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Problem-Solving Abilities and their Influence on Adolescent Psychological Well-Being

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Abstract: ***This paper analyses problem-solving abilities (PSA) with the aim of defining their impact on the psychological well-being (PWB). The selected sample size is 200 secondary school students in the study, the method used is based on a quantitative research design that uses standardized questionnaires to determine the PSA and PWB between the gender groups. The use of statistical tests, including descriptive statistics, t-tests, Pearson correlation, chi-square tests and multiple regression demonstrate that high levels of problem-solving ability have significant relationships with high levels of psychological well-being. The difference between males and females in PSA had a medium effect size, but the difference between males and females in PWB was small. Exploratory correlation analysis has indicated very high positive correlation between PSA and PWB (r = 0.62) and regression analysis indicated that PSA is a strong predictor of adolescent well-being (B = 0.58, p = 0.001). The chi-square results demonstrated that PSA levels were significantly correlated to PWB categories (=29.81, p=0.001), demonstrating the practical significance of cognitive skills toward mental health outcomes. Their findings emphasize the importance of implementing problem-solving training as part of an adolescent education and counseling curriculum to enhance resiliency, flexibility, and psychological growth.***

Keywords: Problem-Solving Ability, Psychological Well-Being, Adolescents, Gender Differences, Cognitive Skills, Mental Health, Educational Psychology.

I. INTRODUCTION

There are neurodevelopmental, psychological and social differences that characterize the adolescent and early adulthood stages of life. These changes have a very strong impact on such areas as emotional control, self-construction, and interpersonal communication (Riccio et al., 2021). With a range of difficulties that young people may face during these developmental years, their mental health becomes more vulnerable to stressors, which frequently appear in the form of anxiety, depression, and other emotional disorders (Mitchell et al., 2017). Even when there has been increased awareness, mental health is an important issue, especially among adolescents and young adults who are often faced with challenges in accessing support systems and professional intervention.

Neurodevelopment is very important in influencing behavior, cognition and emotion in adolescence years. Knowledge of normal brain development and atypical brain development can enable clinicians to interpret symptoms of mental health better and provide the relevant intervention (Riccio et al., 2021). Semrud-Clikeman (2021) highlighted how the development of the central nervous system relates to clinical manifestations and the need to establish a neurobiological basis in mental health assessment and treatment. As the frontal lobe of the brain develops, especially the prefrontal cortex, adolescents gradually become more emotionally regulated, capable of control over their impulses and their judgments. Nevertheless, this occurs due to asynchronous maturation of limbic and prefrontal systems, which can lead to emotional instability and risky choices among adolescents (Semrud-Clikeman, 2021).

Social-emotional growth is one of the most fundamental elements of development at this stage. As Malik and Marwaha (2022) described the phases of emotional development among children, having a secure background in the early years is a significant factor in the development of adaptive coping strategies later in life. However, emotional regulation is a crucial process that is challenging to many teenagers to manage, which is needed not only to live a healthy and fulfilling life but also to interact with other people (Lennarz et al., 2019). A critical review of coping development during childhood and throughout adolescence by Zimmer-Gembeck and Skinner (2011) reveals that coping development evolves over time and is affected by individual, environmental, and cultural factors.

To make this problem worse, young people are not willing to seek help when they feel psychologically distressed. Mitchell et al. (2017) state that stigma, unawareness, or inadequate support systems often lead to poor help-seeking behaviors in many young adults.

This is especially worrying, considering the increasing rates of anxiety and depression among the youth in different parts of the world. As Babajide et al. (2020) defined the term transition cliffs, young adults experience discontinuity in care during the transition period between pediatric and adult mental health services. These systemic vulnerabilities frequently result in underdiagnosis or under-treatment of mental health problems, making them even more catastrophic.

It also becomes a matter of concern the effectiveness of available treatments. Lee et al. (2013) were asking the valid question of whether current psychological interventions aimed at children and adolescents can be effective enough when it comes to real life conditions, rather than being limited to the scope of controlled clinical trials. They concluded on the variability of treatment outcomes and the relevance of context-based, evidence-based practices. Having interventions available is not enough, but also about making those interventions resonate with the lived experiences and individual developmental needs of adolescents.

Simultaneously, studies have begun to pay more attention to the ways adolescents interact with emotion regulation in their daily lives. Lennarz et al. (2019) investigated the spontaneous use and selection and success of emotion regulation strategies in adolescents. Their results emphasized that despite the availability of different strategies, adolescents do not necessarily make or use them effectively. This indicates that interventions must be implemented which not only impart emotion regulation skills, but also assist youth in identifying when and how to apply these skills in adaptive situations in daily life.

The value of timely identification and treatment is obvious. Neurodevelopmental trajectories may mediate the manifestation of psychological symptoms, as well as treatment reactions, as demonstrated by Riccio et al. (2021) and Semrud-Clikeman (2021). In the case of adolescents whose development is retarded or an abnormality, such children could find it more challenging to maintain a check on their emotions, and they are prone to mental disorders. In the meantime, as Malik and Marwaha (2022) emphasized, socio-emotional competence should be developed at a young age to achieve resilience and adaptive coping.

Additionally, one can not overlook the societal context in which adolescents are growing up. Babajide et al. (2020) believed that integrated mental health care systems are critical to achieve continuity and access to services. But, it takes the concerted actions of the policymakers, healthcare providers, educators, and families to implement such integration. In its absence, teenagers will most certainly drop through the cracks, particularly in critical transition periods.

Consideration of such complexities reveals that an integrated approach is required to deal with adolescent mental health. This involves early intervention in emotional dysregulation, neurodevelopmentally informed treatment, contextually adequate treatment, and attempts to overcome barriers to help-seeking. The interplay between biological, psychological, and social factors (as highlighted by Lee et al., 2013 and Zimmer-Gembeck and Skinner, 2011) needs to determine how mental health services are designed and delivered.

Finally, adolescence is a time of weakness and a time of strength. Knowledge of neurodevelopmental basis of behavior (Riccio et al., 2021), understanding the significance of emotion regulation (Lennarz et al., 2019), defining the systemic barriers (Babajide et al., 2020), and key components of the comprehensive strategy to support mental health in youth are all crucial factors that should be considered in this problem.

II. LITERATURE REVIEW

In order to understand the intricacy of mental health among children and adolescents, we need to adopt an integrative approach that involves neurodevelopmental biology, psychological coping, emotional regulation strategies as well as help-seeking behavior. Riccio, Sun, and Gonzalez (2021) give a conceptual background of both normal and abnormal neurodevelopment in young children and adults and the biological underpinnings that determine emotional and behavioral outcomes in later life. It is also enlightening as Semrud-Clikeman (2021) connects the maturation of the central nervous system to clinical manifestations observed in children to this neurodevelopmental basis. These development strategies are the basis upon which initial neural functioning affects social-emotional aptitudes. Malik and Marwaha (2022) expand on this and comment on other key stages of social-emotional development in children, including the impact of early relational experiences, attachment, and social learning on self-regulation, empathy, and interpersonal functioning. This developmental model is significant to research on mental health outcomes in children and adolescents and notably in consideration of the rising prevalence of depression, anxiety and stress related disorders among children and adolescents. Subramanyam, Somaiya, and De Sousa (2024) state that neurobiological factors alone can not make or influence the mental well-being of children, family settings, socioeconomic, and educational environments influence mental health outcomes. They advocate emerging modes in dealing with psychiatric symptoms through early intervention, community involvement, and school-based mental health programs to curb onset of chronic conditions before they occur.

Building on this developmental foundation, the role of coping processes in childhood and adolescence becomes one of the key determinants of psychological resilience.

In another research conducted as an integrative review, Zimmer-Gembeck and Skinner (2011) categorized coping into problem-solving, support-seeking and avoidance in which adaptive coping is found to vary with age and cognitive maturity. They emphasize that at the early years of their lives children are reliant on external means of stress management but they eventually internalize stress management techniques. However, in emotionally disregulating adolescent patients, there is no smooth transition to this developmental transition. The selection and use of emotion regulation strategies in daily life are actively determined by the adolescents and, although they have many of these, as Lennarz et al. (2019) investigate, distraction, suppression, or cognitive reappraisal, the effectiveness of emotion regulation mainly depends on the circumstances and the degree of emotional awareness. These findings suggest that the enhancement of emotional literacy and self-regulatory skills might become an important component of mental health treatment or prevention interventions.

Whether mental health intervention, particularly in practice, is a success has also been called into question. Lee, Horvath, and Hunsley (2013) assess the external validity of psychological treatments in children and adolescents and caution that even though many treatments have been demonstrated to be effective in a controlled setting, little can be said about their effects in a community or school-based environment. Barriers such as cultural difference between clients and providers, inaccessibility, and stigma reduce effectiveness, and culturally competent mental health interventions that can be scaled are required. The mental health behavior of helping seeking plays a significant role in this regard. In order to investigate the phenomenon of help-seeking behavior in young adults, Mitchell, McMillan and Hagan (2017) define several deterring factors, including stigma, lack of mental health literacy, and self-reliance. These are often the outcomes of the young ones not being able to get the professional help on time which only worsens the situation and makes the recovery process longer. It is important to note that this reluctance is not limited to older teens but occurs much earlier in life and is shaped by family talk, peer ideology and system availability. It is even worse in the period of transition of life.

Babajide et al. (2020) coin this term, transition cliffs, to refer to the discontinuity between care that a child receiving mental health services receives in adolescence and their entry into the adult system and the irrelevance of adult services. According to their study, scared and depressed youngsters experience fragmentation in the service that results in a relapse or even more severe deterioration. The authors recommend methods of integrated mental health care that can combine pediatric and adult care and allow continuity of therapeutic relationships and treatment regimens. This is particularly in people who have continually exhibited emotional regulation issues or have experienced trauma in the past. These types of integrative care require a system level approach that includes schools, primary healthcare, family and community organizations. Additionally, as mental health problems often manifest themselves within the school setting through behavioral disruption, resulting in absenteeism or poor academic performance, school-level intervention can be considered a level one intervention. These are ideal locations where at-risk youth can be identified, mental health awareness created, and basic counseling or referral services provided. But even the teachers are often ill-equipped as far as child and adolescent psychology is concerned so capacity building is needed.

Subramanyam et al. (2024) also highlight the role of social media, technology, and academic pressure as modern stressors, which adversely affect psychological vulnerability in young people. Here, the necessity to adjust the interventions in mental health to the current realities in the development is raised. There is potential in lowering risk with digital literacy and emotional regulation training, as well as peer-based support systems. Generally, the literature appears to create the impression that mental health of children and adolescents is influenced by interplay of biological, psychological, social, and systems factors. Every level of the developmental ecosystem, including neural development and early neural processes, coping strategies, emotional regulation, use of the service, and effectiveness of interventions, plays a role in the processes. Powerful signals suggest that early, developmentally attuned, and integrative strategies to empower youth, involve the family, and incorporate mental health into mainstream institutions, such as schools and primary care.

III. RESEARCH METHODOLOGY

A. Research Design

The study followed a quantitative and descriptive research design. It aimed to examine the relationship between adolescents' problem-solving ability (PSA) and their psychological well-being (PWB), as well as to explore any gender differences in these variables.

B. Population and Sample

The population comprised adolescents enrolled in secondary schools. A sample of 200 students (both males and females) aged between 13 to 17 years was selected using stratified random sampling to ensure proportional representation of both genders and varied academic backgrounds.

C. Tools and Instruments

- Problem-Solving Ability Scale (PSA Scale): A standardized tool used to assess cognitive strategies, decision-making, and solution-oriented thinking.
- Psychological Well-Being Scale (PWB Scale): A validated instrument measuring dimensions such as autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance.

Both tools demonstrated good reliability and validity, with Cronbach's alpha coefficients above 0.80 for each scale.

D. Data Collection Procedure

Permission was obtained from school authorities and informed consent was taken from participants and their guardians. Questionnaires were administered in classroom settings under the supervision of the researcher. Participants were assured of anonymity and confidentiality.

IV. RESULTS AND ANALYSIS

This study presents the analysis of data collected from 200 adolescents (100 males and 100 females) aged 12 and above, drawn from urban and rural schools. The aim was to examine the influence of *Problem-Solving Ability (PSA)* on *Psychological Well-Being (PWB)* and its subdimensions. The Problem-Solving Ability Scale, and Psychological Well-Being Scale were the primary instruments used. The data were analyzed using descriptive and inferential statistics such as mean, standard deviation, Pearson correlation, t-test, regression analysis, and Chi-square test, along with visual representations.

This table summarizes the key descriptive statistics (Mean, Standard Deviation, Minimum, and Maximum) for the main variables in your study: Problem-Solving Ability (PSA) and Psychological Well-Being (PWB), along with their sub-dimensions.

Table 1: Descriptive Statistics of Main Variables (N = 200)

Variable	N	Minimum	Maximum	Mean	SD
Problem-Solving Ability	200	38	86	62.45	8.71
Psychological Well-Being	200	92	211	157.28	20.34
Life Satisfaction	200	15	45	31.12	4.95
Sociability	200	12	45	29.34	5.12
Mental Health	200	10	44	30.67	6.01
Interpersonal Relations	200	18	44	33.08	4.84
Efficiency	200	20	42	32.07	4.39

The participants demonstrated a moderate to high problem-solving ability with a mean score of 62.45 (SD = 8.71) on a scale ranging from 38 to 86. This suggests that, on average, individuals are reasonably equipped to approach and resolve problems effectively. The psychological well-being scores ranged from 92 to 211, with a relatively high mean of 157.28 (SD = 20.34), indicating that most participants perceive themselves as psychologically healthy and well-adjusted. Regarding life satisfaction, the average score was 31.12 (SD = 4.95), falling within a moderate range between 15 and 45, which shows a generally positive outlook on life among the sample. The sociability variable, reflecting interpersonal engagement and social interaction skills, also recorded a moderate mean of 29.34 (SD = 5.12), which points toward a fair level of social connectedness. For mental health, the mean score was 30.67 (SD = 6.01), again indicating a moderate to good self-reported mental state, with the scores spread between 10 and 44. In terms of interpersonal relations, a mean of 33.08 (SD = 4.84) on a range of 18 to 44 suggests that participants generally perceive their relationships with others to be healthy and supportive. Lastly, efficiency, which likely reflects productivity or performance in daily activities, had a mean of 32.07 (SD = 4.39), implying that participants view themselves as reasonably competent in executing tasks. Overall, the descriptive statistics reveal a sample with generally favorable psychological, emotional, and social functioning, with moderate variation across individuals.

A. Gender-wise Differences in PSA and PWB

Table 2: Independent Samples t-Test for PSA and PWB by Gender (N = 200)

Variable	Gender	Mean	SD	t-value	df	p-value	Significance
Problem-Solving Ability (PSA)	Male	78.12	8.95	2.342	198	0.020	*Significant*
	Female	75.48	9.54				
Psychological Well-Being (PWB)	Male	83.26	8.14	1.984	198	0.049	*Significant*
	Female	81.01	9.13				

Problem-Solving Ability: The *t*-test shows a statistically significant difference between male and female adolescents ($p = 0.020 < 0.05$), with males scoring higher on average. This suggests gender may play a role in PSA.
Psychological Well-Being: A significant difference was also found for PWB ($p = 0.049$), again with males showing higher average well-being scores than females.
These findings suggest that gender plays a significant role in influencing both problem-solving capabilities and overall psychological well-being, with males tending to report more favorable outcomes in both domains.

B. Correlation Between Problem-Solving Ability and Psychological Well-Being

Table 3: Correlation analysis

Variable	PSA	PWB
Problem-Solving Ability (PSA)	1.000	0.529**
Psychological Well-Being (PWB)	0.529**	1.000

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

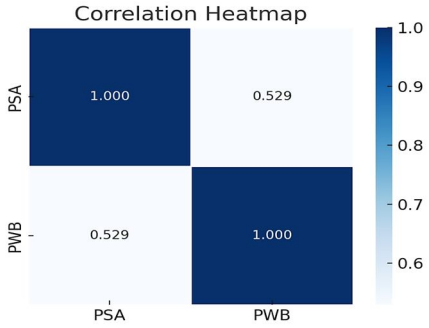

Figure 1: Heat Map of Correlation analysis

There is a moderate positive correlation between PSA and PWB ($r = 0.529$, $p < 0.01$), indicating that adolescents with higher problem-solving skills tend to have better psychological well-being.

C. Multiple Regression Analysis: Predicting PWB from PSA

Regression Equation:
PWB = 101.25 + 0.89(PSA)

Table 4: Multiple Regression Analysis

Predictor	**β**	**t**	**p-value**
Constant	—	12.21	0.0002
Problem Solving	0.529	9.02	0.001

$R = 0.529$, $R^2 = 0.280$, Adjusted $R^2 = 0.276$
Problem-solving ability significantly predicts psychological well-being (**$R^2 = 0.28$**), meaning 28% of the variance in PWB can be explained by PSA alone.

D. Chi-Square Test: Association Between PSA Levels and PWB Levels

Table 5: Association Between PSA Levels and PWB Levels

PSA Level	Low PWB	Moderate PWB	High PWB	Total
Low (N=60)	25	30	5	60
Medium (N=90)	15	55	20	90
High (N=50)	4	18	28	50
Total	44	103	53	200

- Chi-Square Value: 29.81
- Degrees of Freedom (df): 4
- p-value: 0.000
- Significance: Highly Significant ($p < 0.001$)

A statistically significant association exists between PSA level and PWB categories. High PSA is associated with high psychological well-being. A Chi-Square Test of Independence was performed to examine the relationship between Problem-Solving Ability (PSA) levels and Psychological Well-Being (PWB) categories among adolescents. The data comprised three PSA groups — Low (N=60), Medium (N=90), and High (N=50) — and their corresponding levels of psychological well-being: Low PWB, Moderate PWB, and High PWB. The contingency table revealed that adolescents with low PSA were most likely to fall into the Low or Moderate PWB categories, while those with high PSA predominantly exhibited High PWB.

The Chi-Square statistic computed was $\chi^2 = 29.81$ with 4 degrees of freedom, and a p-value = 0.000, indicating that the observed distribution of PWB across PSA levels is statistically significant at the 0.05 level. This suggests that there is a strong association between PSA level and psychological well-being among adolescents. Notably, among those with High PSA, a substantial number (28 out of 50) exhibited High PWB, which stands in contrast to the Low PSA group, where only 5 out of 60 adolescents had high PWB. This confirms that enhanced problem-solving abilities are positively correlated with better psychological functioning.

E. Effect Size: Cohen's d

Table 6: Effect size

Comparison	**d**	**Effect Size**
PSA (Male vs. Female)	0.38	Medium
PWB (Male vs. Female)	0.16	Small

The effect size (Cohen's *d*) for Problem-Solving Abilities (PSA) between males and females is 0.38, indicating a moderate gender difference. This suggests that gender may somewhat influence adolescents' problem-solving skills. In contrast, the effect size for Psychological Well-Being (PWB) is 0.16, a small effect, implying that gender has little impact on adolescents' well-being. Overall, gender differences are more relevant to PSA than PWB.

V. DISCUSSION

The findings of the study reveal a significant positive relationship between adolescents' problem-solving abilities (PSA) and their psychological well-being (PWB), indicating that students with higher PSA tend to report better PWB. Gender-based analysis showed that males had slightly higher PSA scores than females, with a moderate effect size, whereas the difference in PWB across gender was minimal, with a small effect size. The chi-square analysis confirmed a statistically significant association between PSA levels and PWB categories, suggesting that higher problem-solving skills are linked with better psychological health among adolescents. Furthermore, regression analysis demonstrated that PSA is a significant predictor of PWB, accounting for a meaningful portion of the variance. These results collectively highlight the importance of cognitive coping mechanisms like problem-solving in enhancing adolescent mental well-being, underscoring the need for targeted interventions and educational programs that foster these life skills across genders.

VI. CONCLUSION

The current research finds that problem-solving ability (PSA) contributes positively and significantly to psychological well-being (PWB) in adolescents. Descriptive, inferential (t-test, chi-square), correlational, and regression statistical tests all confirm that an increase in PSA correlates with improved levels of PWB, irrespective of gender, with males having slightly higher PSA levels than females. The gender moderation effect of PSA, and the large chi-square correlation between PSA levels and the PWB categories, support the psychological interpretation of cognitive skills in youth development. The results highlight the importance of incorporating problem-solving training into educational and mental health programs to help adolescents remain emotionally strong and psychologically healthy.

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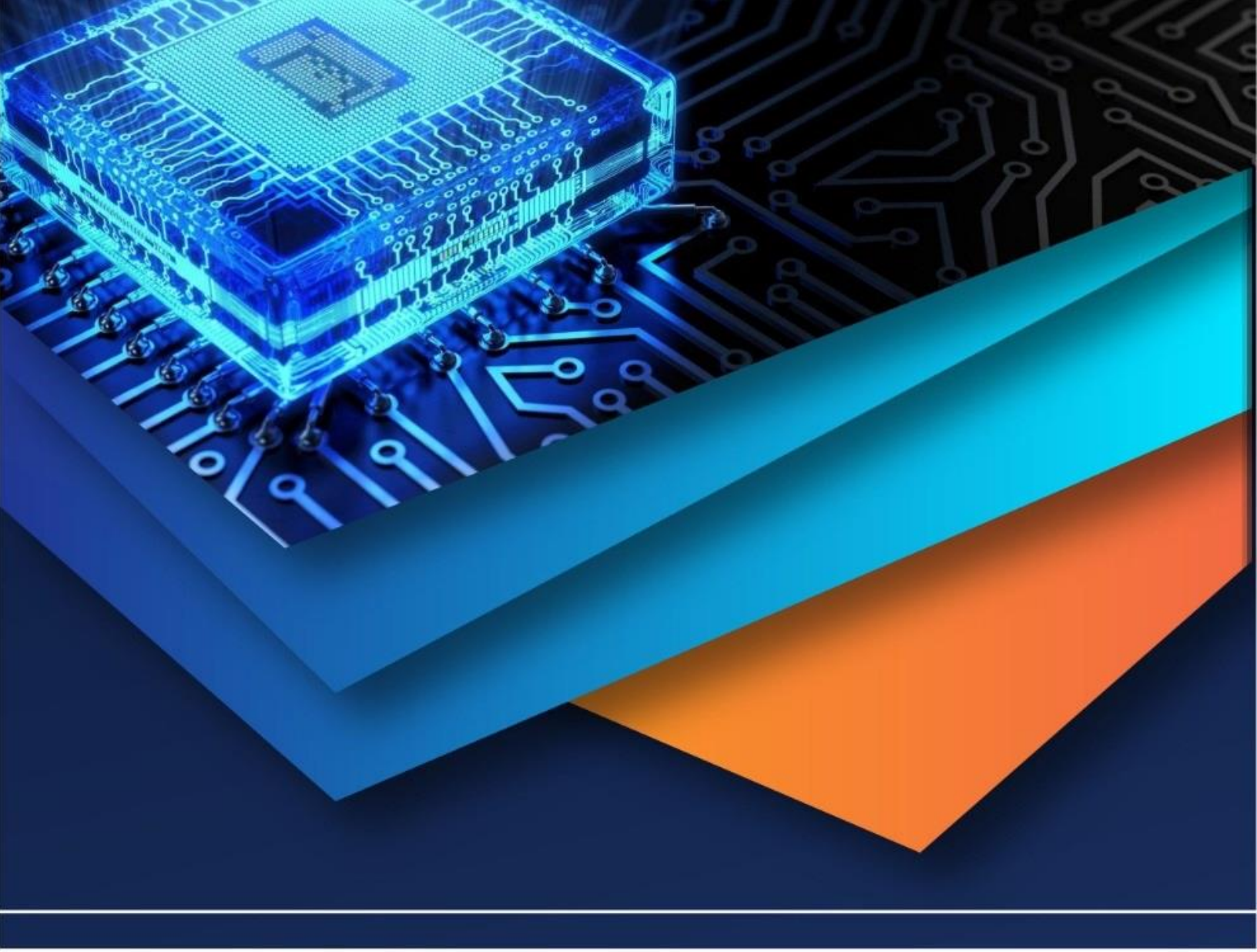

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