association between loneliness and factors in the domains of family, school, and social media. This study concluded that adolescent loneliness deserves to be recognized as an important social/mental health problem.

Li et al., (2021)explored the relationship between loneliness and problematic mobile phone use among Chinese adolescents during the COVID-19 pandemic, considering the effects of escape motivation and self-control. They recruited a sample of 1034 adolescents from China. The results showed that loneliness was positively associated with escape motivation and adolescent problematic mobile phone use. They use descriptive statistics, correlational analysis, and independent-samples t-tests which was conducted on the main variables and also used the PROCESS macro for SPSS (model 4) to examine the mediating effects of escape motivation in the relationship between loneliness and PMPU.

Sauter et al., (2020)examined rates of self-reported loneliness and friendlessness among 76,982 secondary school. They used meta-analysis to pool results for prevalence rates and associations across all 25 countries and territories. The result showed that the majority of students who reported being lonely did not report having no close friends, and the majority of students who reported having no close friends did not report being lonely most or all of

the time. It was concluded that adolescents about both loneliness and friendships may capture the burden of social isolation among males and females better than a single question about loneliness.

Madsen et al., (2019)examined trends in loneliness among adolescents from 1991 to 2014 in Denmark and also tried to examine the trends in social inequality in loneliness.The sample of 19,609 students aged 11-15 years were randomly selected. Loneliness was judged by a single item and social background by parents' occupational social class (OSC). The result revealed that absolute social inequality in loneliness decreased because of a more marked increase in loneliness in higher OSCs compared to lower ones. It was concluded thata increased prevalence of loneliness among children from high OSC backgrounds contributed to a decrease in both absolute and relative dimensions of social disparity in loneliness.

Wedaloka & Turnip, (2019)aimed to find out gender differences in the experience of loneliness among adolescents in Jakarta. Sample of Six hundred sixty-two participants were included , which consisted of 318 male and 344 female students aged between 15-20 years old, were selected from five schools by using multi-stage random sampling. 6- Item (short) De Jong Gierveld Loneliness Scales were used to measure loneliness. The results shows that there are significant differences in loneliness between male and female adolescents in overall, emotional and social dimensions. And the female adolescents had significantly higher scores of loneliness compared to male adolescents, not only overall but also in emotional and social dimensions.

Sundberg, (2018)aimed to investigate the possible links between online gaming, loneliness and friendships in a sample of 85 adolescents and adults with ASD and a control group of 71 participants. Data was gathered through self-reported questionnaires. Results indicated that within the ASD sample, persons who play online games have more friends than those who do not. Motives to play online games differed between the ASD sample and the control group. The results provide the first findings for connections between online gaming, loneliness and friendships among individuals with ASD and also provide evidence for future studies to further investigate the possible casual effects between online gaming, loneliness and friendship among individuals with ASD.

Şahin, (2012)study focuses on the relationship between the concepts of cyberbullying/cyber victimization and loneliness. The sample comprised of 389 secondary school students, of whom 159 were boys and 230 were girls, from various schools in the city of Trabzon. The

study was carried out in the fall semester of the 2009–2010 academic year. The Loneliness Scale (UCLA) and the Cyberbullying Scale were used in the study. Correlation technique, multiple regression analysis and independent t test, were employed for statistical analysis. It was concluded that there was a significant correlation between becoming a cyber victim and loneliness among adolescents.

Yaacob et al., (2009)study looked at the extent to which adolescent depression is correlated with loneliness, stress, and self-esteem. 1407 secondary school students from a few Malaysian states, ages 13 to 17, made up the responders. A questionnaire that participants self-administered was used to gather data. The Children Depression Inventory (CDI) was used to measure depression in adolescents, while the Perceived Stress Scale was used to measure stress. The Rosenberg Self-Esteem Scale assessed self-esteem, and the Revised UCLA Loneliness Scale measured loneliness. The study's conclusions demonstrated the moderately significant correlations between depression and loneliness, stress, and self-esteem. Stress was found to be the most reliable predictor of adolescent depression.

MENTAL HEALTH AMONG ADOLESCENTS

Gunasekaran et al., (2022) conducted a study to determine and compare the prevalence and risk factors associated with mental health illness among urban and rural adolescents in Puducherry. An explanatory mixed-method design and the quantitative phase was followed by qualitative phase. They used a sample of Adolescents aged 13–17 years who are attending Government schools in urban and rural Puducherry were selected by stratified random sampling. Mental health status was screened using a validated Youth Report Measures for Children and Adolescents – SDQ and students with higher score were considered to be at risk of mental health illness. The result showed that among 329 adolescent, 25.5% are found to be at risk of mental health illness. Among those at risk of mental health illness, significant difference between urban and rural area was seen with respect to variables like family monthly income and parent’s occupation. It was concluded that one fourth of the adolescents were found to be at risk of mental health illness, so periodic screening could be done at schools, for early identification and proper treatment of mental disorders.

Kim et al., (2022)aimed to investigate the association of sleep with mental health among Korean adolescents during the coronavirus disease (COVID-19) pandemic. They include a sample of 46,475 adolescents. The data were analyzed using complex sample descriptive

statistics and a multiple logistic regression model. The result shows the likelihood of mental health problems was higher among those who slept for six hours or less than for those who slept for eight hours or more also the results showed that the lower the sleep satisfaction, the higher the likelihood of mental health problem. It was evaluated that even after the COVID-19 outbreak, poor sleep associated with mental health problems remained as high as before the outbreak of COVID-19.

Beeres et al., (2021) aim of this study is to assess the longitudinal associations between the frequency of social media use and symptoms of mental ill-health among Swedish adolescents. The study sample consisted of 3,501 adolescents in grade 8.Mental health was measured with the Strength and Difficulties Questionnaire (SDQ).A Random-Intercept Cross-Lagged Panel Model was applied to distinguish between-person from within-person associations between social media use and symptoms of mental ill-health. As a result Weak cross-sectional associations were found between changes in social media use and concurrent changes in symptoms of mental ill-health. It was concluded that Adolescents with higher use of social media report more symptoms of mental health problems, but there is no evidence for a longitudinal association between increased use and mental health problems.

Ma et al., (2021)examined the prevalence of depression, anxiety, sleep disorders, and posttraumatic stress symptoms among children and adolescents during global COVID-19 pandemic in 2019 to 2020, and the potential modifying effects of age and gender.Random-effects meta-analyses were used to estimate the pooled prevalence. Sample of 57,927 children and adolescents were identified. The subgroup meta-analysis revealed thatadolescents and females exhibited higher prevalence of depression and anxiety compared to children and males, respectively. It was evaluated that the high prevalence of depression, anxiety, sleep disorders, and posttraumatic stress symptoms among children and adolescents during the COVID-19 pandemic, especially among female and adolescents.

Cooper et al., (2021)examined the cross-sectional associations and longitudinal relationships between loneliness, social contact, and parent relationships on adolescent mental health during lockdown in the UK. The sample of young people aged 11–16 years was taken who completed measures of loneliness, social contact, parent-adolescent relationships, and mental health difficulties during the first 11 weeks of lockdown and one-month later. Adolescents who reported higher loneliness had significantly higher symptoms of mental health difficulties during lockdown. They found that adolescents who had closer

relationships with their parents reported significantly less severe symptoms of mental health difficulties and lower levels of loneliness and also found that adolescents who spent more time texting others reported higher symptoms of mental health difficulties. At last they concluded that while loneliness was associated with greater mental health difficulties at baseline, it did not predict increased mental health difficulties one month later.

Mohler-Kuo et al., (2021)aimed to assess various stressful situations and the psychological impact of the first COVID-19 pandemic lockdown among youths in Switzerland. Included samples of 1627 young adults aged 19–24 from the Swiss Youth Epidemiological Study on Mental Health and 1146 children and adolescents aged 12–17 years and their parents. Assessed symptoms of various mental health problems, internet use, and perceived stress during the first COVID-19 lockdown. In the analyses, data were weighted to be representative of the Swiss population. The result showed that considerable stress perceived by young adults and symptoms of mental health problems, especially among females, during the first COVID-19 lockdown in Switzerland.

Schønning et al., (2020) examined the media use and its association with mental health and well-being among adolescents. Data from the included studies were extracted and summarized according to the previously published study protocol. As a result participants of both genders were included in most studies (92%) but seldom examined as an explanatory variable and 77% of the included studies had social media use as the independent variable. In conclusion it was concluded that it was separated between different forms of interactions on social media, which are likely to be differentially associated with mental health and well-being outcome which presents a scoping review of the published literature in the research field of social.

Tynes et al., (2019)examined the association between exposure to such events online and mental health in a sample of African American and Latinx adolescents. Data were collected from a national sample of 302 African American and Latinx adolescents aged 11–19 years. Multiple regression analyses were conducted. Regression analyses indicated that girls reported higher PTSD and depressive symptoms than boys And Latinx participants also reported increased depressive symptoms .It was concluded that police killings, as well as viewing distressing news directed at members of one's own racial–ethnic group or those who share the same immigration status, are related to poor mental health outcomes.

Breistøl et al., (2017) examined the association between participation in non-competitive or competitive sports and mental health problems among Norwegian adolescents. Data from a cross-sectional survey conducted among Norwegian junior high (N=9414) and high school students aged 13 to 22 years were examined. The Strengths and Difficulties Questionnaire (SDQ) was used for measuring mental health problems. As a result adolescents participating in either non-competitive or competitive sports had fewer total symptoms and less impact of problems on their daily life compared with those not participating in sports. In conclusion it was concluded that participation in sports, either non-competitive or competitive, is associated with fewer mental health problems in adolescents and this negative association is strongest for those participating in competitive sports.

Le et al., (2017)examined how change in bullying experiences is associated with symptoms of depression, psychological distress, and suicidal ideation among adolescents in Vietnam. 1424 students in middle and high schools included who completed two self-administered questionnaires, six months apart in 2014–2015.As a result the adolescents who were involved in bullying as a victim or bully remained at low levels was generally similar to those not involved in any bullying. However, females who had stable but low level in victimisation or bully–victim status had worse mental health than males with stable-low-level exposure. It was concluded that persistent and frequent bullying was strongly linked with poor mental health for males and females.

Wani, (2017)The present research paper explored to study the level of mental health among adolescents. It consisted sample of 40 subjects divided in two groups (Boys and Girls) each group has 20 subjects. Further these two groups are equally subdivided into two more age wise (13-15 years and 16-19 years) groups with 10 subjects in each group. Mental Health Scale was used to assess this study. For statistical analysis and hypothesis testing mean and t-test was applied. The findings show that boys have high level of mental health than girls. Results also show that there is significant difference between the mental health scores of boys and girls. While as insignificant difference were found between the mental health scores of 13-15 years and 16-19 years old subjects. The basis of the findings in the present study concluded that gender and age are an influential factor in mental health.

Hoare et al., (2016)examined the associations between sedentary behaviour and mental health problems among adolescents. Preferred Reporting Items for Systematic Reviews and

Meta-Analyses, and applied a quality assessment tool for quantitative studies to identity best available evidence. Strong consistent evidence was found for the relationship between both depressive symptomatology and psychological distress, and time spent using screens for leisure. As a result the essential information was missing for quality of evidence including heterogeneity in mental health and screen time-based measures, and self-report data collection methods. In conclusion it was examined the psychological impact of reducing time spent using screens for leisure among adolescents, whilst accounting for possible confounding factors such as physical activity and dietary behaviours.

Rose & Tynes, (2015)purpose of this study was to explore the relationship between cyber victimization, depression, and anxiety among school-aged youth over a 3-year time frame. A total of 559 school-aged youth participated in the study. Students in Grades 6 through 12 at the initial wave of the study responded to survey items designed to assess their online experiences, including cyber victimization and self-reported depression and anxiety at three separate time points, over a 3-year period. In conclusion, educational and mental health professionals should consider interventions that address adolescents' online experiences, while supporting mental health and social and emotional learning.

Cheng et al., (2014) examined the mental health of 15- to 19-year-old youth in five cities and identifies the social support correlates of mental health. A total of 2,393 adolescents aged 15–19 years weighted logistic regression and general linear models were used to explore the associations between mental health and social supports. As a result elevated perceptions of having a caring female adult in the home and feeling connected to their neighborhoods were positively associated with adolescents' levels of hope across the sites while negatively associated with depression and posttraumatic stress symptoms with some variation across sites and gender.

Burnett-Zeigler et al., (2012) examined the characteristics of adolescents with mental health problems among those presenting to primary care clinics in urban areas. The sample included 1,076 adolescents aged 12–18 years. Bivariate and multivariate logistic regression analyses were conducted to examine the associations between having a mental health problem with demographic characteristics, health-related variables, and other risk and promotive factors. It was concluded that in the multivariate logistic regression analysis, adolescents who were female, with poorer grades, fair to poor self-reported health, using drugs, and lower parental monitoring were more likely to have a mental health

problem andin bivariate analyses, adolescents with mental health problems were less likely to participate in school activities and community activities and more likely to use emergency room services.

LONELINESS AND MENTAL HEALTH AMONG ADOLESCENTS

Matthews et al., (2023)examined patterns of stability and change in loneliness across adolescence. Data were drawn from the 2,232 individuals who were born in 1994 and 1995. Loneliness was assessed when participants were aged 12 and 18. As a result individuals who reported loneliness at both ages were broadly similar to individuals who only reported it at age 18, with both groups at elevated risk of mental health problems, physical health risk behaviors, and education and employment difficulties and individuals who were lonely only at age 12 generally fared better; however, they were still more likely to finish school with lower qualifications. Together, the findings show that while early adolescent loneliness does not appear to exert a cumulative burden when it persists, it is nonetheless a risk for a range of concomitant impairments, some of which can endure.

Hards et al., (2022)aimed to examine the cross-sectional and longitudinal associations between loneliness/perceived social isolation and mental health in children and young people with pre-existing mental health problems and also to identify effective interventions that reduce the adverse impact of loneliness. A rapid systematic search was conducted using MEDLINE, PsycINFO, and Web of Science. The result of 4,531 papers screened, 15 included children and young people with pre-existing mental health conditions. These 15 studies included 1,536 children and young people aged between 6 and 23 years with social phobia, anxiety and/or depression, and neurodevelopmental disorders. They found preliminary evidence that psychological treatments can help to reduce feelings of loneliness in this population.

Christiansen et al., (2021)investigates whether loneliness and social isolation are associated with poor physical and mental health among adolescents and young adults, and also whether the age and gender play a role in the associations of loneliness and social isolation with mental and physical health. This study used cross-sectional self-report data from the 2017 Danish Health and Morbidity Surveys titled ‘How are you?. They took a sample of 19,980 pupils. Logistic regression analyses showed that loneliness and social isolation were independently associated with poor physical and mental health. It was concluded that in

adolescents and young adults, loneliness and social isolation were associated with poor mental health and loneliness with poor physical health.

Santini et al., (2021)to determine whether the accumulation of various types of social disconnectedness is associated with risk for mental health problems, and also to determine whether loneliness is a mechanism that explains these associations. The study consists of 29,086 high school students in Denmark. Multilevel regression analyses were conducted to assess the associations. A descriptive analysis was conducted to demonstrate the characteristics of the sample. In conclusion fostering social connectedness at school may prevent loneliness, which in turn may promote mental well-being and prevent mental health problems during the developmental stages of adolescence.

Arslan, (2021)investigate the mediating effect of loneliness on the association between school belonging constructs and subjective well-being and mental health problems among adolescents. Participants of this study included 244 adolescents. This study indicated that school-based social inclusion and exclusion significantly predicted loneliness, mental health problems, and subjective well-being. The results highlight the importance of school belongingness-based preventions and interventions targeting to promote mental health and well-being in school settings.

Lyyra et al., (2021)In four Nordic nations, the prevalence of loneliness and positive mental health indicators—mental well-being and self-esteem—as well as the relationships between the two are examined in this study. There were 5883 male and female 15-year-old participants. In general, girls scored higher on loneliness and boys higher on positive mental health markers. It was concluded that not only is loneliness linked to mental health issues like sadness and anxiety, but it also poses a risk to the good mental health of teenagers. And also adolescent loneliness must be decreased in order to promote positive growth, which in turn requires the establishment of activities aimed at promoting positive mental health.

Brage et al., (1993)extent of loneliness among Midwestern adolescents was investigated in relation to depression, self-esteem, family strengths, parent-adolescent communication, age, and gender. The sample consisted of 156 adolescents, ranging in age from 11 to 18 years. It was found that the subjects had high loneliness scores, and that older adolescents were lonelier than younger adolescents. It was concluded that there was a significant relationship between loneliness and depression.

LONELINESS AND MENTAL HEALTH

Jaspal & Breakwell, (2022)focuses on socio-economic inequalities in social network, loneliness and mental health during the COVID-19 pandemic. A sample of 214 residents of Wandsworth, a South West London Borough in the United Kingdom completed an online cross-sectional survey on the impact of COVID-19 on mental health. Data were analysed using independent samples t-tests and multiple regression. Multiple regression analyses showed that, over and above loneliness, perceived personal risk of COVID-19 constitutes an additional precipitant for both depression and anxiety when controlling for other variables. It was concluded that a novel stressor associated with the pandemic, the situational and involuntary perception of being at risk of COVID-19 may be stimulating anxiety and depressive symptomatology, which will need to be managed effectively as resurgences of the disease are predicted and communicated to the general public under growing mistrust and uncertainty.

Megalakaki & Kokou-Kpolou, (2022)examined the impact of loneliness on mental health and behavioural outcomes, as well as the moderating and mediating effects of biopsychosocial variables on these relationships. The data were collected during France's first national COVID-19 lockdown and included 556 participants who completed well-known validated measures assessing symptom-levels of anxiety, depression, and insomnia. As a result it was revealed that loneliness and worry were major contributing factors of mental health and behavioural concerns during the COVID-19 lockdown. They could inform treatment recommendations for tackling prolonged-self isolation and loneliness in specific vulnerable groups.

Dziedzic et al., (2021)to analyze the relationships between loneliness and mental health of the respondents and sociodemographic variables and chronic diseases.Study was conducted in Poland among 221 individuals aged 60+.stud. The material was collected using a sociodemographic questionnaire, Hospital Anxiety and Depression Scale (HADS-M) and a revised University of California Los Angeles loneliness scale (R-UCLA). It was concluded that two out of three participants experienced a moderate sense of loneliness and also individuals who displayed a higher level of loneliness also had a higher severity of anxiety level depressive symptoms and irritability.

Hutten et al., (2021) The present cross-sectional study examined the relationship between loneliness and mental health, and the mediating effects of social support in a Dutch. They took a sample of 187 individuals of age 20 to 70. The results indicated that social support partially mediated the relationship between loneliness and anxiety, depression, and somatic symptoms. These results indicate that social support partially explains the relationship between loneliness and physical and mental health issues. The relationship between loneliness and being diagnosed with somatic symptom disorder was not mediated by social support. This suggests that the mechanisms through which loneliness relates to either somatic symptoms or somatic symptom disorder are different.

Horigian et al., (2021)evaluated relationships of loneliness with depression, anxiety, alcohol use, and drug use during COVID-19, and assessed perceived increases in these symptoms in young adults. 1,008 participants participated in this study. Perceived changes since COVID-19 were evaluated using 5-point Likert scales. In the conclusion it was indicated that elevated psychosocial symptomatology and suggest that symptoms could have worsened since the pandemic.

Godfrey et al., (2021)aimed to determine which of those 4 variables better inform patients' mental versus physical health status. One hundred and seventy-nine participants completed surveys, including the SF-12® Health Survey, measuring perceived physical and mental health, UCLA 3-item Loneliness Scale, and a demographics questionnaire with questions about household income and time spent dedicated to religious practice. As a result loneliness was associated with mental health measures, while household income was associated with physical health measures above and beyond other variables in the regression models. In a conclusion it was concluded that it allow the provider to be able to assess mental health problems more effectively and provide needed resources.

Klein et al., (2021)aim of this study were to determine the degree of loneliness of women and men across different age groups, to explore its association with distress, also psychometrically evaluate the Three-Item Loneliness Scale and to provide norm values. Three-Item Loneliness Scale was applied in a representative survey of the German population and standardized scales were used measuring distress. Factor structure and measurement invariance across gender and age groups were analyzed using exploratory and confirmatory factor analysis. Loneliness was higher in women, except for middle age

(40–49 years), when men's loneliness peaked. Results indicated scalar invariance across gender and age. Loneliness was associated with diverse forms of distress.

Lee et al., (2020)examined increases in loneliness in a young adult sample, for whom increases were greater, and association with increases in depression and anxiety. Data from 564 young adults were collected. As a result loneliness increased from January to April/May and changes in loneliness were greater for females, those with higher perceived social support in January, and those with greater concerns about the pandemic's social impacts. Depression increased during this time with changes in loneliness accounting for much of the increase in depression. In conclusion it was concluded that intervention strategies with young adults need to address loneliness and feelings of reduced social support during this time, especially for those who may have had greater disruption in their social lives.

Ishaku et al., (2018) study set out to examine differences in the prevalence of loneliness and its association with mental distress among a sample of undergraduate students in Nigeria and Japan. The participants were 1192 students which comprised of 503 men and 609 women drawn from eight colleges in both countries. A self-report measure incorporating the UCLA Loneliness Scale, the General Health Questionnaire-12 and some socio-demographic items was utilized to collect data. The results of a multiple group mediation analysis demonstrated that path coefficients between Nigeria and Japan differed significantly on the relationship between loneliness and social dysfunction, and when this association was mediated by depression.

Wang et al., (2018) aimed to examine the evidence on whether loneliness and closely related concepts predict poor outcomes among adults with mental health problems. Thirty-four eligible papers were retrieved. As a result loneliness has been investigated much less than perceived social support, but there is some evidence that greater loneliness predicts poorer depression outcome. In conclusion it was concluded that loneliness and quality of social support in depression are potential targets for development and testing of interventions, while for other conditions further evidence is needed regarding relationships with outcomes.

Ahmed, (2018) aimed to explore the mediating role of Facebook timeline browsing and chatting with friends on Facebook in the relationship between loneliness and mental health among first-year undergraduate students. The study sample comprised of 180 first-year students who were selected purposively from the University of Chittagong. Results suggested significant gender differences in feelings of loneliness, chatting on Facebook, Facebook timeline browsing. It also explore the mediating role of timeline browsing in the relationship between loneliness and mental health, and this relation also moderated by gender and loneliness, timeline browsing, and gender explained 50% variance of the mental health.

Gerino et al., (2017)investigates the way in which psychological factors such as, loneliness, resilience, and mental states, in terms of depression and anxiety symptoms affect the perceived QoL among elderly individuals.Data of 290 elderly Italian participants were used to study the relationship between loneliness and psychophysical QoL. Results showed that loneliness influences mental and physical QoL via two pathways, with the impact of loneliness mediated by mental health and resilience dimensions.It was concluded that there is the importance of the support that elderly people receive from social relationships.

Beutel et al., (2017)purpose of this study was to determine prevalence and determinants of loneliness in men and women of the general population from 35 to 74 years and to identify associations with mental health, health behaviour and health care utilization. The sample was drawn at random from the local registries of the city of Mainz and the adjacent district of Mainz-Bingen Eligible participants were aged 35 to 74 years and gave their written informed consent. Measures were provided by self-report and interview Loneliness declined across age groups. As a result loneliness was stronger in women, in participants without a partner, and in those living alone and without children. In conclusion it was concluded that loneliness poses a significant health problem for a sizeable part of the population with increased risks in terms of distress, suicidal ideation, health behaviour and health care utilization.

Aarts et al., (2015)The purpose of this study was to examine whether and how social network sites usage is related to loneliness and mental health in community-dwelling older adults. The study population included sample of older adults aged 60 and over residing in the Netherlands collected through the LISS panel. They analysis Univariate and

multivariate linear regression. The result shows that more than half of the individuals reported to use social network sites at least several times per week. Social network sites usage also appeared unrelated to mental health. Several significant associations between related factors and the outcomes at hand were detected. The results indicated that a simple association between social network site usage and loneliness and mental health as such, cannot automatically be assumed in community-dwelling older adults.

CHAPTER-III

RESEARCH METHODOLOGY

INTRODUCTION

Research Methodology is a systematic way to solve a problem. It is a science of studying how research is to be carried out. Essentially, the procedure by which researchers go about their work of describing, explaining and predicting phenomenon is called research methodology. Its aim is to give the work plan of research a logical direction. It is necessary for the research undertaken but also methodology.

DESIGN OF THE STUDY:

The design of the research is the actual blueprint of the procedure for the completion of various research steps and reaching valid conclusions.

METHOD

Descriptive survey method is used in the study after considering nature, need and purpose of present research. Descriptive survey studies are conducted to collect the data of existing phenomena with the view to employ data to justify current condition and practices or make intelligent plans description of the tools and the sample is given under.

POPULATION AND SAMPLE OF THE STUDY

POPULATION

In the course of our research, our targeted population comprised of adolescents, keeping in view the importance of studying this specific age group due to its unique developmental nuances and distinct perspectives the sample will be collected from Jammu districts only.

SAMPLING

Sampling is the soul of scientific study. A good sample minimizes the error of estimation, is less time consuming, and economical in terms of time and money. The size of sample varies from study to study, methods and nature of population. In the present study, keeping in view the limitation of time the researcher has to be contented within the limited samples. The investigator randomly selected 100 students including both male and female from schools of Jammu District.

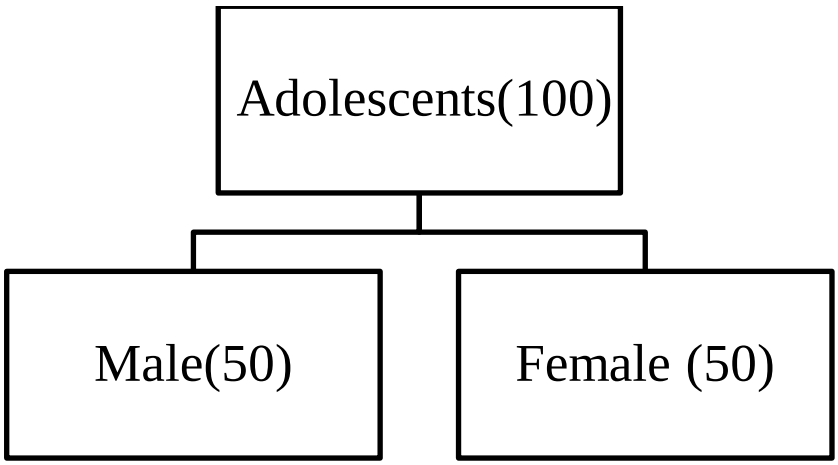


TABLE 1

Distribution of sample of adolescents

S.No.	Name of the School	No. of Adolescents
1.	Model Academy School	30
2	Bright Blossom School	30
3	Govt. Higher Secondary School	40
Total	3	100

SAMPLING TECHNIQUE

In the present study the investigator used 'Random Sampling Technique' for data collection.

VARIABLES

The following variables has been involved for studies in the present research

A Dependent Variable

- Adolescents

B Independent Variable

- Loneliness
- Mental Health

RESEARCH TOOLS USED AND ITS DESCRIPTION

The selection of suitable tools is of vital importance for successful research. Different tools are suitable for collecting different kinds of information for various purposes. Selection of tools for data collection depends upon the nature of problem undertaken. For the present investigation the investigator has used the following tools of research: -

- The Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980)

  It is a 20 item instrument designed to measure self-reported experiences and behaviors theoretically related to loneliness including perceived aloneness, social isolation, and disturbed interpersonal relationships (Russell, 1982). In order to decrease response bias the revised loneliness scale includes 10 positively worded items and 10 negatively worded items instead of all 20 of the items being worded in the same ("Lonely") direction as they were in the original loneliness scale (Russell, Peplau, & Ferguson, 1978). The revised loneliness scale yields a single score reflecting the self-report of current loneliness (Russell, Peplau, & Cutrona, 1980). The higher the score, the more loneliness reported. Typical items include. "I lack companionship", "I am unhappy being so withdrawn". Respondents indicate on a 4 point scale ranging from never (1) to often (4), how often each statement is true for them. The total score is the sum of all 20 items after having reversed the scoring of positively worded items. The higher the score on the loneliness scale, the higher the assessment of loneliness. Russell et al. (1980) and Russell (1982) reported good reliability and evidence of validity for the revised UCLA Loneliness Scale.:

- The Depression, Anxiety and Stress Scale – 21 items (DASS-21)

  Depression Anxiety Stress Scales (DASS) is a self-report instrument specifically designed to tap into stress and distress. In other words, it measures the emotional state of depression, anxiety, and tension/stress. DASS has two commonly used versions; DASS-42 and DASS-21. The present study used DASS-21 developed by Lovibond and Lovibond (1995). For DASS-21, there are seven items in each of the subscales which were selected to be representative and sum as close to half of the respective full-scale scores as possible (Henry and Crawford, 2005). The depression subscale assesses symptoms such as dysphoria, hopelessness, self-

worthlessness, and lack of interest, whereas the anxiety scale contains items that assess somatic symptoms, situational anxiety, and subjective experience of anxious affect. The third scale, which is the stress scale, assesses a condition of persistent arousal and tension consisting of symptoms such as difficulty in relaxing, agitation, irritability, and impatience (Lovibond and Lovibond, 1995). Each item is scored on a 4-grade Likert scale from 0 to 3. All items can be added to a total score as a measure of general psychological distress. Higher composites indicate higher levels of stress and distress.

STATISTICAL TECHNIQUES EMPLOYED

In order to analyse the data, the investigator used the following statistical technique:

1. Mean
2. Standard deviation
3. t-test
4. Pearson's Product Moment Correlation (r)

CHAPTER-IV

DATA ANALYSIS & INTERPRETATION

Table 1: Demographic profile of the respondents

S.No.	Demographic Characteristics		Percentage(%)	Total
1.	Gender	Female	50%	50
		Male	50%	50
2.	Locality	Rural	35%	35
		Urban	65%	65

Note: *N*=100. Participants were on average 16 years old (SD=2.54)

The study was conducted on 100 students from schools of Jammu District. As per table 1 the demographic characteristics of the sample indicate an equal gender distribution, with 50% female (n = 50) and 50% male (n = 50) participants. Additionally, 35% of the participants were from rural areas (n = 35), while 65% were from urban areas (n = 65).Following figures depict the same

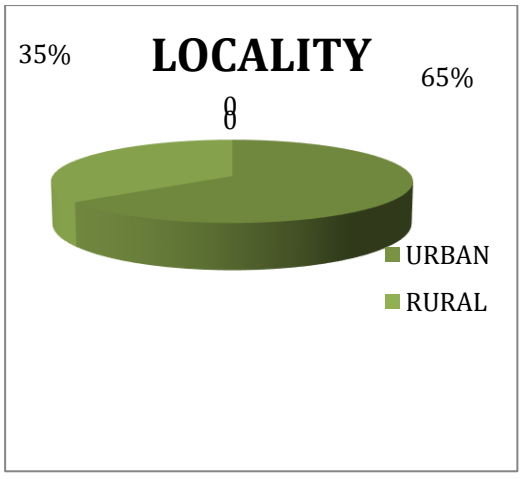


Figure 1

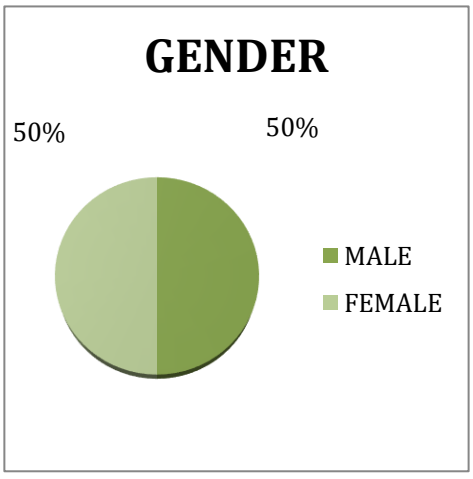


Figure 2

Table 2 Correlation Analysis

		Depression	Loneliness	Stress	Anxiety
Depression	Pearson Correlation	1	.309**	.502**	.502**
	Sig. (2-tailed)		.002	.000	.000
Loneliness	Pearson Correlation	.309**	1	.451**	.346**
	Sig. (2-tailed)	.002		.000	.000
Stress	Pearson Correlation	.502**	.451**	1	.496**
	Sig. (2-tailed)	.000	.000		.000
Anxiety	Pearson Correlation	.502**	.346**	.496**	1
	Sig. (2-tailed)	.000	.000	.000	
N=100					

**. Correlation is significant at the 0.01 level (2-tailed)

From Table 2 it is observed that, depression was significantly positively correlated with loneliness (r = .309), stress (r = .502), and anxiety (r = .502).Loneliness was significantly positively correlated with stress (r = .451) and anxiety (r = .346). Additionally, stress was significantly positively correlated with anxiety (r = .496).The Correlation is also displayed with the help of a scatter plot as shown in Figure 3

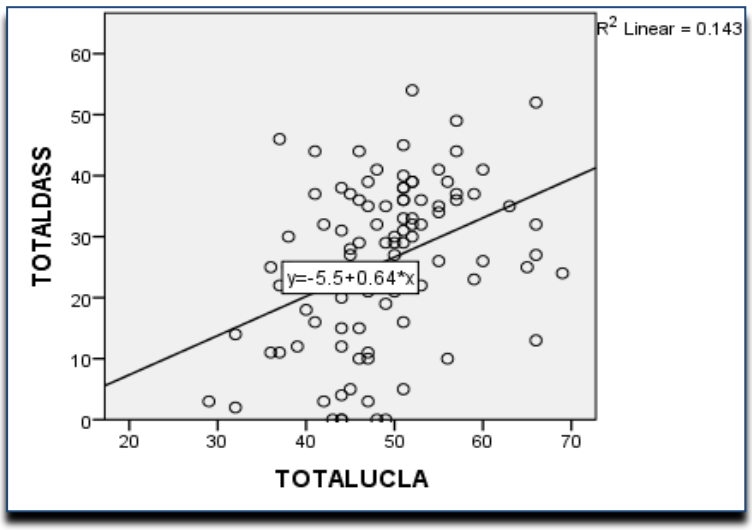


Figure 3 Scatter plot

Table 3 Mean, S.D & Results of Independent t-test

VARIABLE	MEAN	SD	t-test	P-Value

	Male	Female	Male	Female		
Loneliness	48.68	49.06	8.45	7.11	.243	.217
Mental Health	25.64	26.22	13.66	12.90	.218	.503

P> .05

To test the hypothesis that male and female differ significantly on Loneliness and Mental health, an independent t-test was performed. As can be seen in table 3, there was no statistical significant difference between both the genders on Loneliness with t-value being .243 ($p > .05$) and no statistical significant difference on Mental health with t-value being .218 ($p > .05$).

CHAPTER- V

SUMMARY, RECOMMENDATION, CONCLUSION

INTRODUCTION

This chapter presents a comprehensive summary of the study, outlines the conclusions drawn from the research findings, and offers recommendations for future research and practice. The study aimed to explore the impact of loneliness on the mental health of adolescents, examining gender differences and theassociationbetween loneliness and mental health variables.

SUMMARY

Study Purpose and Objectives

The purpose of this study was to investigate the relationship between loneliness and mental health among adolescents and to explore any gender differences in these variables. The specific objectives were:

1. To find out the association between loneliness and mental health among adolescents.
2. To determine the difference in loneliness between male and female adolescents.
3. To ascertain the difference in mental health between male and female adolescents.

Hypothesis

1. There will be no association between loneliness and mental health among adolescents.
2. There will be no difference in loneliness between male and female.
3. There will be no difference in mental health between male and female.

Methodology

An independent t-test was performed to test the hypotheses regarding gender differences in loneliness and mental health. Pearson correlation was used to assess the relationships

between depression, loneliness, stress, and anxiety. The sample consisted of 100 adolescents, equally divided between male and female.

Key Findings

1. **Gender Differences:**

- No significant difference in loneliness betweenmale and female. (t-value = .243, p > .05).
- No significant difference in mental health between male and female.(t-value = .218, p > .05).

2. **Associations between Variables:**

- Depression was significantly positively correlated with loneliness (r = .309), stress (r = .502), and anxiety (r = .502).
- Loneliness was significantly positively correlated with stress (r = .451) and anxiety (r = .346).
- Stress was significantly positively correlated with anxiety (r = .496).

CONCLUSIONS

This study has provided valuable insights into the associations between loneliness and mental health among adolescents. This suggests that adolescents experiencing loneliness are more likely to exhibit symptoms of depression, stress, and anxiety, highlighting the interconnected nature of these mental health challenges.

These findings are supported by the work done byChristiansen et al., (2021, who aimed whether loneliness and self isolation are associated with poor physical health and mental health among adolescents and young adults. Their findings demonstrated that in adolescents and young adults, loneliness and social isolation were associated with poor mental health and loneliness with poor physical health.

Similarly, study done by Brage et al., (1993) that aimed to assess the extent of loneliness among Midwestern adolescents was investigated in

relation to depression, self-esteem, family strengths, parent-adolescent communication, age, and gender and found that there was a significant relationship between loneliness and depression.

Now there is clear evidence that loneliness disrupts normal psychological development and functioning. Adolescents are in a critical stage of forming social bonds, and isolation can severely affect their emotional and mental health. The studies highlight the need for interventions that promote social connections to improve mental health outcomes among adolescents.

Additionally, the study found no significant gender difference in loneliness and mental health among adolescents.

Koenig, L. J., Isaacs, A. M., & Schwartz, J. A. J. (1994). It examined two explanations: a gender-specific response bias and gender differences in the depression-loneliness relationship. The findings support the latter, showing that mildly depressed boys are significantly lonelier than mildly depressed girls and as lonely as highly depressed boys. Girls, more likely to seek support from friends when depressed, may mitigate loneliness, highlighting coping strategies as a key factor in the depression-loneliness relationship.

Borys, S., & Perlman, D. (1985)earlier studies on gender differences in loneliness show mixed results. A meta-analysis of 39 data sets reveals that the UCLA scale often finds higher loneliness scores in males, while self-labeling measures show women admitting loneliness more frequently. Results indicated that lonely males faced more rejection than lonely females. This supports the idea that women are more likely to acknowledge loneliness because the social consequences are less negative for them compared to men.

This suggests underscore the complexity of gender differences in loneliness and the significant influence of social and psychological factors. Hence that addressing gender-specific needs and societal norms is essential in mitigating loneliness and its associated mental health challenges.

Implications for Mental Health Interventions

The significant correlations between loneliness and mental health variables underscore the importance of addressing loneliness in mental health interventions for adolescents.

Programs that focus on reducing loneliness may also help alleviate symptoms of depression, stress, and anxiety, contributing to overall better mental health outcomes for adolescents.

RECOMMENDATIONS

Intervention and Prevention Programs

1. **School-Based Mental Health Programs:**

- Schools should implement comprehensive mental health programs that address loneliness, stress, and anxiety collectively. These programs should include social skills training and peer support groups to help students build meaningful connections and reduce feelings of loneliness.

2. **Community Engagement:**

- Community programs should be developed to foster social interaction among adolescents. Outreach initiatives can help identify and support isolated youth, providing them with opportunities to engage in community activities and build social networks.

3. **Parental Involvement:**

- Educating parents on the signs of loneliness and mental health issues can enable them to support their children more effectively. Encouraging open communication between parents and adolescents about their emotional well-being is crucial.

Policy Recommendations

1. **Mental Health Education:**

- Mental health education should be integrated into the school curriculum to raise awareness and reduce stigma. Teachers should receive training to recognize and address signs of loneliness and mental health problems among students.

2. **Access to Mental Health Services:**

- Policies should be enacted to ensure accessible and affordable mental health services for adolescents. Increasing funding for school counselors and mental health professionals can help provide the necessary support to students in need.

Future Research

1. **Longitudinal Studies:**

- Future research should conduct longitudinal studies to explore the long-term effects of loneliness on mental health. Investigating potential causal relationships between loneliness and other mental health issues can provide deeper insights into their interconnectedness.

2. **Diverse Populations:**

- Research should include diverse populations to understand how cultural, socioeconomic, and environmental factors influence the relationship between loneliness and mental health. This can help develop more targeted and effective interventions.

3. **Intervention Efficacy:**

Evaluating the effectiveness of different interventions aimed at reducing loneliness and improving mental health among adolescents is essential. Future studies should explore innovative approaches, such as digital mental health tools, to reach a wider audience and assess their impact.

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CONSENT FORM

I, Muskan Gupta, the undersigned voluntarily agree to participate in the research study titled "Impact of Loneliness on Mental Health of Adolescents" in Jammu district. I understand that my participation involves providing information through surveys and interviews, which will be used solely for academic purposes. I am aware that my responses will be kept confidential and that I can withdraw from the study at any time without my penality.I have been informed about the purpose of the study and understand that there are no risks involved. By signing below, I acknowledge my informed consent to participate in this research.

Date: Signature:

APPENDICES

Appendix I

Name: _____ Age: _____

Gender: _____ Location: _____

UCLA LONELINESS SCALE (Version 3)

Instructions: The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by writing a number in the space provided. Here is an example:

How often do you feel happy?

If you never felt happy, you would respond "never", if you always feel happy, you would respond "always".

NEVER	RARELY	SOMETIMES	ALWAYS
1	2	3	4

1. How often do you feel that you are "in tune" with the people around you? __

2. How often do you feel that you lack companionship? __

3. How often do you feel that there is no one you can turn to? __

4. How often do you feel alone? __

5. How often do you feel part of a group of friends? ___

6. How often do you feel that you have a lot in common with the people around you? __

7. How often do you feel that you are no longer close to anyone? __

8. How often do you feel that your interests and ideas are not shared by those around you?_

9. How often do you feel outgoing and friendly? __

10. How often do you feel close to people? __

11. How often do you feel left out? __

12. How often do you feel that your relationships with others are not meaningful? __

13. How often do you feel that no one really knows you well? __

14. How often do you feel isolated from others? __

15. How often do you feel that you can find companionship when you want it? __

16. How often do you feel that there are people who really understand you? __

17. How often do you feel shy? __

18. How often do you feel that people are around you but not with you? __

19. How often do you feel that there are people you can talk to? __

20. How often do you feel that there are people you can turn to? __

APPENDIX-II

DASS 21

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statementapplied to you over the past week. There are no right or wrong answers. Do not spend too muchtime on any statement.

The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

---

1 (s) I found it hard to wind down	0 1 2 3
2 (a) I was aware of dryness of my mouth	0 1 2 3
3 (d) I couldn't seem to experience any positive feeling at all	0 1 2 3
4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0 1 2 3
5 (d) I found it difficult to work up the initiative to do things	0 1 2 3
6 (s) I tended to over-react to situations	0 1 2 3
7 (a) I experienced trembling (e.g. in the hands)	0 1 2 3
8 (s) I felt that I was using a lot of nervous energy	0 1 2 3
9 (a) I was worried about situations in which I might panic and make a fool	

of myself	0 1 2 3
10 (d) I felt that I had nothing to look forward to	0 1 2 3
11 (s) I found myself getting agitated	0 1 2 3
12 (s) I found it difficult to relax	0 1 2 3
13 (d) I felt down-hearted and blue	0 1 2 3
14 (s)I was intolerant of anything that kept me from getting on with what I was doing	0 1 2 3
15 (a) I felt I was close to panic	0 1 2 3
16 (d) I was unable to become enthusiastic about anything	0 1 2 3
17 (d) I felt I wasn't worth much as a person	0 1 2 3
18 (s) I felt that I was rather touchy	0 1 2 3
19 (a) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0 1 2 3
20 (a) I felt scared without any good reason	0 1 2 3
21 (d) I felt that life was meaningless	0 1 2 3