

Mental Health, Self-Efficacy, Parental Involvement and Psychological Counselling Need of Adolescents in Relation to Gender and Maternal Employment: A Study of Secondary School Students in Nainital District, Uttarakhand

POOJA, DR. RASHMI PANT

Research scholar, Professor

Department of Psychology

Kumaon University, Nainital, Uttarakhand, India

Abstract

Adolescence is a period of heightened psychological vulnerability, shaped strongly by the family environment and by broader social expectations attached to gender. The present study examined mental health, self-efficacy, parental involvement, and psychological counselling need among secondary school adolescents in Nainital district, Uttarakhand, in relation to two independent variables: gender and maternal employment status. A descriptive survey method with a 2×2 factorial design was employed on a sample of 300 adolescents (150 boys and 150 girls; 150 children of working mothers and 150 of homemaker mothers) drawn from seven secondary schools across Haldwani, Nainital, Bheemtal, Ramnagar, and Kotabagh. Data were collected using four standardised tools — the Mental Health Scale (Talesara & Bano), the Self-Efficacy Scale (Mathur & Bhatnagar), the Parental Involvement Scale (TPIS-2009), and the Psychological Counselling Need Scale (PCNS-2009) — and analysed using two-way ANOVA and Pearson's correlation. Results showed that both gender and maternal employment had a significant effect on mental health, with boys and children of homemaker mothers scoring higher, and girls of working mothers emerging as the most vulnerable subgroup. Self-efficacy, parental involvement, and counselling need did not differ significantly by gender or maternal employment, although consistent directional trends were observed. Parental involvement emerged as the strongest and most consistent correlate of adolescent mental health across all four subgroups, while better mental health was associated with lower counselling need. The findings underline the pivotal role of sustained parental engagement in adolescent psychological wellbeing and carry clear implications for schools, parents, and policymakers in hill regions of India.

Index terms- Adolescent mental health; maternal employment; self-efficacy; parental involvement; psychological counselling need; gender differences; Uttarakhand

1. Introduction

Contemporary students grow up in a highly competitive environment and are frequently exposed to stressful conditions in the pursuit of education and, later, employment. Academic workload, along with the broader transition from adolescence to young adulthood — involving financial, emotional, social, and residential change — often proves stressful, and the proportion of students who describe their student life as stressful continues to rise. The World Health Organization estimates that 10–20% of children and adolescents worldwide experience mental health difficulties, with roughly half of all lifetime mental illness beginning during adolescence; left unaddressed, such conditions can compromise educational attainment and long-term productivity.

Adolescents are especially prone to feelings of insecurity, uncertainty, and intense emotionality arising from strained family relationships, a sense of inadequacy, and society's expectation of more mature behaviour (Patel, 2002). Not every adolescent experiences this period as difficult, however; supportive parenting and school-based counselling can substantially ease the transition. As adolescents mature, they naturally grow closer to peers and more autonomous from parents, yet the family continues to function as the central agency that provides affection, security, and a framework for healthy adjustment into adulthood (Larson & Richards, 1991). Where this support is weak, adolescents are more likely to develop negative self-concept, low self-efficacy, and diminished self-confidence, which in turn can manifest as anxiety, depression, anger, or difficulty with adjustment (Hurrelmann & Losel, 1990).

A parallel social change of direct relevance to this study is the steady rise in maternal employment in India. As more mothers take up paid work outside the home, questions naturally arise about how reduced maternal availability affects children's psychological development, self-belief, and perceived parental engagement. At the same time, boys and girls are socialised very differently, particularly in culturally conservative regions, and this differential socialisation is likely to interact with maternal employment status in shaping adolescent outcomes.

The present study was situated in Nainital district, part of the Kumaon region of Uttarakhand — a setting with distinctive social characteristics that make it particularly suitable for this inquiry. Male out-migration for work is common in the hills, leaving mothers as primary caregivers; traditional gender norms remain strong, often placing extra domestic responsibility on daughters; and professional counselling services in schools remain scarce. Against this backdrop, the study examined the mental health, self-efficacy, parental involvement, and psychological counselling need of secondary school adolescents in relation to their gender and their mother's employment status, and explored how these four psychological variables relate to one another within each subgroup.

2. Review of Literature

A review of the existing literature was undertaken across the four core variables of the study — adolescent mental health, self-efficacy, parental involvement, and psychological counselling need — to situate the present investigation within the existing body of knowledge.

2.1 Adolescent Mental Health

Studies on adolescent mental health consistently report gender-based differences and a notable proportion of at-risk students. Nair (2017), studying school-going adolescents in Gujarat, found that around one in eight students was at risk on the Strengths and Difficulties Questionnaire, with girls showing more emotional problems and boys showing other forms of difficulty, and rural adolescents faring worse overall. Comparative work on the mental health of urban adolescents from working and non-working-mother households has similarly pointed to maternal employment as a relevant, if complex, factor (Seenivasan & Kumar, 2014). Indian studies by Deb, Strodl, and Sun (2015) and international work by Leadbeater, Kuperminc, Blatt, and Hertzog (1999) and Zahn-Waxler, Shirtcliff, and Marceau (2008) converge on the finding that adolescent girls are more prone to internalising difficulties such as anxiety and depression, whereas boys tend to externalise or suppress emotional distress. Regional evidence from Uttarakhand — including Kothari et al. (2021), Mittal et al. (2012), and Kumari and Singh (2019) — reinforces the relevance of gender and parent–adolescent relationship quality to psychological functioning in this specific socio-cultural context.

2.2 Self-Efficacy

Self-efficacy, defined by Bandura (1977, 1986) as an individual's belief in their capacity to succeed at specific tasks, is closely linked to persistence, motivation, and the attribution of failure to controllable causes rather than fixed ability. Bandura's (1997) later work identifies mastery experience — direct personal success and failure — as the strongest source of self-efficacy beliefs, which helps explain why adolescents sharing similar school environments often display comparable levels of self-belief regardless of differing family circumstances. Prior research in this area has generally examined self-efficacy alongside academic achievement and parenting style, with parental encouragement repeatedly identified as a facilitating factor.

2.3 Parental Involvement

Parental involvement — participation in a child's education and overall development through school engagement, provision of a supportive home environment, and ongoing communication about schooling — has been widely linked to positive adolescent outcomes. Park and Holloway (2018) examined how parental involvement operates across different family and cultural contexts, while Hornby and Lafaele (2011) proposed an explanatory model of the barriers that limit parental involvement, including parental beliefs, class and family factors, and societal expectations. Such work underlines that involvement is shaped by a mother's employment demands as well as by cultural norms about parenting roles for sons versus daughters.

2.4 Psychological Counselling Need

Adolescence brings normative challenges — academic pressure, career uncertainty, identity formation, and peer relationships — that generate a consistent need for psychological support across the student population. Tirkey and Kerketta (2021) and Sati and Vig (2016) both report substantial counselling needs among secondary and senior-secondary students in India, regardless of background, suggesting that counselling need may be a near-universal feature of this developmental stage rather than one confined to specific demographic subgroups. Saila and Chamundeswari (2013) further link counselling need to academic achievement, reinforcing its practical significance for schools.

Taken together, the literature suggests that gender and maternal employment are likely to influence adolescent mental health, but their effect on self-efficacy, parental involvement, and counselling need is less consistently established — a gap the present study sought to address empirically within the specific socio-cultural setting of the Kumaon hills.

3. Objectives of the Study

1. To study the mental health status, self-efficacy, parental involvement, and psychological counselling need of adolescent girls and boys in terms of their maternal employment.
2. To study the relationship between mental health and self-efficacy of adolescent girls and boys in terms of their maternal employment.
3. To study the relationship between mental health and psychological counselling need of adolescent girls and boys in terms of their maternal employment.
4. To study the relationship between mental health and parental involvement of adolescent girls and boys in terms of their maternal employment.
5. To study the relationship between self-efficacy and psychological counselling need of adolescent girls and boys in terms of their maternal employment.
6. To study the relationship between self-efficacy and parental involvement of adolescent girls and boys in terms of their maternal employment.
7. To study the relationship between psychological counselling need and parental involvement of adolescent girls and boys in terms of their maternal employment.

4. Hypotheses

A total of eighteen hypotheses were formulated and tested at the 0.05 level of significance. They fall into two distinct sets, each tested with a different statistical technique:

- Part A (H1–H12) — null hypotheses, tested using two-way ANOVA. Each states that a given factor (gender, maternal employment, or their interaction) has no significant effect on one of the four

dependent variables. A null hypothesis is rejected when the ANOVA p-value is below .05, and accepted when it is above .05.

- Part B (H13–H18) — research (alternative) hypotheses, tested using Pearson's correlation. Each proposes a significant relationship between two of the four dependent variables. Because the sample was analysed as four separate subgroups (boys of working mothers, boys of homemaker mothers, girls of working mothers, girls of homemaker mothers), each of these six hypotheses was tested four times — once per subgroup, labelled (i) to (iv) below — giving 24 sub-hypotheses in total.

4.1 Part A — ANOVA (Null) Hypotheses, H1 to H12

Mental Health

H1: Gender does not have a significant effect on mental health.

H2: Maternal employment does not have a significant effect on mental health.

H3: There is no interactional effect of gender and maternal employment on mental health.

Self-Efficacy

H4: Gender does not have a significant effect on self-efficacy.

H5: Maternal employment does not have a significant effect on self-efficacy.

H6: There is no interactional effect of gender and maternal employment on self-efficacy.

Parental Involvement

H7: Gender does not have a significant effect on parental involvement.

H8: Maternal employment does not have a significant effect on parental involvement.

H9: There is no interactional effect of gender and maternal employment on parental involvement.

Psychological Counselling Need

H10: Gender does not have a significant effect on psychological counselling need.

H11: Maternal employment does not have a significant effect on psychological counselling need.

H12: There is no interactional effect of gender and maternal employment on psychological counselling need.

4.2 Part B — Correlational (Research) Hypotheses, H13 to H18

Each hypothesis below was tested separately in four subgroups: (i) boys of working mothers, (ii) boys of homemaker mothers, (iii) girls of working mothers, and (iv) girls of homemaker mothers. The corresponding results, subgroup by subgroup, are reported in Table 2 and Section 6.5.

H13: There is a significant relationship between mental health and self-efficacy among (i)–(iv).

H14: There is a significant relationship between mental health and parental involvement among (i)–(iv).

H15: There is a significant relationship between mental health and psychological counselling need among (i)–(iv).

H16: There is a significant relationship between self-efficacy and parental involvement among (i)–(iv).

H17: There is a significant relationship between self-efficacy and psychological counselling need among (i)–(iv).

H18: There is a significant relationship between psychological counselling need and parental involvement among (i)–(iv).

5. Methodology

5.1 Research Design

A descriptive survey method with a 2×2 factorial design was adopted, with gender (boys/girls) and maternal employment status (working/homemaker) as the two independent variables. This design permitted the separate as well as combined (interaction) effects of both variables to be examined for each dependent variable.

5.2 Sample

The sample comprised 300 adolescents studying in Classes IX to XII (age range 14–18 years) drawn from seven secondary schools located in Haldwani, Nainital, Bheemtal, Ramnagar, and Kotabagh in Nainital district, Uttarakhand. The sample was equally distributed across four subgroups of 75 each: boys of working mothers, boys of homemaker mothers, girls of working mothers, and girls of homemaker mothers.

5.3 Tools Used

- Mental Health Scale (Talesara & Bano, 2017) — a 54-item scale covering school-related, home-related, and peer-group-related sources of mental health, with higher scores indicating better mental health.
- Self-Efficacy Scale (Mathur & Bhatnagar, 2012) — a 22-item, 5-point scale with a possible score range of 22 to 110.
- Parental Involvement Scale, TPIS-2009 (Chauhan & Arora, 2009) — a 25-item scale with reported reliability of 0.92 and validity of 0.85.
- Psychological Counselling Need Scale, PCNS-2009 (Chauhan & Arora, 2009) — a 25-item scale with reported reliability of 0.90 and validity of 0.82.

5.4 Statistical Techniques

Data were analysed using SPSS. Two-way ANOVA was used to test the main and interaction effects of gender and maternal employment (H1–H12), and Pearson's product-moment correlation coefficient was used to examine the relationships among the four psychological variables within each of the four subgroups (H13–H18).

6. Results

Table 1 presents the summary of two-way ANOVA results for all four dependent variables, and Table 2 presents the Pearson correlation coefficients across the four subgroups.

Table 1: Summary of Two-Way ANOVA Results

H#	Variable	Source	F	p	Decision	Means
H1	Mental Health	Gender	38.795	.001	Rejected*	Boys 143.47 / Girls 131.85
H2	Mental Health	Maternal Employment	2.358	.037	Rejected*	Homemaker 149.09 / Working 136.23
H3	Mental Health	Gender × Employment	0.259	<.05	Rejected*	Girls of working mothers most affected
H4	Self-Efficacy	Gender	82.339	>.05	Accepted	Boys 70.59 / Girls 68.95
H5	Self-Efficacy	Maternal Employment	70.684	>.05	Accepted	Working 70.53 / Homemaker 69.02
H6	Self-Efficacy	Gender × Employment	0.043	>.05	Accepted	No interaction
H7	Parental Involvement	Gender	53.342	>.05	Accepted	Boys 90.65 / Girls 85.20
H8	Parental Involvement	Maternal Employment	55.184	>.05	Accepted	Homemaker 90.70 / Working 85.15
H9	Parental Involvement	Gender × Employment	0.312	>.05	Accepted	No interaction
H10	Counselling Need	Gender	10.300	>.05	Accepted	Girls 69.93 / Boys 68.09
H11	Counselling Need	Maternal Employment	84.383	>.05	Accepted	Working 71.65 / Homemaker 66.38
H12	Counselling Need	Gender × Employment	0.125	>.05	Accepted	No interaction

"Rejected" = null hypothesis rejected, i.e., a statistically significant effect was found. "Accepted" = null hypothesis accepted, i.e., no statistically significant effect was found.

Table 2: Summary of Pearson Correlations Across Subgroups

Variable Pair	Boys–Working	Boys–Homemaker	Girls–Working	Girls–Homemaker
H13: Mental Health × Self-Efficacy	r=.081, ns	r=.165, ns	r=.222, ns	r=.239*
H14: Mental Health × Parental Involvement	r=.680**	r=.564**	r=.309**	r=.380**
H15: Mental Health × Counselling Need	r=–.510**	r=–.413**	r=–.378*	r=–.433**
H16: Self-Efficacy × Parental Involvement	r=.310*	r=.450*	r=.561**	r=.312**
H17: Self-Efficacy × Counselling Need	r=.418**	r=.192, ns	r=.040, ns	r=.185, ns

Variable Pair	Boys–Working	Boys–Homemaker	Girls–Working	Girls–Homemaker
H18: Counselling Need × Parental Involvement	$r=.532^{**}$	$r=.387^{**}$	$r=.193$, ns	$r=.157$, ns

* $p < .05$, ** $p < .01$, ns = not significant.

6.1 Mental Health

Boys ($M = 143.47$) scored significantly higher on mental health than girls ($M = 131.85$), $F = 38.795$, $p < .05$, leading to rejection of H1. Adolescents of homemaker mothers ($M = 149.09$) scored significantly higher than those of working mothers ($M = 136.23$), $F = 2.358$, $p < .05$, leading to rejection of H2. A significant gender × maternal employment interaction was also found ($p < .05$), leading to rejection of H3; girls of working mothers emerged as the subgroup with the lowest mental health scores, indicating a compounded disadvantage when both factors combine.

6.2 Self-Efficacy

Neither gender ($F = 82.339$, $p > .05$) nor maternal employment ($F = 70.684$, $p > .05$) had a statistically significant effect on self-efficacy, and no significant interaction was found ($F = 0.043$, $p > .05$); H4, H5, and H6 were accordingly accepted. Boys ($M = 70.59$) scored marginally, though not significantly, higher than girls ($M = 68.95$), and adolescents of working mothers ($M = 70.53$) scored marginally higher than those of homemaker mothers ($M = 69.02$).

6.3 Parental Involvement

Gender ($F = 53.342$, $p > .05$), maternal employment ($F = 55.184$, $p > .05$), and their interaction ($F = 0.312$, $p > .05$) did not significantly affect parental involvement; H7, H8, and H9 were accepted. Nonetheless, boys ($M = 90.65$) reported noticeably higher perceived parental involvement than girls ($M = 85.20$), and adolescents of homemaker mothers ($M = 90.70$) reported higher involvement than those of working mothers ($M = 85.15$) — gaps of roughly 5.5 points in each case.

6.4 Psychological Counselling Need

Gender ($F = 10.300$, $p > .05$), maternal employment ($F = 84.383$, $p > .05$), and their interaction ($F = 0.125$, $p > .05$) did not significantly affect counselling need; H10, H11, and H12 were accepted. However, adolescents of working mothers ($M = 71.65$) showed a notably higher mean counselling need than those of homemaker mothers ($M = 66.38$), a gap of 5.27 points, and girls ($M = 69.93$) scored marginally higher than boys ($M = 68.09$).

6.5 Correlational Findings

Parental involvement was significantly and positively correlated with mental health in all four subgroups (r ranging from .309 to .680), the strongest relationship in the entire study being observed among boys of working mothers ($r = .680$). Mental health was significantly and negatively correlated with counselling need in all four

subgroups (r ranging from $-.378$ to $-.510$), indicating that better mental health is consistently associated with lower counselling need. Parental involvement was also significantly and positively correlated with self-efficacy in all four subgroups (r ranging from $.310$ to $.561$), most strongly among girls of working mothers ($r = .561$). The relationship between mental health and self-efficacy was significant only among girls of homemaker mothers ($r = .239$); the relationship between self-efficacy and counselling need was significant only among boys of working mothers ($r = .418$); and the relationship between counselling need and parental involvement was significant only among the two boys' subgroups ($r = .532$ and $.387$).

7. Discussion

The finding that boys report significantly better mental health than girls is unlikely to reflect an innate difference; rather, it points to the differential social burden placed on adolescent girls in the Kumaon hills, who are frequently expected to take on domestic responsibilities, face restricted mobility, and are held to stricter behavioural expectations than boys. This pattern converges with earlier Indian and international research (Deb et al., 2015; Leadbeater et al., 1999; Sankar et al., 2017).

The better mental health reported by adolescents of homemaker mothers does not imply that maternal employment is inherently detrimental; instead, it likely reflects the limited institutional support — such as affordable childcare — available to working mothers in this region, alongside the long hours many put in in agriculture, schools, or government service, leaving less time and emotional bandwidth for children (Bianchi, 2000; Desai & Jain, 1994). The significant gender $\times$ maternal-employment interaction, with girls of working mothers faring worst, is consistent with the observation that daughters of working mothers are more often assigned household duties in the mother's absence, creating a double burden of study and domestic labour that sons in the same households do not typically share (Rawat, 2021; Vandell et al., 2010).

Self-efficacy, parental involvement, and counselling need did not differ significantly by gender or maternal employment — an encouraging sign suggesting that adolescents across these groups enter secondary school with broadly comparable self-belief and broadly similar perceptions of parental engagement, plausibly because they share similar school environments (Bandura, 1997) and because, in hill communities where fathers migrate for work, mothers — whether employed or not — tend to remain the primary involved parent, often supported by extended family (Joshi & Pant, 2017; Khanduri, 2019). At the same time, the consistent directional gaps in favour of boys and children of homemaker mothers on parental involvement, and in favour of adolescents of working mothers and girls on counselling need, are practically meaningful even where they fall short of statistical significance, and align coherently with the significant mental health findings.

The single most consistent finding across the study is the strong, positive association between parental involvement and both mental health and self-efficacy in every subgroup examined. This mirrors a substantial

body of prior work (Bisht & Rana, 2019; Pant & Lal, 2021; Baig et al., 2021; Vijayalakshmi & Muniappan, 2016) and suggests that active, warm, attentive parenting — rather than a parent's employment status per se — is the more decisive influence on adolescent psychological wellbeing. The negative correlation between mental health and counselling need across all subgroups further suggests that investment in preventive mental health support may reduce downstream demand for remedial counselling.

8. Educational Implications

For Schools and Teachers

- Gender-sensitive mental health programmes should address the distinct pressures faced by adolescent girls, including domestic responsibilities and restricted social mobility.
- Schools serving communities with high rates of maternal employment should build in additional support structures — after-school groups, peer mentoring, and teacher advisory sessions.
- Every secondary school should have a trained, full-time counsellor, with existing government provisions (e.g., Rashtriya Madhyamik Shiksha Abhiyan) actively implemented.
- Teachers should be trained to recognise early signs of emotional distress and to make appropriate referrals.

For Parents

- Sustained, genuine parental involvement — even brief, warm daily conversation — has a measurable positive association with adolescent mental health.
- Working mothers need not feel that employment compromises their parenting; the quality, not merely the quantity, of engagement matters most.
- Domestic responsibilities should be shared across sons and daughters rather than disproportionately assigned to daughters when mothers are employed.

For Policymakers

- District education authorities should mandate and resource Family Counselling Cells and parenting workshops in secondary schools.
- Affordable childcare facilities near schools and workplaces would help working mothers balance employment and parenting demands.
- Teacher-training institutes should incorporate modules on adolescent mental health and gender-sensitive pedagogy.

9. Limitations of the Study

8. The study was confined to Nainital district of Uttarakhand and may not generalise to other regions.
9. All four tools were self-report measures, which may be subject to social desirability bias.
10. The sample was restricted to adolescents aged 14–18 years.

11. The sample size was limited to 300 students.

10. Conclusion

This study demonstrates that gender and maternal employment significantly shape adolescent mental health in the Kumaon region of Uttarakhand, with girls of working mothers emerging as the subgroup most in need of attention. Self-efficacy, parental involvement, and psychological counselling need, while not significantly differentiated by gender or maternal employment, nonetheless revealed consistent directional patterns that carry practical significance. Most importantly, parental involvement stood out as the single strongest and most consistent correlate of adolescent mental health and self-efficacy across every subgroup studied, while stronger mental health was reliably linked to a lower need for counselling. The findings suggest that the most valuable resource parents can offer their adolescent children — irrespective of employment status — is sustained attention, warmth, and genuine engagement, and they call for coordinated action by schools, families, and policymakers to strengthen adolescent psychological wellbeing in hill regions of India.

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