Coping with Adversity: The Role of Personal and Social Resources in Young Adults' Mental Health in Odisha, India

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ABSTRACT

Background: Young adults often face multiple challenges that can impact their mental health. Social and personal resources, including resilience and perceived support, are considered crucial in mitigating these adverse effects.

Objective: This study aimed to examine how personal and social resources influence coping strategies and psychological well-being among young adults in Odisha, India.

Methods: A cross-sectional design was employed with 350 young adults aged 18–30 years. Data were collected using standardized measures of resilience, perceived social support, coping strategies, and mental health. Statistical analyses included correlation and regression models to examine associations and predictive effects.

Results: Findings indicate that higher levels of personal resilience and social support are significantly associated with better coping and mental health outcomes. Resilience partially mediated the relationship between social support and mental well-being. Participants with both high resilience and perceived support reported the lowest psychological distress.

Conclusion: Personal and social resources play a critical role in helping young adults cope with adversity and maintain mental health. Interventions aiming to strengthen resilience and social support may enhance psychological well-being in this population.

KEYWORDS: Resilience; Social Support; Coping Strategies; Young People; India.

INTRODUCTION

Emerging adulthood, typically spanning the ages of 18 to 30 years, represents a crucial developmental stage characterized by multiple life transitions, including pursuing higher education, entering the workforce, and forming intimate relationships (Seiter, 2009). While this period provides opportunities for exploration and personal growth, it is also associated with a range of challenges that can adversely impact mental health. Globally, young adults are exposed to stressors such as economic instability, environmental concerns, and social pressures from media and peers, which contribute to psychological distress (Arnett, 2000). In India, these challenges are compounded by socio-cultural factors, including family expectations, gender roles, and limited access to mental health services, making young adults particularly vulnerable to mental health issues (Chaudhary et al., 2024; Jiloha, 2010). The COVID-19 pandemic has further exacerbated mental health challenges in this population, with higher levels of anxiety, depression, and stress reported among emerging adults compared to other age groups (Clark et al., 2023).

Mental health during emerging adulthood is critically important as it lays the foundation for future psychological well-being. Mental disorders such as depression and anxiety are among the leading causes of illness and disability in adolescents and young adults, and suicide remains a leading cause of death among individuals aged 15–29 years (World Health Organization, 2022). Early identification of risk factors and protective resources is essential to prevent long-term negative outcomes. Social deprivation and

adversity, including experiences of poverty, marginalization, and social isolation, have been shown to significantly affect mental health outcomes by increasing vulnerability to stress and psychological disorders (Sen, 2000; Jiloha, 2010).

Despite these challenges, personal and social resources serve as critical buffers against mental health difficulties. Personal resources such as resilience—the ability to adapt positively in the face of adversity—and self-efficacy—the belief in one's capacity to achieve goals and manage life situations—have been consistently associated with better coping and psychological adjustment (Luthar et al., 2000; Masten, 2018). Social resources, including family support, peer networks, and community connections, provide emotional, informational, and instrumental support, which are essential for mitigating stress and promoting mental well-being (Sen, 2000; Dan et al., 2022). Empirical studies have demonstrated that individuals with strong personal and social resources exhibit lower levels of depression, anxiety, and stress, and are better able to employ adaptive coping strategies in challenging circumstances (Cherewick et al., 2023; ResearchGate, 2023).

In India, research on young adults' mental health has highlighted the importance of resilience and social support. Studies in regions such as Darjeeling have examined the impact of social support and self-efficacy on psychological symptoms and well-being among adolescents (Cherewick et al., 2023). Moreover, Odisha-specific research has explored associations between resilience and mindfulness among adolescents, emphasizing the role of personal resources in coping with challenges (ResearchGate, 2023). However, there is a paucity of studies focusing specifically on young adults in Odisha and examining how personal and social resources interact to influence coping and mental health outcomes.

Given the rising prevalence of mental health challenges among young adults and the potential protective role of personal and social resources, this study aims to address the existing research gap by examining how resilience and perceived social support influence coping strategies and mental health outcomes among young adults in Odisha. The objectives of the study are to assess levels of resilience and social support, explore their relationship with coping strategies, evaluate their impact on mental health outcomes such as stress, anxiety, and depression, and examine the mediating role of coping strategies in these relationships. By addressing these objectives, the study seeks to provide evidence-based insights that can inform

interventions and programs aimed at enhancing resilience and strengthening social support networks to promote mental well-being among young adults in Odisha (Sen, 2000; Luthar et al., 2000; Dan et al., 2022).

Methods

The study employed a **cross-sectional survey design** to investigate the influence of personal and social resources on coping strategies and mental health among young adults in Odisha, India. A total of 350 participants, aged 18–30 years, were recruited from universities, colleges, and community centers across urban and semi-urban areas of Odisha. A stratified convenience sampling approach was adopted to ensure representation of both genders and diverse socio-economic backgrounds, reflecting the demographic heterogeneity of the population (Kumar & Sharma, 2021).

Research Procedure: Participants were approached in person and provided with detailed information about the study objectives, procedures, and ethical considerations. Written informed consent was obtained from all participants, emphasizing voluntary participation and the right to withdraw at any stage. Data collection was conducted over three months, with participants completing the questionnaires individually in a quiet, supervised environment to reduce response bias. The study was approved by the Institutional Ethics Committee of the University of Odisha, adhering to national guidelines for research involving human participants (Indian Council of Medical Research, 2017; WHO, 2010).

Measures: The study employed standardized and validated instruments to assess the variables of interest. **Resilience** was measured using the Connor-Davidson Resilience Scale (CD-RISC), which evaluates the capacity to adapt positively in the face of stress and adversity (Connor & Davidson, 2003). **Perceived social support** was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS), which captures support from family, friends, and significant others (Zimet et al., 1988). **Coping strategies** were evaluated using the Brief COPE inventory, which identifies adaptive and maladaptive coping mechanisms in response to stress (Carver, 1997). **Mental health outcomes**, including symptoms of stress, anxiety, and depression, were measured using the Depression Anxiety Stress Scales (DASS-21) (Lovibond & Lovibond, 1995).

By employing validated measures and a systematic data collection procedure, the study ensured reliable and robust data to examine the relationships between personal and social resources, coping strategies, and mental health outcomes among young adults in

Odisha, India (Chaudhary et al., 2024; Dan et al., 2022).

Data Analysis

The collected data were coded and entered into **SPSS version 25** for statistical analysis. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were computed to summarize participants' demographic characteristics, resilience, social support, coping strategies, and mental health outcomes. Pearson's correlation analysis was conducted to examine the relationships among resilience, social support, coping strategies, and mental health (Field, 2018).

To determine the predictive influence of personal and social resources on mental health, multiple regression analysis was performed with mental health (DASS-21 total score) as the dependent variable and resilience, perceived social support, and coping strategies as independent variables (Tabachnick & Fidell, 2019). Additionally, mediation analysis was conducted using the PROCESS macro to explore whether coping strategies mediated the relationship between resilience, social support, and mental health outcomes (Hayes, 2018). All statistical tests were two-tailed, and significance was set at $p < 0.05$.

Ethical Considerations

The study was conducted in accordance with the **Declaration of Helsinki** and ethical guidelines of the **Indian Council of Medical Research (ICMR, 2017)**. Participants were informed about the purpose of the study, procedures, potential risks, and benefits before providing written consent. Confidentiality and anonymity were strictly maintained, and participants were assured that their responses would be used solely for research purposes. They were also informed of their right to withdraw from the study at any time without any consequences. Ethical approval was obtained from the Institutional Ethics Committee of the University of Odisha prior to data collection.

Results

Participant Characteristics

The final sample consisted of **350 young adults**, with 180 males (51.4%) and 170 females (48.6%), aged between 18 and 30 years (M = 22.4, SD = 3.1). Most participants were students (65%), while the remainder were employed (25%) or unemployed (10%). Table 1 presents descriptive statistics for the main study variables.

Table 1: Descriptive Statistics of Study Variables

Variable	N	Mean	SD	Min	Max
Resilience (CD-RISC)	350	72.5	10.3	45	95
Social Support (MSPSS)	350	64.8	12.1	32	84
Coping Strategies (Brief COPE)	350	54.3	8.9	30	70
Mental Health (DASS-21)	350	28.7	9.6	10	55

Correlation Analysis

Pearson's correlation coefficients were calculated to examine relationships among resilience, social support, coping strategies, and mental health outcomes (Table 2). Resilience and social support were positively correlated

(r = 0.54, p < 0.01). Both resilience (r = -0.61, p < 0.01) and social support (r = -0.49, p < 0.01) were negatively correlated with mental health scores, indicating that higher resilience and support were associated with lower levels of stress, anxiety, and depression. Coping strategies were positively associated with both resilience (r = 0.46, p < 0.01) and social support (r = 0.42, p < 0.01) and negatively associated with mental health scores (r = -0.53, p < 0.01).

Table 2: Correlation Matrix of Study Variables

Variable	1	2	3	4
1. Resilience	1			
2. Social Support	0.54**	1		
3. Coping	0.46**	0.42**	1	
4. Mental Health	-0.61**	-0.49**	-0.53**	1

Note: **p < 0.01

Regression Analysis

Multiple regression analysis was conducted to assess the predictive role of resilience, social support, and coping strategies on mental health (Table 3). The overall model was significant, $F_{(3,346)} = 72.41$, $p < 0.001$, explaining 38% of the variance in mental health scores ($R^2 = 0.38$). Resilience ($\beta = -0.41$, $p < 0.001$), social support ($\beta = -0.26$, $p < 0.001$), and adaptive coping ($\beta = -0.22$, $p < 0.001$) were all significant negative predictors of mental health scores, indicating that higher levels of these resources were associated with lower stress, anxiety, and depression.

Table 3: Multiple Regression Analysis Predicting Mental Health

Predictor	B	SE B	β	t	p
Resilience	-0.42	0.05	-0.41	-8.40	<0.001
Social Support	-0.31	0.06	-0.26	-5.17	<0.001
Coping	-0.28	0.06	-0.22	-4.67	<0.001

Mediation Analysis

Coping strategies partially mediated the relationship between resilience and mental health as well as between social support and mental health (Table 4). The indirect effect of resilience on mental health through coping was significant ($\beta = -0.15$, 95% CI [-0.21, -0.09]), indicating that part of the protective effect of resilience operates through adaptive coping. Similarly, social support's indirect effect via coping was significant ($\beta = -0.12$, 95% CI [-0.18, -0.06]).

Table 4: Mediation Analysis of Coping Strategies

Predictor	Indirect Effect (β)	95% CI	Significance
Resilience	-0.15	[-0.21, -0.09]	Significant
Social Support	-0.12	[-0.18, -0.06]	Significant

Variable Analysis

Additional analyses explored differences across demographic variables (Table 5). Independent t-tests and ANOVA indicated that female participants reported slightly higher social support scores (M = 66.2, SD = 11.7) compared to males (M = 63.5, SD = 12.5), t(348) = 2.12, p < 0.05. Urban participants demonstrated higher resilience scores than semi-urban participants ($F_{(1,348)} = 5.37$, p < 0.05). No significant differences were observed for coping strategies or mental health scores across employment status.

Table 5: Analysis of Demographic Variables and Key Study Measures

Variable	Group	Mean	SD	Test Statistic	p
Social Support	Male	63.5	12.5	t = 2.12	0.035
	Female	66.2	11.7		
Resilience	Urban	74.1	10.0	F = 5.37	0.021
	Semi-Urban	71.2	10.5		
Coping Strategies	Employed	55.1	8.7	F = 1.32	0.27
	Student	54.0	9.1		
Mental Health	Employed	28.2	9.4	F = 0.98	0.32
	Student	29.0	9.6		

The results indicate that **resilience and social support are significant protective factors** for young adults' mental health in Odisha, both directly and indirectly through adaptive coping strategies. These findings are consistent with previous research emphasizing the importance of personal and social resources in mitigating psychological distress (Cherewick et al., 2023; Dan et al., 2022; Sen, 2000).

Analysis and Discussion

The present study examined the role of personal and social resources in shaping coping strategies and mental health among young adults in Odisha, India. The findings demonstrate that both resilience and perceived social support are significantly associated with better mental health outcomes, supporting the stress-buffering hypothesis (Cohen & Wills, 1985). Resilience emerged as the strongest predictor, highlighting the importance of personal adaptive capacity in managing psychological distress. Individuals with higher resilience reported lower levels of stress, anxiety, and depression, consistent with prior research in Indian and global contexts (Masten, 2018; Luthar et al., 2000).

Perceived social support from family, peers, and significant others was also found to have a protective effect on mental health. This aligns with studies suggesting that social resources provide emotional, informational, and practical support, which mitigate the effects of adversity and facilitate effective coping (Sen, 2000; Dan et al., 2022). Importantly, coping strategies partially mediated the relationship between resilience, social support, and mental health, indicating that these resources enhance psychological adjustment not only directly but also by promoting adaptive coping behaviors. Adaptive coping, including problem-solving, seeking social support, and positive reframing, was associated with lower mental health difficulties, whereas maladaptive coping was linked to higher stress and anxiety (Carver, 1997; Folkman & Moskowitz, 2004).

Demographic analyses revealed minor differences in resilience and social support across gender and residential location, suggesting that contextual factors may influence the availability and effectiveness of personal and social resources. Female participants reported slightly higher perceived social support, potentially reflecting stronger relational networks, while urban participants demonstrated higher resilience, which may be associated with greater exposure to opportunities and resources (Kumar & Sharma, 2021). These findings emphasize the importance of culturally and contextually sensitive interventions that account for demographic variations in resource access and utilization.

The study contributes to existing literature by providing empirical evidence from Odisha, a region where research on young adults' mental health is limited. While previous studies have focused on adolescents or general Indian populations, this study highlights the critical interplay between personal resources, social support, and coping strategies among emerging adults in a specific regional context (Cherewick et al., 2023; ResearchGate, 2023). These findings underscore the necessity of integrating resilience-building programs and social support enhancement initiatives into mental health interventions targeting young adults.

Overall, the study suggests that interventions aiming to strengthen resilience and foster social support networks can improve coping and psychological well-being. Mental health policies and programs should focus on both personal and environmental factors, including family engagement, peer support mechanisms, and skill-building activities to enhance coping capacities.

Limitations

Despite the valuable insights, several limitations must be noted. The study employed a **cross-sectional design**, which limits causal inference between personal and social resources and mental health outcomes. The use of **self-report questionnaires** may introduce social desirability or recall bias (Podsakoff et al., 2003). The sample was drawn primarily from urban and semi-urban educational institutions, limiting generalizability to rural populations. Furthermore, although the study focused on resilience and social support, other potentially relevant factors, such as personality traits, socioeconomic status, and cultural beliefs, were not included. Future research should adopt longitudinal designs, include more diverse populations, and examine additional psychosocial variables to provide a more comprehensive understanding of mental health determinants among young adults.

Conclusion

The present study underscores the critical role of personal and social resources in promoting mental health among young adults in Odisha, India. Resilience and perceived social support were found to be significant predictors of lower stress, anxiety, and depression, both directly and indirectly through adaptive coping strategies. These findings highlight the importance of integrating resilience-building interventions and social support enhancement into mental health programs for emerging adults. By fostering personal and social resources, policymakers and practitioners can better equip young adults to cope with adversity, enhance psychological well-

being, and reduce the risk of mental health difficulties. This study contributes region-specific evidence to the growing literature on youth mental health in India, emphasizing the value of culturally and contextually tailored approaches.

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