



## Psychosocial Problems, Help-Seeking Behaviour and Resilience among Students in schools with no Psychologist

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### Abstract

Received: 27 Jan 2017

Revised: 12 Feb 2017

Accepted: 20 Feb 2017

#### Keywords:

Help seeking behaviour,  
Psycho-social problems,  
Resilience, Students,  
Psychologist

The psychosocial problems and help seeking behaviour among students in the schools with no psychologist were investigated. A purposive sample of 209 students, from different private schools with no psychologist at Kohima district in the state of Nagaland, India, was chosen for the study. Multi-Problem Screening Inventory (MPSI), General Help-seeking Questionnaire-Vignette Version (GHSQ-V), and Bharathiar University Resilience Scale were used to measure the variables. Males were identified to be significantly different from females in their problems with school, aggression, alcohol abuse and drug abuse. Significant sex differences were seen in help seeking behaviour to a friend not closely related to them, to parent, and others. Resilience was significantly negatively related to depression, reduced self-esteem, problems with mother, problems with father, personal stress, problems with, suicidal, feelings of guilt, problems with school, confused thinking, and disturbing thoughts.

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Psychosocial problems include personality and presence of psychiatric disorder, as well as family, peer and other environmental factors that shall increase the risk of an individual developing an addictive disorder (Institute of Medicine, 1987). Common psychosocial problems noted among the students include depression, low self-esteem (Reddy, Rhodes, & Muhall, 2003), bullying, suicidal ideation (Kiltiala-Heino, Rimpela, Marttunen, Rimpela, & Rantanen, 1999), stress, faulty coping strategies, tensed family relationships (Ng & Hurry, 2011), self-derogation, peer influenced social control (Kalpan, Martin, & Robbins, 1984), alcohol use and drug abuse (Ross, Richard, & Potvin, 1998). Resources, either external or internal, shall help students maintain resilience, the ability to face and respond to changing situational demands and to bounce back from negative emotional experiences (Tugade & Fredrickson, 2004). External resources include support from parents, siblings, neighbours (Conger & Conger, 2002), school and peer support (O'Donnell, Schwab-Stone, & Muyeed, 2002), social support (Smith & Carlson, 1997), positive child-hood development (Lee, Kwong, Cheung, Ungar & Cheung, 2010), parental involvement, parent's values about school, parental expectations about the student, involvement in religion, involvement in prosocial activities, close ties to an adult outside the family (Smith, Thornberry, Krohn, & Lizotte, 1995), etc. High self esteem (Dumont & provost, 1999), active and internal coping strategies (Krenke, Aunola & Nurmi, 2009), good learning and problem solving capacity, perceived efficacy valued by self or society (Masten, Best, and Garnezy, 1990), and so on were identified to be the internal resources.

There are some factors that can challenge and thereby depose resilience. These factors include domestic violence (Torteya, Bogat, Eye, & Levendosky, 2009), stressful situations (Krenke, Aunola, & Nurmi, 2009), unhealthy life style factors such as substance use, low physical activity (Skrove, Romundstad & Indredavik, 2013), increasing adversity (Lee, Kwong, Cheung, Ungar & Cheung, 2010), economic deprivation, less social network (Benard, 1991), etc. These factors can lead to psychosocial problems also. For instance, poor interpersonal interactions with parents, peers and life events show the way to depression, which in turn leads to suicidal ideation (Kandel, Raveis & Davies, 1991). Due to low resilience, students may lack



the capability to recognize the available resources, and chances are there to get the problems aggravated.

Psychosocial problems are generally interrelated. For instance, Ng and Hurry (2011) found out that there is a relationship between stress and depression. Depression was also identified to be related to peer-victimization and low peer support (Chen & Wei, 2011). Self-derogation, peer influence, social control, and early substance use can lead to subsequent adoption of drug use (Kalpan, Martin & Robbins, 1984). Students, who have suicidal tendency, are identified to be suffering from fatigue, nightmares, insomnia etc. They are reported to be abused by or addicted to tobacco, alcohol, illegal drugs, psychotropic medicine etc. and have delinquent behaviour such as robbery, running away from home and racketeering (Choquet & Menke, 1990).

Males and females are identified to be different in psychosocial problems. In the longitudinal study conducted by Hallfords, Waller, Bauer, Ford and Halpern (2005) on 13,491 youth consisting of 7 to 11 graders, experimental and high-risk patterns predicted depression for girls, but among boys, it just increased the odds of later depression. In the study by Wade, Cairney and Pevalin (2002), a consistent pattern in the onset of the gender gap in depression at age 14 in the adolescence from Canada, Great Britain and the United States were identified. Females indicated significantly higher rates of depression as compared to males. Similarly, females had a higher prevalence of anxiety than males (Tramonte & Willms, 2010)

Students who suffer from severe psychosocial problems will start to show a survival instinct - the help seeking behaviour (Gondolf & Fisher, 1988). Actual help-seeking behaviour was positively related to willingness to seek help from various sources of support (Raviv, Sills, Raviv & Wilansky, 2000). Usually, the first choice used to be the parents and friends, and then, teachers and other professionals (Boldero & Fallon, 1995). But certain factors such as social stigma related to the problem (Topkaya, 2015), negation effect related to suicidal thoughts, negative attitudes and beliefs about help seeking behaviour (Rickwood, Deane, Wilson & Ciarrochi, 2005), lack of intimacy with the perceived source of support (Boldero & Fallon, 1995) etc. used to become the barriers to help seeking behaviour. These barriers could enhance the tendency of deliberate self harm (Evans, Hawton & Rodham, 2005) among the students. According to Windle, Miller-Tutzauer, Barnes, and Welte (1991) there is a chance to not to utilize any social resources if they were having substance abuse problems.

Factors that encourage help seeking behaviour include the belief that one's problem can be solved (Hunter, Boyle & Warner, 2004), knowledge about the available resources (Topkaya, 2015), willingness to disclose the problems, high emotional competence, positive past experience, mental health literacy, and supportive social influences (Rickwood, Deane, Wilson & Ciarrochi, 2005). Further, help-seeking attitudes are facilitated by individual self, relational self-perceived support from parents, and perceived support from friends (Koydemir-Ozden, 2010). Literature indicates that there are sex differences in help seeking behaviour too. Raviv, Sills, Raviv and Wilansky (2000) found out that girls were more willing than boys to seek help from their parents and friends. According to Nicolas, Oliver, Lee, and O'Brien (2004) more than males, females knew where to go for help and who they could talk to. Girls were more likely than boys to seek help, as were pupils with high challenge appraisals or those experiencing high levels of negative emotion. Also, girls were more likely than boys to view support as the best strategy (Hunter, Boyle & Warner, 2004)

However, whether the help provider is an expert in finding out solutions is a puzzling question. Hence, help seeking behaviour need not always culminate with potential solutions. Neither could it always pave the way to resilience. The importance of Psychologists in school-settings arises in this juncture. Psychologists in schools enable students to identify the

resources, assist them to tackle the problems and to adapt positively. The duty of Psychologists in school include resolving conflict, reducing stress, looking into academic performance and relationship with peers and teachers and facilitating holistic, development of the students which may cater to mental and moral development, positive peer support, teacher support, increasing self-esteem, providing interventions in relation to alcohol and drug use, depression and suicidal ideation, decrease stress and anxiety, intervene conflict among students and orienting and educating coping strategies.

School counselling with the aid of a Psychologist is in its emergence in India (Kodad & Kazi, 2014). In some of the states, it has been advanced up to a certain limit, but still is not recognized as an important standard. In a state like Nagaland, it is in its inception. Authorities and associated departments are yet to be realized about the need of such full time behavioural professionals, and hence many schools continue academic services without the facility. One of the main reasons behind this impasse is the availability of one or other elder to look in to the problems – an impact of collectivistic culture. No mechanisms are yet introduced (nor anybody has been bothered to introduce) as a measure to realize if the problems are either solved or aggravated after such interventions. This study was an attempt to gather empirical information regarding the level of psychosocial problems in the schools with no Psychologists. The study further looked in to the help seeking behaviour in the students in such schools.

### Objectives

1. To find out the level of different psychosocial problems among the students in the schools with no Psychologist
2. To find out is there any significant sex difference in psychosocial problems
3. To find out the help seeking behaviour among the students in the schools with no Psychologist
4. To understand if there is a significant sex difference in help seeking behaviour
5. To find out the relationship between psychosocial problems and resilience among the students in the schools with no Psychologist

### Method

#### Participants

The participants of the present study consists of 209 (10<sup>th</sup> standard and 12<sup>th</sup> standard) students from different private schools with no psychologist, at Kohima district in the state of Nagaland, India. During data collection, appropriate ethical concerns were adequately considered

#### Instruments

1. Multi-Problem Screening Inventory (MPSI) developed by Hudson (1990) was adapted and used to measure psychosocial problems of the subjects in the sample. For the present study 15 sub-types of psychological problems are used with a total of 181 Likert type items. Reliability estimate using coefficient alpha extended from .70 to .90, in different population (Nugent, Sieppert & Hudson, 2001). The inventory has a high content validity, factorial validity and divergent validity (Nugent, Sieppert & Hudson, 2001). Internal reliability of the inventory in the present sample is adequate (Chronbach's Alpha = .73).
2. General Help-Seeking Questionnaire- Vignette Version (GHSQ-V) developed by Wilson, Dean, Ciarrochi (2005) was used to assess help seeking behaviour of the subjects. The GHSQ-V is an adaptable matrix style measure with 7 items. It is scored as a single scale that included all specific help source options for suicidal and non-suicidal problems



(Cronbach's alpha = .85, test-retest reliability assessed over a three-week period = .92). Suicidal problems- Cronbach's alpha = .83, test-retest reliability assessed over a three-week period = .88 and personal-emotional problems -Cronbach's alpha = .70, test-retest reliability assessed over a three-week period = .86.

3. Bharathiar University Resilience Scale developed by Annalakshmi (2009) was used to measure the resilience of the subjects. BU Resilience Scale consists of 30 Likert type items. The scale has adequate reliability (reliability coefficient of Spearman Brown, 0.84; Guttman, .84; and Cronbach's alpha, .86) as found on a sample of 577 post-graduate students. The scale was validated against Friborg's Resilience Scale for Adults ( $r = .401$ ) and Bell's Adjustment Inventory ( $r = -.392$ ). In the present sample the internal reliability for the scale is, Chronbach's alpha = .89

## Results

To find out the level of different psychosocial problems among the students in the schools with no Psychologist, percentage analyses was done. The results revealed that 65.17% of the participants faced the problem of reduced self esteem, 62% have the problem of confused thinking, 52.19% suffer from personal stress. 51.15% have problems with the school, 51.05% suffer from disturbing thoughts, 50.69% have feelings of guilt, 37.76% have problems with mother, 35.81% have the difficulty of aggression, 34.93% have problems with friends, 34.28% have family relationship problems, 34.07% have problems with father, 25.63% have suicidal thoughts, 11.55% suffer from alcohol abuse and 6.36% suffer from drug abuse.

To find out if there is any significant sex difference in psychosocial problems, independent sample t test was done and the results are presented in table 1.

Table 1  
Mean, Sd, and 't' value of Psychosocial problems by Sex

Variables	Sex	N	Mean	S.D.	't'
Depression	Female	135	38.96	8.36	0.08
	Male	74	39.05	8.39	
Reduced Self Esteem	Female	135	47.60	9.56	1.39
	Male	74	45.69	9.38	
Problems with mother	Female	135	26.78	8.85	0.89
	Male	74	27.93	9.21	
Problems with Father	Female	135	25.35	11.79	2.00
	Male	74	28.81	12.69	
Personal Stress	Female	135	37.31	13.14	0.40
	Male	74	38.07	12.95	
Problems with friends	Female	135	26.35	9.56	1.69
	Male	74	28.89	11.74	
Family relationship problems	Female	135	25.56	11.72	1.88
	Male	74	28.88	13.05	
Suicidal Thoughts	Female	135	16.79	13.77	0.19
	Male	74	17.15	12.30	
Feelings of Guilt	Female	135	29.47	11.38	1.61
	Male	74	32.15	11.87	
Problems with School	Female	135	29.37	7.99	3.006**
	Male	74	33.09	9.53	
Confused thinking	Female	135	26.30	8.17	0.62
	Male	74	25.57	7.99	
Disturbing thoughts	Female	135	26.84	11.85	1.16
	Male	74	28.89	12.71	
Aggression	Female	135	19.10	10.58	4.32**
	Male	74	25.82	11.07	
Alcohol Abuse	Female	135	6.54	12.06	4.66**
	Male	74	17.42	21.72	
Drug Use	Female	135	2.90	5.98	2.35*
	Male	74	5.50	10.04	
Psychosocial Problems	Female	135	385.00	86.63	2.74**
	Male	74	423.00	109.00	

\*p< .05, \*\*p< .01

From table 1, it can be seen that males differ significantly from females in their problems with school ( $t = 3.006$ ,  $p < .01$ ), aggression ( $t = 4.32$ ,  $p < .01$ ), alcohol abuse ( $t = 4.66$ ,  $p < .01$ ) and drug abuse ( $t = 2.35$ ,  $p < 0.05$ ). Overall, there is a difference ( $t = 2.74$ ,  $p < .01$ ) between males and females in their psychosocial problems. Males (Mean = 33.09, S.D. = 9.53) were higher than females (Mean = 29.37, S.D. = 7.99) in the problems with school. Males (Mean = 25.82, S.D. = 11.07) were higher than females (Mean = 19.1, S.D. = 10.58) in aggression. Males (Mean = 17.42, S.D. = 21.72) were higher than females (Mean = 6.54, S.D. = 12.06) in alcohol abuse. Males (Mean = 5.5, S.D. = 10.04) were higher than females (Mean = 2.9, S.D. = 5.98) in drug abuse too.

Altogether, in psychosocial problems, males (Mean=423, S.D= 109.004) were higher than females (Mean=385, S.D=86.63).

However, no significant sex difference were seen in depression, reduced self-esteem, problem with mother, problem with father, personal stress, problems with friends, family relationship problems, suicidal thoughts, feelings of guilt, confused thinking and disturbing thoughts.

To find out the help seeking behaviour among the students in the schools with no Psychologist, percentage analysis was done. Results revealed that help seeking behaviour of 37.59% of the participants were to their own parents, 29.02% to their relatives, 26.94% to a mental health practitioner, 26.88% to friends who are not closely related, 25.80% to general physicians, 24.48% to religious leaders, 22.06% to an intimate partner and 14.35% to some others. However, 16.25% of the participants did not report help seeking behaviour.

To understand is there any significant sex difference in help seeking behaviour, the mean scores of both sex on preference to help seeking was compared using 't' test and the results are presented in table 2.

Table 2

Mean, Sd, and 't' value of Preference to help seeking by Sex

Preference to help seeking	Sex	N	Mean	S.D.	't'
Intimate Partner	Female	135	15.41	7.58	0.09
	Male	74	15.50	7.35	
A friend not closely related	Female	135	17.99	7.91	2.116*
	Male	74	20.34	7.26	
A parent	Female	135	27.34	6.34	3.045**
	Male	74	24.43	7.06	
A relative	Female	135	20.33	7.20	0.05
	Male	74	20.28	6.94	
A mental health professional	Female	135	19.04	7.53	0.52
	Male	74	18.51	5.95	
A General Practitioner	Female	135	18.49	10.36	0.91
	Male	74	17.28	6.42	
A religious leader	Female	135	16.29	8.69	1.97
	Male	74	18.69	7.90	
No help seeking	Female	135	10.50	5.43	3.009**
	Male	74	12.99	6.21	
Others	Female	135	8.96	10.15	2.076*
	Male	74	12.04	10.50	
Over all preference	Female	135	154.00	35.05	1.18
	Male	74	160.00	30.76	

\*p< .05, \*\*p < .01

From table 2, it can be seen that a significant sex difference exist in help seeking behaviour to a friend not closely related to them (t=2.116, p<.05), to parent (t=3.045, p<.01) and others (t=2.076, p<.01). There was a sex difference (t=3.009, p<0.01) in the case of no help seeking behaviour too. Males (Mean=20.34, S.D=7.26) were higher than females (Mean=17.99, S.D=7.9) in the help seeking behaviour to a friend not closely related to them. Females (Mean=27.34, S.D=6.34) were higher than Males (Mean=24.43, S.D=7.06) in the help seeking behaviour to parent. Males (Mean=12.04, S.D=10.5) are higher than females (Mean=8.96,

S.D=10.15) in their help seeking behaviour to others. Males (Mean=12.99, S.D=6.21) are higher than females (Mean=10.5, S.D=5.43) in no help seeking behaviour

There was no significant sex difference in help seeking behaviour to an intimate partner, relative, mental health professional, general practitioner and religious leaders.

To find out the relationship between psychosocial problems and resilience, correlation analysis was done and the results are presented in table 3.

Table 3

*Correlation between psychosocial factors and resilience*

Variables	Resilience
Depression	-.304**
Reduced Self Esteem	-.351**
Problems with mother	-.246**
Problems with Father	-.195**
Personal Stress	-.260**
Problems with friends	-.183**
Family relationship problems	-0.102
Suicidal Thoughts	-.297**
Feelings of Guilt	-.176*
Problems with School	-.222**
Confused thinking	-.298**
Disturbing thoughts	-.156*
Aggression	-0.114
Alcohol Abuse	-0.098
Drug Use	-0.072
Psychosocial Problems	-.339**

\* $p < .05$ , \*\* $p < .01$

Correlation analysis indicated that resilience was significantly negatively related to depression ( $r = -.304$ ,  $p < .01$ ), reduced self-esteem ( $r = -.351$ ,  $p < .01$ ), problems with mother ( $r = -.246$ ,  $p < .01$ ), problems with father ( $r = -.195$ ,  $p < 0.01$ ), personal stress ( $r = -.260$ ,  $p < .01$ ), problems with friends ( $r = -.183$ ,  $p < .01$ ), suicidal thoughts ( $r = -.297$ ,  $p < .01$ ), feelings of guilt ( $r = -.176$ ,  $p < .05$ ), problems with school ( $r = -.222$ ,  $p < .01$ ), confused thinking ( $r = -.298$ ,  $p < .01$ ) and disturbing thoughts ( $r = -.156$ ,  $p < .05$ ). Overall, psychosocial problems were significantly negatively correlated ( $r = -.339$ ,  $p < .01$ ) with resilience.

Family relationship problems, aggression, alcohol abuse and drug abuse did not showed a significant relationship with resilience.

Further, regression analysis was done and a model was developed indicating the predictability of the psychosocial problems on resilience. Results are summarized in table 4.

Table 4

*Psychosocial problems that predict Resilience among the participants*

Independent Variables	B	"t"	F	r <sup>2</sup>	Δr <sup>2</sup>
Problems with school	-.133	2.03*	16.46**	.194	.182
Suicidal Thoughts	-.201	3.023**			
Reduced Self Esteem	-.299	4.666**			

\* $p < .05$ , \*\* $p < .01$



Regression analysis indicated a model which includes problems with school ( $\beta = -.133$ ,  $t = 2.03$ ,  $p < .05$ ), suicidal thoughts ( $\beta = -.201$ ,  $t = 3.023$ ,  $p < .01$ ) and reduced self-esteem ( $\beta = -.299$ ,  $t = 4.666$ ,  $p < .01$ ) inversely predicting resilience among the students in the sample. In other words, problems with school, suicidal thoughts and reduced self-esteem may act as a challenge to resilience among the students.

## Discussion

Students in the schools with no psychologists suffer from low self esteem, confused thinking, personal stress, problems with the school, disturbing thoughts, feelings of guilt, problems with mother, aggression, problems with friends, family relationship problems, problems with father, suicidal thoughts, alcohol abuse, and drug abuse. The predominant psychosocial problem in the present sample was poor self esteem, a risk factor for negative outcomes in important life domains (Erol & Orth, 2011). As per literature, low self esteem is linked to a broad range of other psychosocial problems such as low emotional stability, introversion, low conscientiousness, low sense of mastery, risk taking (Erol & Orth, 2011), social problems, depression, suicidal tendencies, eating disorders, anxiety (Mann, Hosman, Schaalma, & de Vries, 2004), insecure attachment style, dysfunctional attitudes (Lee & Hankin, 2009) etc.

Confused thinking is the second important psychosocial problems among the students in the present sample. Information related to confused thinking is very little in literature. However, confused and rapid thinking and speaking had been generally identified to be a part of mania, a mood disturbance characterized by hyperactivity, agitation, excessive elation and inflated self esteem (Waller, 2006). It is also documented to be associated with depression (Ely, Flaherty, & Cuddeback, 2010). It may lead to delusions in future, and is considered to be a major factor that may act as a challenge to mental health.

About half of the sample reported personal stress. An optimal level of stress is quite common in academic environment (Thawabieh & Qaisy, 2012). But if the threat is unremitting, long term effects of stressors can damage health. This will depend on the nature, number and persistence of the stressors on one side and the individual's biological vulnerability, psychosocial resources and learned patterns of coping on the other (Schneiderman, Ironson, & Siegel, 2005).

Similarly, about half of the students in the sample have problems with the school, disturbing thoughts and feelings of guilt. More than a quarter in the sample reported problems with mother, difficulty of aggression, problems with friends, family relationship problems, problems with father and suicidal thoughts. A small group in the sample was suffering from alcohol abuse and drug abuse. Many of these problems were identified to have relationship with one another. For instance, stress was found to have a positive relationship with depression (Ng & Hurry, 2011). Suicidal tendency have association with disturbing thoughts and feeling of guilt (Choquet & Menke, 1990). However, literature is not able to provide a deeper insight, as the documented empirical information has been limited. Referring to the general understanding and common sense, these are some of the factors that are very common among the adolescence. If left unattended, these can lead to serious consequences.

Findings show that there were sex differences in at least some psychosocial problems. Males differ from, and were higher than, females in their problems with school, aggression, alcohol abuse and drug abuse. At the same time, they shall be assumed to be similar in the case of depression, reduced self-esteem, problem with mother, problem with father, personal stress, problems with friends, family relationship problems, suicidal thoughts, feelings of guilt, confused thinking and disturbing thoughts. Hallfords et al (2005), but, had shown some differences between boys and girls in depression. Study by Wade, Carney and Pevalin (2002)



also had shown a consistent gender gap in depression. There are studies which had shown females higher in risk to depression and anxiety, compared to males.

Students in the schools with no psychologists showed the help seeking behaviour to parents, relatives, mental health practitioner, friends who are not closely related, general physicians, religious leaders, intimate partner and others. Through help seeking behavior, the students demonstrate their survival instinct (Gondolf & Fisher, 1988). As the present findings designate, the first choice of seeking help is, indeed, the parents (Bladero & Fallon, 1995). However, less than 38% of the students showed help seeking behavior to any of these dependable figures. A major chunk (16.25%) of the participants did not indicate a help seeking behaviour. The major barrier for the help seeking behavior is social stigma connected with the problem (Topkaya, 2015). Other factors are negation effect, may be related to suicidal thoughts, and negative attitudes and beliefs about help seeking behavior. Windle et al (1991) warns about the chance of not utilizing any social resources, if the students have substance abuse problems.

The most important promoter of help seeking behavior is the confidence about the availability of a potential solution (Hunter, Boyle & Warner, 2004). Another important factor is the awareness regarding the availability of the resources (Topkaya, 2015). Again, the help seeker has to have the willingness to disclose the problems. Other factors associated with help seeking behavior are high emotional competence, positive past experience, mental health literacy, and supportive social influences (Rickwood, Deane, Wilson & Ciarrochi, 2005). Help-seeking attitudes were identified to be facilitated by individual self, relational self-perceived support from parents, and perceived support from friends (Koydemir-Ozden, 2010).

A significant sex difference was seen in help seeking behaviour to a friend not closely related to them, to parent and others. Females were higher than Males in the help seeking behaviour to parent. There was a sex difference in the case of no help seeking behaviour. Males have a higher tendency to not seek help, compared to females. These findings stand with the studies by Raviv, Sills, Raviv and Wilansky (2000) and Nicolas, Oliver, Lee, and O'Brien (2004), which showed that more than males, females knew where to go for help and who they could talk to. According to Hunter, Boyle and Warner (2004) girls were more likely than boys to view support as the best strategy. However, there is a finding which is slightly contrasting. Males were higher than females in the help seeking behaviour to a friend not closely related to them and others. This can be due to the stigma associated with the problem they have. Topkaya (2015) has indicated social stigma as a regular barrier for help seeking behaviour.

Correlation analysis confirmed the fact that psychosocial problems can bring down resilience. Resilience was negatively related to depression, reduced self-esteem, problems with mother, problems with father, personal stress, problems with friends, suicidal thoughts, feelings of guilt, problems with school, confused thinking and disturbing thoughts. Negative relationship between resilience and depression has been already established through various studies (Hjemdal, Vogel, Solem, Hagen, & Stiles, 2011; Ziaian, de Anstiss, Antoniou, Baghurst, & Sawyer, 2012; Anderson, 2012). The present study re-establishes the same. Negative relationship between resilience and low self esteem replicates the findings of Kapikiran and Acun-Kapikiran (2016) regarding positive relationship between resilience and self esteem. Study by Kapikiran and Acun-Kapikiran (2016) in a sample of university students brings a little more insight that self esteem mediates the relationship between depression and resilience. Findings of Ziaian, de Anstiss, Antoniou, Baghurst, and Sawyer (2012) indicated a contributor role stress to the relationship between resilience and depression.

Negative relationship of resilience with the problems with mother and father is consistent to the findings of Noller and Patton (1990) that cohesion with parents is a protective factor in adolescents against substance use, violence and early initiation of sexual behaviour.



Even though peer influence is so high, there are instances that good affiliation enables the adolescents to maintain parents as the role model. Role models have protective effects on internalizing and externalizing behaviours and compensatory effects on school outcomes (Hurd, Zimmerman, & Xue, 2008). Students in the adolescence stage need no continuous parental care. At the same time, they are yet to be ready to be an adult. Hence, parents also shall take initiatives to work in new methods of interacting with their children. But many of the parents are ignorant regarding this fact.

Among the psychosocial factors correlated with resilience, problems with school, suicidal thoughts and reduced self-esteem were identified to be good predictors. In other words, problems with school, suicidal thoughts and reduced self-esteem can act as a challenge to resilience among the students. Probably these factors may be mediating the relationship of resilience with all the other correlated factors. Speculatively, providing an intervention to bring down the problems with school and suicidal thoughts and to enhance self esteem can be a solution to a major set of psychosocial problems in the students. A Psychologist, who is trained in the theory and practice, is definitely a need to the schools to provide this intervention

Intervention by the Psychologist need not be limited to the students. Provisions shall be there for the parents to meet the psychologists recurrently. Intervention strategies to enhance positive interactions between parents and children could indirectly influence the self esteem of the students in a positive way. This can reduce the suicidal thoughts and problems with the school among students. Training the educators and teachers to provide support measures to enhance the resilience of the students shall also be there. Opportunities are there for the management of the educational institutions to develop policies to enhance the mental health of the students with the help of the Psychologists.

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#### Acknowledgements

We thank all the participants who voluntarily provided valid data for the success of the study. We are so grateful to the school authorities who co-operated with us to collect the data.