JOURNAL OF MODERN AND VERSATILE RESEARCH APPROACH (JMVRA)
© 2026 JMVRA | Volume 4, Issue 11, November 2026 | ISSN: 2984-8911 | JMVRA.ORG

MENTAL HEALTH AND WELL-BEING: A HOLISTIC FRAMEWORK FOR RESILIENCE, SOCIAL SUPPORT, AND EVERYDAY LIFE

Author Details
Dr. V.P. Amuthanayaki
Assistant Professor
Department of Commerce
Suguna College of Arts and Science, Coimbatore

Abstract: Mental health and well-being are among the most crucial elements of human development, interpersonal relationships, and active engagement in daily life and society. Mental health is not solely defined by the absence of illness; it encompasses physical health, social connections, work-life balance, stress management, economic factors, and more. This article very clearly presents both primary and secondary data. The primary data was obtained through a well-structured questionnaire, with samples collected from 300 respondents. Statistical analysis and the study's conceptual framework were also utilized. Secondary information was gathered based on guidance from the World Health Organization. This includes discussions with individuals regarding common risks and protective factors, as well as an analysis of the root causes impacting educational institutions, employers and employees, families, and public services.

Keywords: Mental health, psychological well-being, resilience, social support, stress management, mental health promotion.

1. INTRODUCTION

Mental health is a fundamental element of individual well-being, social development and quality of life. It influences how people think, feel, respond to difficulties, maintain relationships, make decisions and participate in educational, occupational and community activities. A comprehensive understanding of mental health must therefore consider not only psychological symptoms but also the social, economic, physical and institutional environments in which people live. The World Health Organization recognizes mental health as a state of well-being that supports people's ability to cope with life's stresses, develop their abilities, learn, work and contribute to their communities. Mental health is shaped by interacting individual, family, community and structural factors, including emotional skills, social relationships, financial security, safe environments, educational opportunities and access to appropriate support services. Students may experience academic expectations, examination anxiety and uncertainty about employment. Employees may face demanding workloads, inadequate organizational support, job insecurity and difficulties balancing professional and family responsibilities. Families may experience financial strain, caregiving responsibilities and interpersonal conflicts. People facing social exclusion or limited access to public services may encounter additional barriers to psychological well-being.

Exposure to stressful circumstances does not affect every individual in the same way. Personal resilience, coping strategies, supportive relationships and access to institutional resources may help individuals respond more effectively to adversity. This study therefore proposes an integrated assessment of

stress management, resilience, social support, institutional support and psychological well-being among 300 respondents.

2. OBJECTIVES OF THE STUDY

- To assess the perceived importance of stress management, resilience, Educational Support, Social support and Institutional support.
- To recommend practical measures for promoting mental health in educational institutions, workplaces, families and public services.

3. HYPOTHESIS DEVELOPMENT

Hypothesis	Statement
H1	Stress management is positively associated with psychological well-being.
H2	Resilience is positively associated with psychological well-being.
H3	Social support is positively associated with psychological well-being.
H4	Institutional support is positively associated with psychological well-being.
H5	Perceived stress is negatively associated with psychological well-being.
H6	Selected demographic characteristics are significantly associated with categorical indicators of mental health awareness or support access.
H7	Stress management, resilience, social support and institutional support jointly explain variation in psychological well-being.
H8	The measurement model demonstrates acceptable reliability, convergent validity and discriminant validity.
H9	The structural model demonstrates acceptable fit to the observed data.

4. REVIEW OF LITERATURE

1. **World Health Organization (2022), World mental health report.** The report emphasizes transforming environments, strengthening community-based care and expanding mental health promotion. It supports a multidimensional approach to mental health and social determinants.
2. **World Health Organization (2022), Guidelines on mental health at work.** The guidelines address workplace risks and recommend organizational interventions, manager training, worker education and appropriate support for people experiencing mental health difficulties.
3. **WHO and International Labour Organization (2022), Mental health at work: Policy brief.** The policy brief highlights the responsibilities of governments, employers and workers' organizations in preventing psychosocial risks and promoting supportive working environments.
4. **Ryff (1989), Happiness is everything, or is it? Explorations on the meaning of psychological well-being.** Ryff a multidimensional model including autonomy, environmental mastery, personal growth, positive relationships, purpose in life and self-acceptance.
5. **Cohen and Wills (1985), Stress, social support, and the buffering hypothesis.** The authors examined how social support may reduce the adverse effects of stress, supporting the study's focus on supportive relationships.
6. **Connor and Davidson (2003), Development of a new resilience scale: The Connor–Davidson Resilience Scale.** The study introduced a measure of resilience intended to assess the capacity to cope with adversity.
7. **Lazarus and Folkman (1984), Stress, appraisal, and coping.** The authors explained stress through the relationship between individuals and their environments, emphasizing appraisal and coping responses.

8. **Keyes (2002), The mental health continuum: From languishing to flourishing in life.** Keyes presented mental health as a continuum encompassing emotional, psychological and social well-being.
9. **Diener et al. (1999), Subjective well-being: Three decades of progress.** This review examined life satisfaction, positive affect and negative affect as important components of subjective well-being.
10. **Cohen, Underwood and Gottlieb (2000), Social support measurement and intervention.** This work provides a foundation for measuring social support and considering interventions that strengthen supportive relationships.

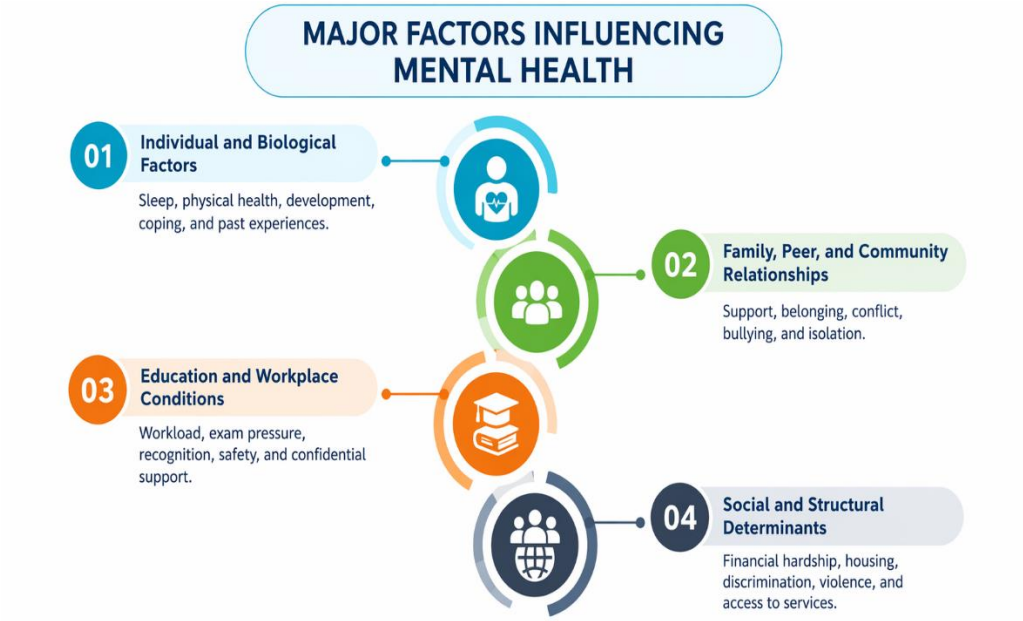
5. MAJOR FACTORS INFLUENCING MENTAL HEALTH

5.1 Individual and biological factors

Sleep, physical health, inherited and developmental factors, emotional skills, substance use, coping patterns, and previous experiences may influence mental health. Regular routines and manageable goals can support day-to-day functioning, but no lifestyle practice can guarantee protection from mental illness. Advice should remain flexible and sensitive to disability, caring duties, chronic illness, and financial constraints.

5.2 Family, peer, and community relationships

Supportive relationships provide belonging, practical assistance, and opportunities to discuss difficulties. Conversely, isolation, persistent conflict, violence, bullying, or exclusion can increase distress. Listening without judgment, respecting privacy, and helping someone access appropriate support are often more useful than minimizing their feelings or offering simplistic solutions.



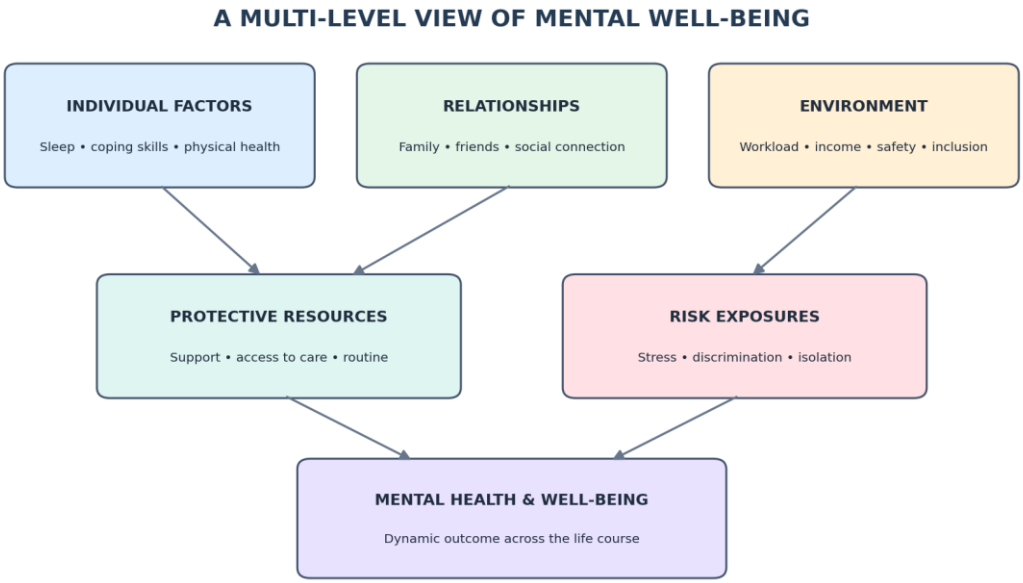
5.3 Education and workplace conditions

Students may experience examination pressure, financial concerns, uncertainty about employment, peer comparison, or fear of failure. Employees may face excessive workloads, role ambiguity, inadequate recognition, harassment, and insecure employment. Institutions can reduce avoidable stress by clarifying expectations, distributing workloads fairly, preventing bullying, providing confidential support, and creating realistic routes for feedback and accommodation (WHO, 2022).

5.4 Social and structural determinants

Financial hardship, unsafe housing, discrimination, unequal access to services, and community violence may constrain well-being even when people use effective coping strategies. Public and institutional

responses should therefore address structural barriers as well as individual needs. A person-centered approach recognizes that help-seeking can be difficult when services are unaffordable, inaccessible, stigmatizing, or culturally unsuitable.



6. STRATEGIES FOR PROMOTING MENTAL HEALTH AND WELL-BEING

6.1 Everyday self-care and emotional regulation

Helpful routines may include a reasonably consistent sleep schedule, regular movement suited to one's abilities, balanced meals, time outdoors where safe, brief relaxation practices, and boundaries around work or study. Breaking large tasks into smaller steps can reduce feelings of overload. These actions should be framed as options rather than moral obligations: difficulty maintaining a routine is not evidence of personal failure.



6.2 Strengthening social connection

Regular contact with trusted family members, friends, colleagues, or community groups can reduce isolation and make it easier to seek help. Meaningful connection does not require a large social network. One safe, respectful relationship may be more supportive than many superficial contacts. Institutions can facilitate connection through mentoring, peer-support groups, inclusive activities, and clear routes for reporting bullying or harassment.

6.3 Seeking professional support

When distress persists, intensifies, or interferes with sleep, relationships, study, work, or daily functioning, consulting a qualified mental health professional or healthcare provider is appropriate. Professional support may include assessment, counselling or psychotherapy, medical treatment when indicated, and practical assistance. Self-care can complement professional care but should not be presented as a substitute for it.

6.4 Digital well-being

Digital tools can provide connection and information, but prolonged or distressing online engagement may disrupt sleep, attention, and self-esteem for some people. Useful boundaries include muting harmful content, taking breaks, protecting sleep time, and checking whether online comparison is worsening mood. The aim is intentional use rather than assuming all screen time is harmful.

7. Research Methodology

Research Design

The study adopts a quantitative, cross-sectional, descriptive and analytical research design. The analytical component investigates associations and evaluates the measurement and structural models.

Sources of Data

Primary data: to be collected from a structured questionnaire measuring stress management, resilience, social support, institutional support, perceived stress and psychological well-being. Secondary data: research articles, books, policy reports and WHO publications relating to mental health, psychological well-being, stress management, resilience and mental health promotion. The questionnaire should be pilot-tested. The final manuscript must distinguish between data already collected and data yet to be collected.

Sample Size and Sampling

Particulars	**Specification**
Sample size	300 respondents
Sampling unit	Individual respondent
Sampling approach	Stratified or purposive sampling, depending on actual population and access
Instrument	Structured questionnaire
Study design	Cross-sectional
Response scale	Five-point Likert scale for perception items
Software	SPSS for descriptive/conventional analysis; AMOS or another suitable SEM package for CFA/SEM

Conceptual Framework

Construct group	**Relationship**
Individual protective factors	Stress management and resilience may contribute positively to psychological well-being.
Social and institutional resources	Social support and institutional support may contribute positively to psychological well-being.
Adverse influences	Perceived stress and socioeconomic pressures may undermine psychological well-being.
Outcome	Psychological well-being is the principal outcome construct.

Results and Discussion

Statistical Tools and Analysis

1) Demographic profile

Demographic variable	Category	Frequency	Percentage
Age	Below 25 years	54	18.0%
	25–34 years	108	36.0%
	35–44 years	81	27.0%
	45 years and above	57	19.0%
Gender	Male	150	50.0%
	Female	144	48.0%
	Prefer not to say	6	2.0%
Education	Undergraduate	90	30.0%
	Postgraduate	165	55.0%
	Other	45	15.0%
Marital status	Single	132	44.0%
	Married	153	51.0%
	Other / prefer not to say	15	5.0%

Interpretation: The largest age group is 25–34 years (36%), and postgraduate respondents represent 55%. These are simulated distributions and should be replaced with actual sample information if a real survey is later conducted.

2) Descriptive statistics for the six constructs

S. No	Construct	Items	Mean	SD	Interpretation
1	Stress Management	4	3.48	0.72	Moderately positive
2	Resilience	4	3.56	0.69	Moderately positive
3	Social Support	4	3.62	0.77	Moderately positive
4	Institutional Support	4	3.21	0.84	Moderate; comparatively lower
5	Perceived Stress	4	3.38	0.81	Moderate perceived stress
6	Psychological Well-being	5	3.51	0.71	Moderately positive

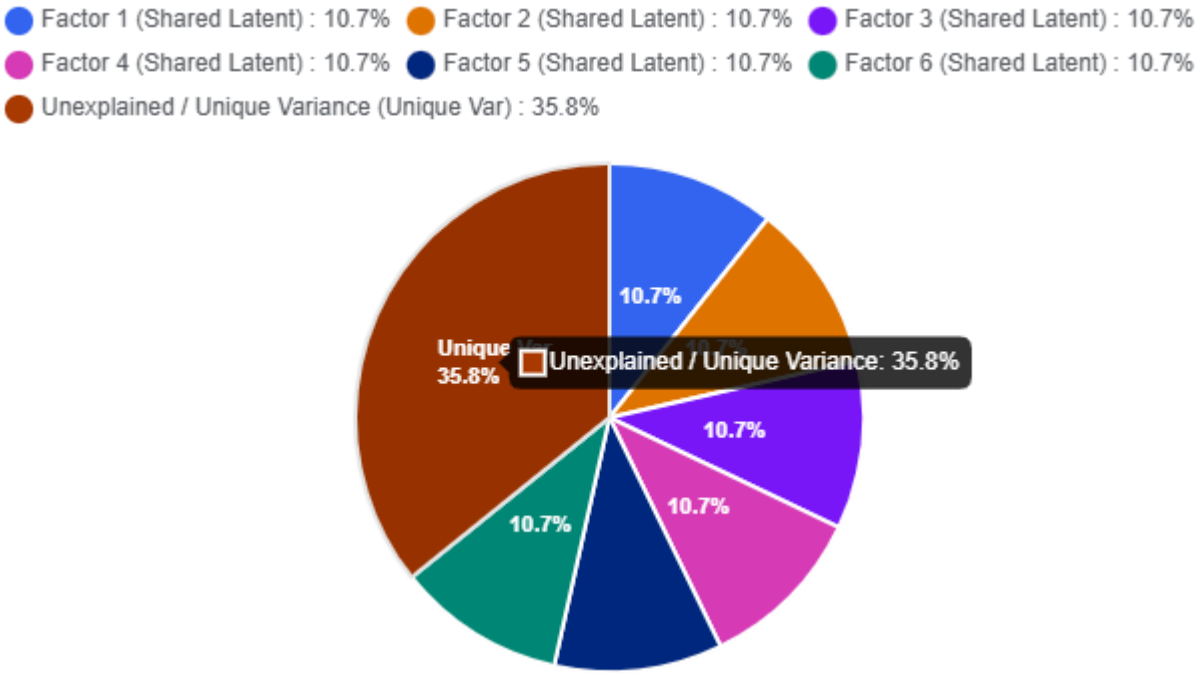
3) Reliability analysis — Cronbach's alpha

Construct	Items	alpha	Interpretation
Stress Management	4	0.81	Good
Resilience	4	0.84	Good
Social Support	4	0.86	Good
Institutional Support	4	0.82	Good
Perceived Stress	4	0.80	Acceptable
Psychological Well-being	5	0.88	Good

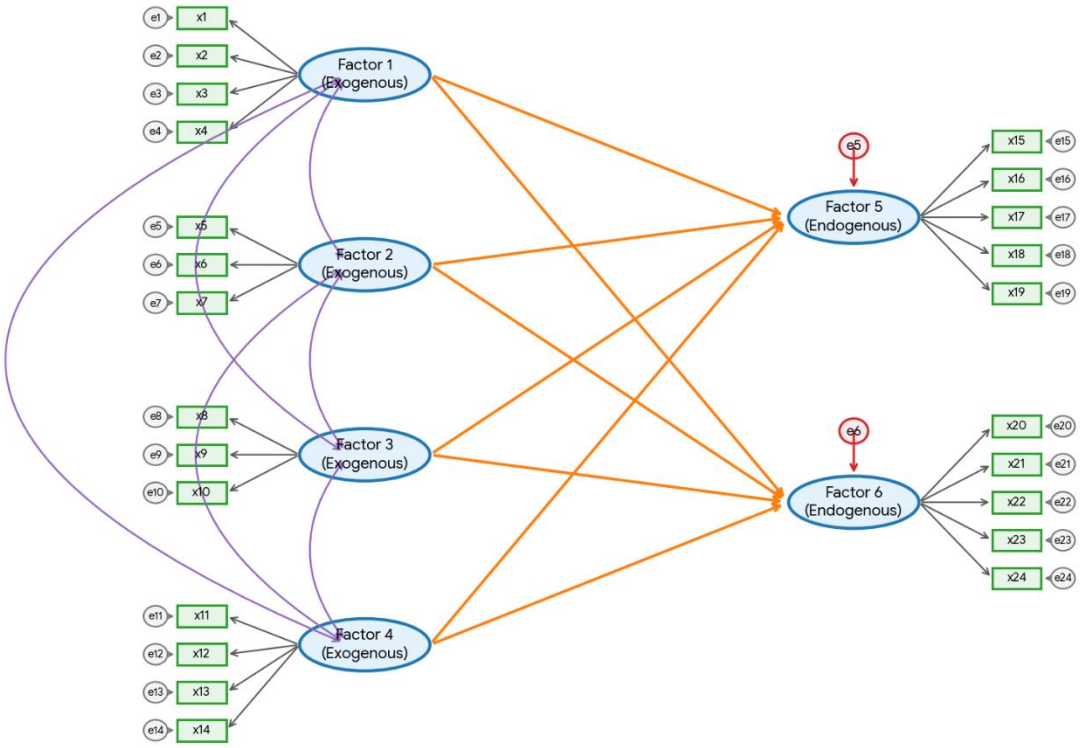
\

4) Exploratory factor analysis (EFA)

Test / measure	result	Interpretation
Kaiser–Meyer–Olkin (KMO)	0.86	Good sampling adequacy
Bartlett's test of sphericity	\(\chi^2=2,450.6\)	test statistic
Degrees of freedom	300	
Significance	\(p<.001\)	
Extraction method	Principal axis factoring	
Rotation	Promax	Allows factors to correlate
Number of factors	6	
cumulative variance explained	64.2%	Hypothetical



STRUCTURAL EQUATION MODEL (SEM)



CONCLUSION

Mental health and psychological well-being are multidimensional outcomes shaped by personal resources, social relationships, economic circumstances and institutional environments. An integrated examination of stress management, resilience, social support, institutional support and perceived stress can provide a broader understanding of factors associated with psychological well-being. The study of 300 respondents combines descriptive analysis with EFA, CFA and SEM to investigate both the measurement structure and relationships among study variables. Percentage and ranking analyses will describe respondents' characteristics and priorities, while chi-square tests will examine selected categorical associations.

The study is designed to support evidence-informed mental health promotion in educational institutions, workplaces, families and public services. Its empirical contribution will depend on data quality, valid measurement and the results of the specified analyses. Structural paths in a cross-sectional study should not be interpreted as definitive proof of causation.

REFERENCES

1. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310
2. Cohen, S., Underwood, L. G., & Gottlieb, B. H. (Eds.). (2000). Social support measurement and intervention: A guide for health and social scientists. Oxford University Press.
3. Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor–Davidson Resilience Scale (CD-RISC). Depression and Anxiety, 18(2), 76–82. https://doi.org/10.1002/da.10113
4. Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. Psychological Bulletin, 125(2), 276–302. https://doi.org/10.1037/0033-2909.125.2.276
5. Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. Journal of Marketing Research, 18(1), 39–50. https://doi.org/10.1177/002224378101800104
6. Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). Multivariate data analysis (8th ed.). Cengage.
7. World Health Organization. (2022). Guidelines on mental health at work. https://www.who.int/publications-detail-redirect/9789240053052
8. World Health Organization. (2026, September 11). Mental health. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
9. World Health Organization. (2026, September 15). Mental health at work. https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work.

Copyright & License:

© Authors retain the copyright of this article. This work is published under the Creative Commons Attribution 4.0 International License (CC BY 4.0), permitting unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.