

## Role Of Cognitive Emotion Regulation Strategies (CERS) And Mental Health Among School Going Students

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### Abstract

Adolescent mental health is a growing concern worldwide, with increasing rates of depression, anxiety, and other psychological disorders among this age group. Comprehensive Education on Resilience Skills (CERS) programs have emerged as a potential intervention to address these challenges. Adolescent mental health disorders are a significant concern, relatively prevalent, and amenable to treatment or intervention. Obstetrician gynaecologists who see adolescent patients are highly likely to see adolescents and young women with one or more mental health disorders. Some of these disorders may interfere with a patient's ability to comprehend or articulate her health concerns and appropriately adhere to recommended treatment. Some disorders or their treatments will affect the hypothalamic-pituitary-gonadal axis, causing anovulatory cycles and numerous menstrual disturbances. Adolescents with psychiatric disorders may take psychopharmacologic agents to induce menstrual dysfunction and galactorrhea. Adolescents with mental illness often engage in acting-out behaviour or substance use, which increases their risk of hazardous sexual behaviour that may result in pregnancy or sexually transmitted infections. This abstract summarizes the findings of a systematic review and meta-analysis that investigates the effect of CERS on adolescent mental health outcomes. The present study has the following objectives.

1. To evaluate the Impact of Comprehensive Emotional Resilience Support (CERS) programmes on adolescents' mental health.
2. To Examine the relationship between CERS interventions and adolescents' psychological health.

The questionnaires were administered equally to 100 adolescents, 50 males and 50 females. Excel was used during the selection procedure to evaluate the Impact of CERS on adolescents' mental health. The investigation provided helpful and useful results and valuable suggestions for future research. After getting all the required data, the study examined the Impact of CERS on the mental health of both male and female adolescents.

**Keywords:** CERS, mental health, health care, adolescents.

### I. Introduction

At least one in five youth aged 9–17 years presently has a diagnosable mental health disorder that causes some impairment; one in 10 has a disorder that causes significant impairment. Only one-third of adolescents population received treatment they required. Half of all severe adult psychiatric disorders begin by age 14, but treatment is typically not initiated until 6–23 years later. Two to three times more female adolescents than male adolescents suffer from anxiety and mood disorders, whereas the opposite is true for attention deficit disorder. There is a high likelihood that obstetrician–gynaecologists who treat adolescents will encounter adolescents and young women with one or more mental health disorders. Some of these disorders may impair a patient's ability to comprehend or articulate her health concerns and to adhere to the prescribed treatment. Some diseases or treatments can affect the hypothalamic–pituitary–gonadal axis, resulting in anovulatory cycles and numerous menstrual disorders (such as secondary amenorrhea or aberrant uterine bleeding). Adolescents with mental illness frequently engage in acting-out behaviour or substance abuse, which increases their risk of engaging in hazardous sexual behaviour, which may lead to pregnancy or STIs. Psychopharmacologic agents that can induce menstrual dysfunction and galactorrhea may be administered to adolescents with psychiatric disorders. Pregnant adolescents who use psychopharmacologic agents present a unique challenge when attempting to balance the potential risks of foetal damage with the risks of deficient treatment.

Anxiety, mood, attention, and behaviour disorders are adolescents' most prevalent mental disorders. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) outlines and discusses the criteria for making each specific diagnosis. This Committee Opinion focuses on the implications of common adolescent mental health disorders for

gynecologic and obstetric practice and provides fundamental information on these disorders. The focus is on recognition and referral rather than treatment specifics for each disorder. Although substance abuse disorders and dietary disorders are part of the spectrum of mental illness and may coexist with other disorders, it is beyond the scope of this document to discuss them in sufficient detail. The American College of Obstetricians and Gynaecologists has addressed these concerns in other documents. The American Academy of Paediatrics provides additional information regarding dietary disorders. This study examines the Impact of Comprehensive Education on Resilience Skills (CERS) on adolescents' mental health. We aim to provide a comprehensive understanding of the Impact of CERS interventions on various aspects of adolescent mental health, including symptoms of depression, anxiety, overall well-being, and coping strategies, by systematically reviewing and synthesizing the existing literature. In addition, we will investigate potential moderators and factors that could impact the efficacy of these interventions.

### **Cognitive Emotion Regulation Strategies (CERS)**

Cognitive emotion management techniques are mental processes individuals use to regulate and control their emotional experiences. These strategies incorporate both adaptive and maladaptive approaches. Adaptive methods, such as positive reappraisal and problem-solving, involve reframing situations positively and addressing underlying issues, improving emotional outcomes. Maladaptive techniques, like rumination and suppression, can be detrimental, leading to increased sorrow and stress. People who employ effective cognitive strategies tend to experience greater pleasure and enhanced mental health, while those using dysfunctional approaches encounter decreased well-being. It's important to develop and practice adaptive emotional regulation techniques. However, it may take time and professional guidance to master them effectively, as their efficacy may vary with context and individual characteristics. The Impact on Mental Health is as follows:

The application of Cognitive Emotion Regulation Strategies can have a profound impact on mental health in multiple ways:

- **Reducing Emotional Distress:** CERS can assist people in mitigating the Impact of adverse emotions like anxiety, melancholy, and wrath. Individuals can suffer less emotional distress from modifying their thought processes and responses to emotionally fraught situations.
- **Enhancing Emotional Resilience:** CERS development and practice can enhance an individual's resilience and capacity to recover from adversity. This enhanced emotional fortitude may be a preventative measure against the onset of mental health conditions.
- **Improving Interpersonal Relationships:** CERS, including perspective-taking and empathetic hearing, can improve interpersonal communication and conflict resolution. A stronger social support system, which is vital for mental health, may result from this.
- **Preventing Mental Health Disorders:** One potential benefit of employing CERS is reducing mental health disorders such as anxiety disorders, depression, and post-traumatic stress disorder through managing negative emotions and stress.
- **Enhancing Overall Well-being:** A higher quality of life and a more positive emotional state may result from effectively applying CERS. Developing this skill can contribute to increased life satisfaction and a feeling of mastery over one's emotional experiences.

### **Family structure and adolescent mental health**

The family environment creates a substantial impact on the overall welfare of adolescents. Existing research suggests that adolescents from intact families, characterized by both biological parents, exhibit superior mental health outcomes compared to their counterparts from non-intact families, such as integrated or single-parent households. Non-intact family contexts can expose adolescents to a variety of stressors, such as parental conflicts, separation or divorce, financial distress, and shifts in living arrangements, which can result in feelings of anxiety, melancholy, diminished self-confidence, and potential academic and social difficulties. On the other hand, adolescents from intact families frequently enjoy the advantages of emotional support, financial security, high-quality healthcare, and the stability and support provided by both parents. It is essential to remember that family structure is only one of many determinants of adolescents' mental health. The character of family relationships, regardless of their structure, is crucial, as adolescents who experience a sense of support and connection generally experience improved outcomes.

The emotional well-being of children may be adversely affected if their parents, who are grappling with mental health issues, cannot offer the essential stability and support that are vital to their children's mental health. Although altering the structure of a family is a complex endeavour, families can foster positive mental health by prioritizing family activities and connecting, seeking professional assistance, and improving communication and conflict resolution abilities. Additionally, they can encourage healthy coping mechanisms and foster healthy coping strategies. Communities and schools contribute to providing mental health support and developing a secure, nurturing atmosphere for every student.

### Anxiety Disorders

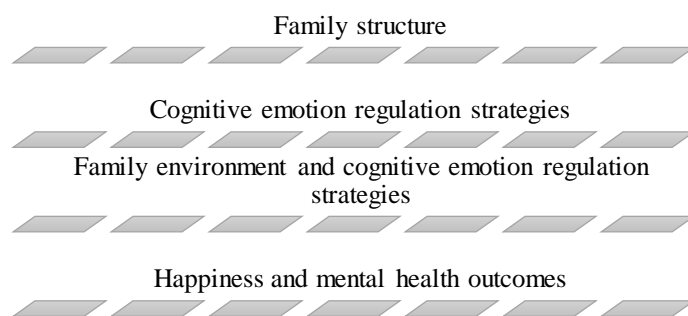
Anxiety disorders are the most prevalent mental illness among adolescents. One in eight adolescents meets clinical criteria for an anxiety disorder at any given time. Generalized anxiety disorder, social anxiety disorder, and panic disorder are anxiety disorders. Anxiety disorders are clinically significant when they interfere with essential areas of functioning, such as school, work, or interpersonal relationships. They frequently co-occur with depressive disorders or attention-deficit/hyperactivity disorder (ADHD) and are linked to suicide risk factors of anxiety disorders. Physical symptoms are typical of numerous anxiety disorders. For severe dysmenorrhea or persistent pelvic pain, a gynaecologist may be consulted. Other symptoms include chest pains, palpitations, shortness of breath, vertigo, syncope, nausea, vomiting, recurrent abdominal pain, sleep, appetite, and energy disturbances. The DSM-V distinguishes OCD and PTSD from anxiety disorders. OCD was deemed complex enough to warrant its segment despite its close relationship to anxiety disorders, and PTSD may exhibit symptoms that resemble mood disorders, anxiety disorders, or both. Patients with OCD may present with vulvovaginitis due to excessive perineal hygiene or be overly concerned with the frequency, duration, or quantity of menstrual flow. Patients with PTSD may have an irrational dread of gynecologic examination, particularly if they have a history of sexual assault or sexual abuse, and will often require additional time, reassurance, and education.

### Significance of the study

The current investigation aims to investigate the Role of Cognitive Emotion Regulation Strategies (CERS) and Mental health among adolescents. It will be done by assessing the utilization of CERS techniques among participants and determining their influence on emotional well-being, emotional resilience, and the prevention of mental health disorders. Through doing so, the aim of research to provide valuable insights into potential strategies that could improve adolescents' overall quality of life and enhance mental well-being and reduce mental illness among adolescents.

## II. Literature review

This literature review examines various theoretical frameworks that contribute to understanding the interrelationships among intellectual emotion regulation, pleasure, and mental health in adolescents.



### Conceptual framework

*(Sara McLanahan and Christine Percheski, 2008)* Studied Organization of the Home and the Perpetuation of Disparities. The article argues that income disparities and familial composition differences are closely related, and the familial unit has developed into an outlet for perpetuating class, racial, and age gaps. The authors Examine studies demonstrating an extensive range of connection rates among income disparities and marital status variations. They suggest Changes in disparities in earnings may contribute to the rise in single mothering, especially among younger women, which in turn impacts financial supplies and parental experiences of children. *(Marcia J. and Carlson 2001)* Studied The Relationship between Families and Childhood Mental and Cognitive Thinking Effects This investigation investigates the relationship between familial structure and children's psychological and intellectual results. The research suggests that family structure, including living with both biological parents, a single parent, or in a blended family, has some impact on mental and intellectual results in kids. The study found that children with both biological parents generally had better outcomes than those who lived in other family structures. *(David H, Demo and Alan C. Acock 1996)* Studied Family composition, family dynamics, and teenage good health. The study published in the Journal of Research on Adolescence explores the relationship between family structure, Families and the health of adolescents. The research suggests that family structure and process contribute significantly to the formation of wellness of adolescents—organization of a household, such as residing with each of the parents. A single parent or in a blended family was found to have some impact on adolescent well-being. However, the strength of the relationship varied depending on the outcome being measured.

*(Cynthia Suveg 2009)* Studied Changes within Psychology After Cognitive Behavior Therapy to Feed Anxious Children The investigation evaluated the emotional conduct of 37 young (22 boys and 15 females) with anxious disorders aged 7 to 15 who received cognitive-behavioural therapy (CBT). The results indicated relaxation, improved confidence, and feeling awareness. *(Zahra Taheri 2019)* Studied the Impact of teaching interior decoration on student's enjoyment & mental well-being. This study aimed to determine the Impact of classroom interior decoration on factors such as contentment, mental well-being, and physiological indicators. Initially, there was no significant link found between the two. However, after adopting a new approach, it was observed that there was a considerable increase in contentment and a significant effect of interior decoration on the mental well-being subscale scores of individuals, particularly on panic or physiological indicators. *(Yvonne Kelly 2019)* Studied The UK Millennium Cohort Study's Findings on Social Networking Usage Teenager Mental Well-being. This article explores the connection between social media use and depression in teenagers, examining various possible factors such as online abuse, sleep deprivation, poor self-image, and physical health. The study found that increased use of social media platforms was linked to negative outcomes, including internet harassment, poor sleep, negative self-image, and body dissatisfaction, which in turn was linked with greater melancholy scores. *(Muhammad Akram Uzzaman 2016)* Studied the recognition of adolescents as predicted by home setting and school environment. This research aims to assess the Impact of home and school contexts on the development of cognition and behaviour-emotional functioning of teenagers. In addition, the univariate analysis revealed that gender substantially influenced adaptation involved in emotion modulation or scholastic desire but not on the other six factors. Thus, the primary two stages of evaluations took place with familial and educational situations functioning as variables in both segments.

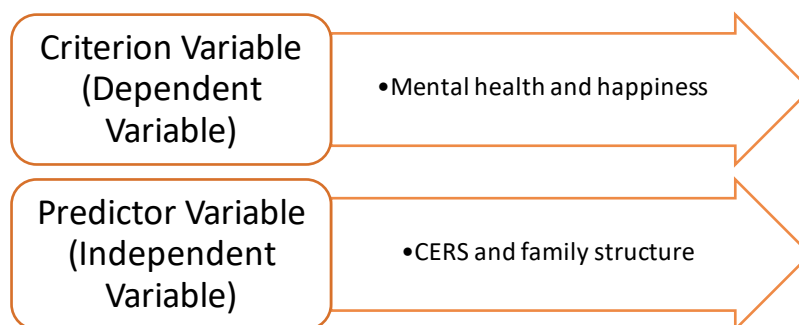
*(Nasrin Jangezahi Shastan 2021)* They studied The Effect of Cognition Emotional Control in Forecasting High-Risk Actions Mediated by Social Schools for Girls Ages 14 to 17 in Saravan. This study aimed to determine the significance of contemplating emotions for forecasting risky behaviours among 14- to 17-year-old females in Caravan City. The study used questionnaires to collect data from 400 male students, and the results were analyzed utilizing the Pearson correlation rate and modelling of structural equations. The findings confirmed the hypothesis that emotional behaviours and school well-being mediate. The connection between adolescents' cognitive control of their emotions and risky behaviour. *(Mehmet Ali Yildiz, 2016)* They have studied Multiple Feedback of Emotional Regulation Mechanisms in the Adolescence Association between Feeling alone and Happiness. This research investigates the relationship between solitude and positivity among high school pupils, emphasizing the Impact of controlling emotional strategies as mediators. The sample consisted of 300 students, and data was collected through various scales and questionnaires. The improvement of techniques for thinking about emotions in anticipating pleasure and apprehension in the coming school year 2018-2019 that Birjand Islamic Azad University The study aimed to examine the association between strategies for controlling emotions, Happiness, and anxiety among students. The sample consisted of 100 students from Birjand Azad University who completed questionnaires on cognitive emotion regulation strategies, Happiness, and anxiety. Results indicated no noteworthy relationship between methods for regulating cognitive emotions and Happiness and a significant positive correlation between blaming strategies and anxiety. *(Michelle Lambert 2014)* Studied on an evaluation of parameters related to the Happiness of teenagers. It was intended to examine the link between hypothesized risk factors for Happiness, such as alcoholism and drug use, sexual assault, violence, chronic health problems, and ethnic prejudice, and various factors, such as relationships, exercise, and family dinners. Using statistical analysis, the study found that good relationships with home, best friends, education, frequent exercise, and family dinners positively correlated with Happiness.

*(Keyes and C. L. M 2012)* Studied on to prosper or not to prosper: Positive psychological wellness and total mortality. This review article explores "flourishing" as a positive mental health outcome and its relationship to all-cause mortality. The authors contend that flourishing is more than the absence of mental illness and is associated with reduced mortality rates. They also indicate that remedies to increase prosperity may be advantageous for health and well-being. *(Lyubomirsky, 2005)* Studied The structure of lasting transformation is the pursuit of pleasure. This article examines the variables contributing to long-lasting contentment, such as targeted activities, social support, and positive thinking. The paper's authors argue that enduring Happiness is not merely a matter of good sentiments but requires deliberate effort and the development of positive behaviours.

### III. Methodology

The present research to investigate the role of cognitive emotion regulation strategies and family structure on adolescents' well-being and psychological health.

**Hypotheses:** The research examines the following hypotheses:



**Research Design:** The research employs a between-subjects design in which participants are randomly divided into two groups.

**Participants:**

- A sample of 100 school students aged 13 to 19 from the Indian state of Haryana.
- These are students from Hindi-medium institutions that are administered by the HBSE board.
- In addition to boys and girls, the sample is classified as rural or urban.

**Inclusion and Exclusion Criteria:**

Inclusion Criteria:

- Adolescents aged 13 to 19.
- Students in grades 9 to 12.
- Students from government schools in Haryana.
- Both male and female participants.

Exclusion Criteria:

- Students in grades VI to VIII.
- Participants were below 10 years old and above 19 years old.
- Students from states other than Haryana.
- Undergraduate and postgraduate students are excluded.

**Tools:**

- Self-report questionnaires were used for data collection.
- The following tools were employed.
- Cognitive Emotion Regulation Questionnaire (CERQ) to assess cognitive coping strategies in response to stress.
- The subjective Well-being Inventory (SWB) measures students' well-being or ill-being.
- Subjective Happiness Scale (SHS) to assess the subjective sense of Happiness or unhappiness.

**Description of Tools:**

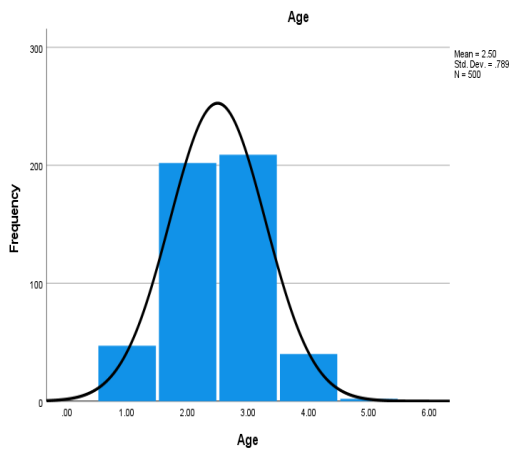
**Cognitive Emotion Regulation Questionnaire (CERQ):**

- Developed in 2001 by Garnefski et al.
- A 36-item survey designed to evaluate cognitive and emotional coping mechanisms.
- The frequency of employing these strategies is assessed by the respondents using a five-point Likert scale.
- Each item is assigned a score between 4 and 20, and the overall mean is computed in the absence of an item.
- Previous research has established an internal consistency reliability ranging from 0.68 to 0.86.studies.

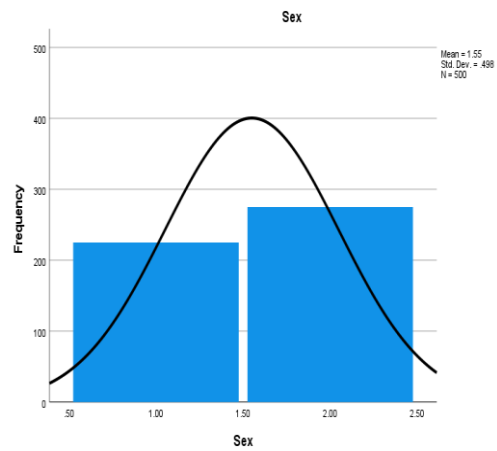
**IV.Data Analysis and Results**

This demonstrates the complex relationship between the structure of the family, the cognitive emotion regulation strategies of adolescents, and their well-being as a whole. Through a thorough analysis of the statistical results, the present section provides important information on how emotional coping mechanisms and family dynamics can influence adolescents' mental well-being and contentment. It reveals crucial determinants that influence their holistic psychological growth.

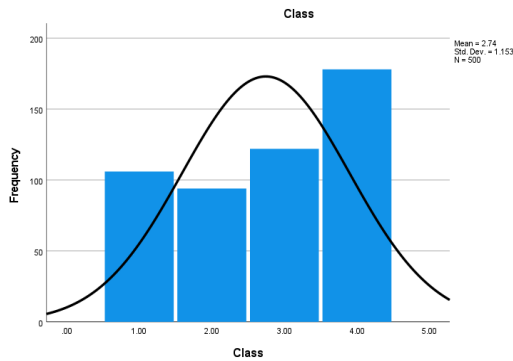
**Demographics**



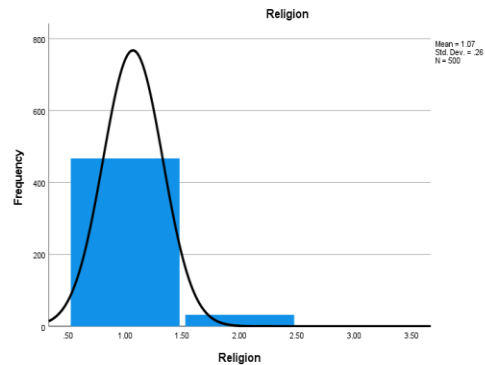
The dataset includes age information for 500 individuals, with the majority in the 15-18 age groups, making up 82.2% of the total. Age groups 13-14 and 19-20 account for 17.4%, while 21-22 represents 0.4%. This data highlights the predominant age ranges and their proportions within the dataset.



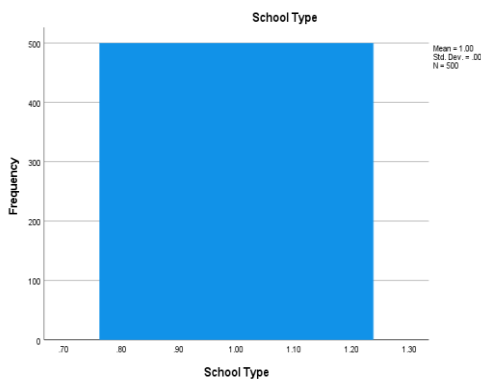
A random sample of 500 people reveals a gender distribution, with 45% identified as Female and 55% as Male, indicating a higher proportion of males in the sample. The absence of missing values for gender is reflected in the valid percentage.



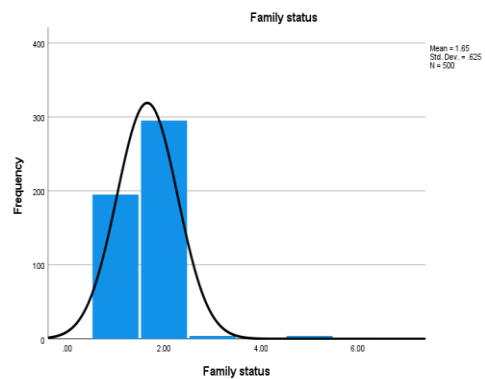
The data encompasses 500 students distributed across four classes. The 12th class has the highest enrollment with 35.6%, followed by the 11th class with 24.4%, the 9th class with 21.2%, and the 10th class with 18.8% of the total student population.



The dataset reveals religious affiliations, with Hindus forming the majority at 93.4%. Muslims represent 6.4%, while there's a 0.2% presence of Christians, providing insights into the population's religious composition.

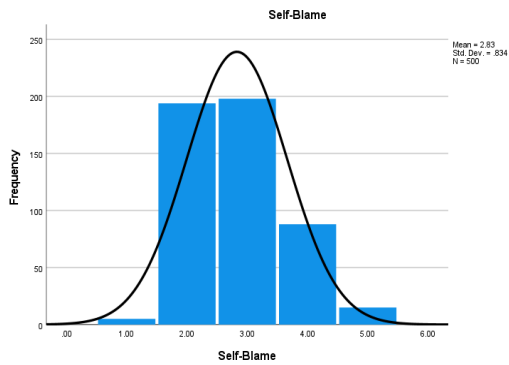


The data confirms that all 500 participants exclusively selected Government schools as their preferred school type, making it 100% of the responses. This unanimous choice suggests the accuracy and consistency of the answers.

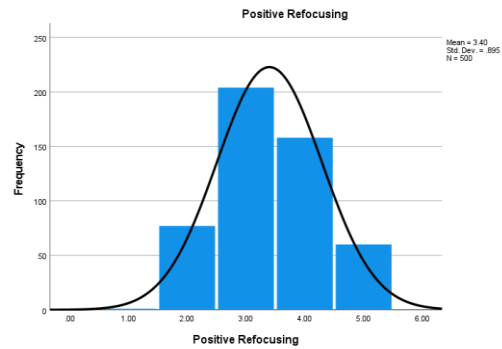


The data presents the family situations of respondents. Most participants, 59%, fall into the Nuclear family category, with 39% in Joint families. Single Mothers account for 0.8%, while Step Parents and Adopted respondents comprise 0.2%.

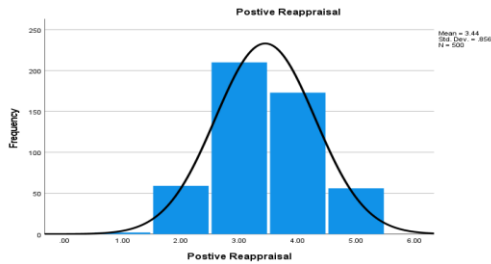
**Cognitive Emotion Regulation Questionnaire**



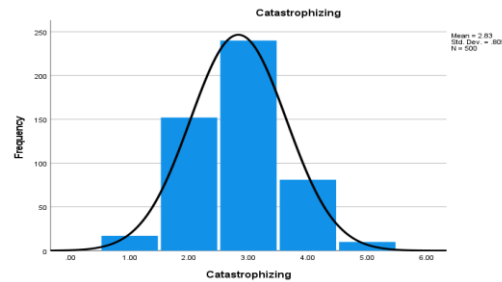
Responses to self-blame tendencies vary: Rarely (small proportion), Occasionally (38.8%), Regularly (39.6%), Often (17.6%), and Almost Always (3.0%), illustrating diverse levels of self-blame among individuals.



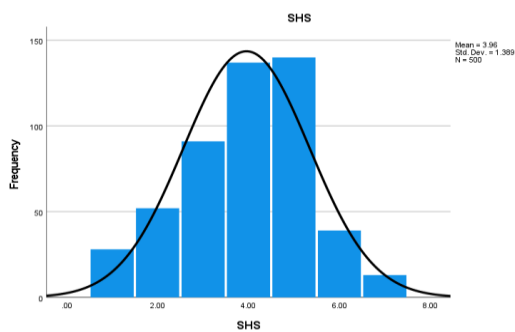
The data on Positive Refocusing frequency reveals diverse participation levels: Rarely (0.2%), Sometimes (15.4%), Regularly (40.8%), Often (31.6%), and Almost Always (12.0%). Regular participation is the most prevalent category, with 40.8% of respondents actively engaging in Positive Refocusing.



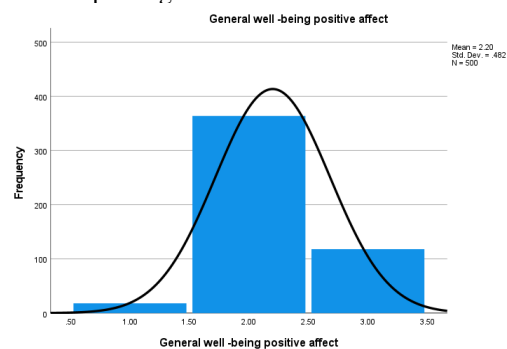
Data on Positive Reappraisal reveals participation levels: Rarely (0.4%), Sometimes (11.8%), Regularly (42.0%), Often (34.6%), and Almost Always (11.2%). Regular participation is the most prevalent, with 42.0% of respondents frequently using Positive Reappraisal.



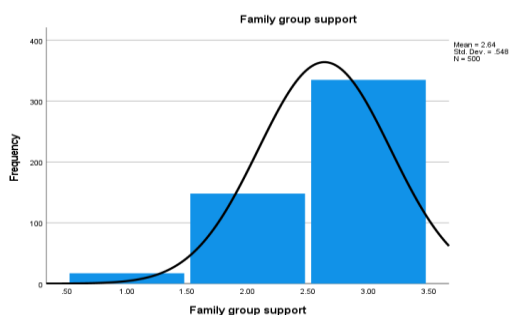
The data on Catastrophizing indicates varied engagement levels: Rarely (3.4%), Sometimes (30.4%), Regularly (48.0%), Often (16.2%), and Almost Always (2.0%). Regular engagement is most common, with 48.0% of respondents regularly participating in Catastrophizing.



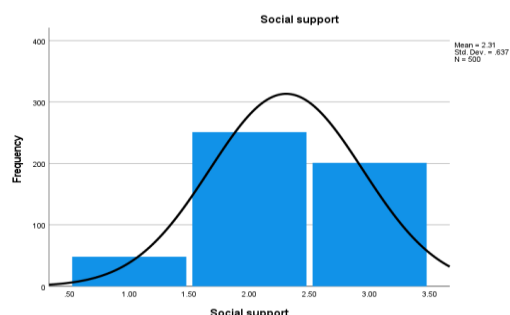
The data reveals diverse happiness levels: Extremely content (5.6%), Not content (10.4%), Happy (18.2%), Emotionless (27.4%), Good mood (28%), Constant Happiness (7.8%), Very happy (2.6%). This underscores the importance of promoting mental health through self-care, positive relationships, and enjoyable activities to enhance Happiness and contentment.



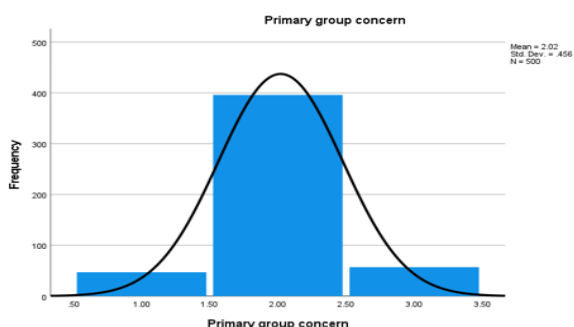
Data on the General Well-being Positive effect shows diverse experiences: Most of the time (3.6%), Sometimes (72.8%), and Hardly Ever (23.6%). The majority, 72.8%, report experiencing this positive effect sometimes, highlighting the need to understand and promote general well-being.



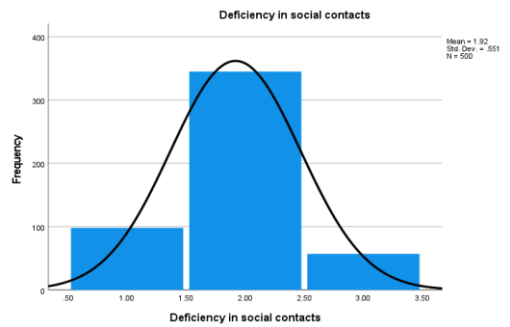
The data indicates varying levels of family group support: Most of the time (3.4%), Occasionally (29.6%), and Hardly Ever (67.0%). These findings are essential for evaluating social well-being and family dynamics.



Data reveals diverse levels of social support: Most of the time (9.6%), Occasionally (50.2%), and Hardly Ever (40.2%). Understanding these levels is vital for evaluating social well-being and interpersonal connections, with social support offering emotional and practical assistance during challenging times.



The data shows varying levels of primary group concern: Most of the time (9.4%), Occasionally (79.2%), and Rarely (11.4%). Assessing this concern is key to understanding social well-being and the importance of close relationships, which provide emotional support and security.



Data illustrates diverse experiences with a shortfall of social contacts: Most of the time (19.6%), Occasionally (69.0%), and Hardly Ever (11.4%). Evaluating these experiences is essential for assessing social well-being and connectedness, as social contacts play a key role in combating isolation and enhancing well-being.

### Implications

The investigation results have substantial consequences for subsequent investigations in the discipline. To begin with, it is evident that further thorough analysis is required to understand better the intricate relationship between adolescent well-being, cognitive emotion regulation strategies, and family structure. Larger and more diverse samples should be utilized in these investigations to include a wider spectrum of experiences. Secondly, it is preferable to conduct longitudinal studies to observe the enduring impacts of family dynamics on mental health and contentment. It is imperative to analyze the impact of cultural and socioeconomic elements on diverse population groups to attain a more thorough comprehension. Further investigation is necessary to examine intervention approaches such as cognitive-behavioural therapies and family counselling to augment adolescents' emotional resilience in various familial settings. Complementing quantitative findings with qualitative research methods, such as in-depth interviews and focus groups, can yield a more comprehensive understanding of the subjective experiences of adolescents within their family environments, thereby enhancing our understanding of the subject matter as a whole.

### Suggestions

Based upon the extensive data and hypotheses examined, it is advisable to continue investigating deeper into the subject of adolescent well-being through investigating an expanded range of variables that extend beyond familial structure and cognitive strategies for regulating emotions. To obtain a more thorough knowledge of the factors that impact adolescents' contentment and mental well-being, research needs to incorporate a range of variables, including but not limited to peer relationships, social support networks, school environments, and individual resilience. Valuable descriptive information can be derived from incorporating qualitative research methodologies to capture adolescents' lived experiences in various family settings. Adopting a thorough strategy will enable the formulation of more efficacious strategies and interventions



that want to improve the overall welfare of adolescents while also considering the complexities of their social and emotional interactions.

## V. Conclusion

The data analysis provided an all-encompassing perspective on the demographic and affective characteristics of the adolescents who participated in the survey. Significant discoveries covered a heterogeneous age composition, a preponderance of Hindu religious followers, a unanimous preference for public institutions, and a range of dynamic encounters. Although the research examined the potential correlations between cognitive emotion regulation strategies, family structure, and adolescent well-being, the findings failed to corroborate the postulated associations. Family composition had no significant effect on psychological well-being, emotional regulation strategies, or overall satisfaction. Acknowledging the intricate nature of the various factors that impact the well-being of adolescents is of the utmost importance; additional investigation is required to acquire a more detailed understanding of these interactions. Such knowledge would be instrumental in formulating effective approaches to improve this demographic's mental health and overall contentment.

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