

EMOTIONAL COMPETENCY AS A PREDICTIVE FACTOR FOR POSITIVE MENTAL HEALTH IN ADOLESCENCE

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Abstract

The present study examined the mental health of adolescent students in relation to their emotional competence. A sample of 100 government secondary school students was studied using a descriptive correlational research design. Two standardized tools were administered: the Mental Health Battery (Singh & Gupta, 2008), and the scale of Emotional Competencies (Sharma & Bhardwaj, 2007). Statistical analysis employed descriptive statistics, Correlation and Multiple regression. The findings revealed that emotional competency significantly predicts positive mental health among adolescents. The regression model was statistically significant ($R^2 = .124$, $p < .001$), explaining 12.4% of the variance in positive mental health. Among the dimensions of emotional competency, Adequate Expression and Control of Emotions, Ability to Cope with Problem Emotions, and Ability to Enhance Positive Emotions significantly predicted positive mental health, whereas Adequate Depth of Feeling and Ability to Function with Emotions were not significant predictors. The results highlight the importance of emotional regulation and positive emotional management in fostering adolescents' positive mental health.

Developing emotional competencies, particularly emotional regulation and coping skills, may enhance positive mental health among adolescents and should be emphasized in educational and mental health interventions.

Keywords: Mental Health, Emotional Competence, Adolescents.

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1. Introduction

Adolescence is a critical growth stage marked by quick changes in one's physical, cognitive, social, and emotional makeup. During this time, developing emotional intelligence becomes crucial for psychological adjustment, successful adaptation, and general wellbeing. Beyond the absence of mental disease, positive mental health includes a person's capacity to reach their full potential, manage daily challenges, uphold fulfilling relationships, and make a significant contribution to society. Professional performance, social connection, and psychological well-being all depend on emotional competences (Cristóvão et al., 2023; Leal et al., 2025). According to research by Morales Rodriguez et al. (2020), psychological well-being is linked to a number of educational and psychological dimensions, both intrapersonal and interpersonal.

According to Urbón et al. (2025), Spanish female university students linked psychological well-being to interpersonal relationship-related emotional abilities, whereas male students linked it to personal emotional skills. In 2023, Arhuis-Inca and Ipana Pérez-Zapata showed that among Peruvian university students, social skills and psychological well-being were positively and significantly correlated. The study conducted by Kotsou et al. (2011) demonstrated that emotional competence can be enhanced through intervention. Further the study showed that improvement in emotional competence resulted in greater well-being, better social relationships, and improved psychological adjustment

The significance of emotional competency for psychological adjustment and wellbeing has been repeatedly shown by research. Higher emotional competences make people more capable of handling stress, upholding healthy relationships, making wise choices, and overcoming difficult circumstances. By promoting resilience and adaptive emotional functioning, emotional competences have a substantial impact on social interaction, psychological well-being, and professional efficiency. So, one of the most important psychological tools supporting teenagers' good mental health is emotional competency.

The set of skills, knowledge, attitudes, and abilities that allow people to identify, comprehend, express, control, and effectively use emotions in both themselves and others is known as emotional competency. Mayer and Salovey (1997) define emotional skills as the capacity to recognise, comprehend, express, and control emotions, which supports adaptive functioning in a variety of life domains. In a similar vein, Bisquerra and Chao (2019) define emotional competencies as the skills required to properly comprehend, communicate, and control emotional events and their impact on societal cohesion and interpersonal relationships. These skills allow people to react well to both environmental demands and emotional events.

The relationship between emotional competency and mental health has received extensive empirical support. According to Nelis et al. (2011), improving emotional abilities through structured training greatly enhanced employability, subjective health, psychological well-being, and social connection quality. Their results showed that significant and long-lasting improvements in well-being and decreases in maladaptive emotional tendencies resulted from advances in emotional knowledge and emotion control. The study also showed that emotional competences can be acquired through intervention, leading to significant advantages for psychological adjustment and life satisfaction, rather than being fixed features.

The positive correlation between young populations' mental health and emotional competency is also supported by recent data. De and Chatterjee (2024) found a strong positive relationship between undergraduate students' mental health and emotional competence. In order to successfully adapt to life's obstacles, maintain harmonious interpersonal connections, and promote psychological well-being, the authors stressed that emotional competence enables people to comprehend, manage, and express emotions. According to their findings, people who are emotionally competent are better able to manage stress and have better mental health.

Adolescence is a time when emotional challenges, stress, and adjustment issues frequently surface, making good mental health more crucial during this developmental stage. Higher emotional competency in adolescents is associated with greater emotional stability, resilience, self-assurance, successful interpersonal connections, and adaptive coping mechanisms. Adolescents can avoid psychological distress and maladjustment while navigating developmental hurdles with the support of emotional awareness and management. As a result, emotional competency acts as a safeguard that promotes good mental health and healthy psychosocial growth.

The multifaceted concept of emotional competency is made up of a number of interconnected skills that affect a person's psychological functioning and general well-being. By empowering people to effectively manage emotional experiences and adjust to environmental demands, each of its' dimensions makes a distinct contribution to mental health.

Given the growing concerns regarding adolescent mental health worldwide, identifying factors that contribute to positive mental health has become a significant area of research. Emotional competency represents a modifiable and developmentally relevant construct that can be strengthened through educational and psychological interventions. Understanding its role in promoting positive mental health among adolescents can provide valuable insights for designing preventive and promotive mental health programs within educational settings.

Moreover, the aspects of emotional competency can be seen as significant indicators of mental health outcomes since positive mental health includes social adjustment, psychological functioning, and emotional well-being. A deeper knowledge of how various emotional skills contribute to teenagers' psychological well-being can be gained by looking at each of these categories separately. Therefore, examining the predictive association between good mental health and emotional competency aspects may provide insightful information for the creation of school-based interventions

meant to improve emotional skills and promote adolescent mental health. Thus, the current study aims to investigate the association between teenagers' positive mental health and emotional competency. Additionally, this study aims to investigate how emotional competency aspects predict mental health.

Objectives of the Study

1. To examine the relationship between overall emotional competency and positive mental health among adolescents.
2. To examine the relationship between the dimensions of emotional competency—Adequate Depth of Feeling, Adequate Expression and Control of Emotions, Ability to Function with Emotions, Ability to Cope with Problem Emotions, and Ability to Enhance Positive Emotions—and positive mental health among adolescents.
3. To determine the predictive contribution of the dimensions of emotional competency to positive mental health among adolescents.
4. To identify which dimensions of emotional competency are the strongest predictors of positive mental health among adolescents.

Hypotheses

H01: There is no significant relationship between overall emotional competency and positive mental health among adolescents.

H02: There is no significant relationship between Adequate Depth of Feeling and positive mental health among adolescents.

H03: There is no significant relationship between Adequate Expression and Control of Emotions and positive mental health among adolescents.

H04: There is no significant relationship between Ability to Function with Emotions and positive mental health among adolescents.

H05: There is no significant relationship between Ability to Cope with Problem Emotions and positive mental health among adolescents.

H06: There is no significant relationship between Ability to Enhance Positive Emotions and positive mental health among adolescents.

H07: The dimensions of emotional competency (Adequate Depth of Feeling, Adequate Expression and Control of Emotions, Ability to Function with Emotions, Ability to Cope with Problem Emotions, and Ability to Enhance Positive Emotions) do not significantly predict positive mental health among adolescents.

H08: The dimensions of emotional competency do not collectively account for a significant proportion of variance in positive mental health among adolescents.

2. Methodology

Research Design

The present study adopted a descriptive- correlational research design to examine the relationship between emotional competency and mental health as the study aimed to assess existing levels of emotional competency and mental health and to analyze the nature and direction of relationships among the variables

Population and Sample

The population of the study comprised adolescent students from govt schools of Amritsar. A representative sample of 100 adolescent students from govt schools of Amritsar was selected using an appropriate random sampling technique.

Tools Used for Data Collection

1. Emotional Competence Scale

The Emotional Competence Scale (Revised and developed by Dr. H.C. Sharma and Dr. R.L. Bhardwaj 2007) was used to measure emotional competency. The scale consists of 30 items distributed across five competencies:

- Adequate Depth of Feeling (6 items)
- Adequate Expression and Control of Emotions (6 items)
- Ability to Function with Emotions (6 items)
- Ability to Cope with Problem Emotions (6 items)
- Ability to Enhance Positive Emotions (6 items)

Test-retest reliability ranges from 0.74 to 0.90; split-half reliability ranges from 0.71 to 0.82.

Mental Health Battery (MHB)

The Mental Health Battery (developed by Singh and Gupta, 2008) was used to assess positive mental health. The battery consists of 130 items. The MHB is designed to assess the mental health status of individuals in the age range of 13–22 years. The tool has been standardized and validated through item analysis, expert judgment, and discrimination indices. Test-retest reliabilities range from 0.767 to 0.876; concurrent validities range from 0.673 to 0.823.

Interpretation

Table 1 Pearson Correlation Matrix Among Mental Health and Emotional Competency Dimensions (N = 100)

Variables	1	2	3	4	5	6	7
1. Mental Health	—						
2. Adequate Depth of Feeling (ADF)	.18**	—					
3. Adequate Expression & Control of Emotions (AECE)	.61**	.34**	—				
4. Ability to Function with Emotions (AFE)	.21**	.43**	.47**	—			
5. Ability to Cope with Problem Emotions (ACPE)	.45**	.53**	.53**	.39**	—		
6. Ability to Enhance Positive Emotions (AEPE)	.42**	.38**	.49**	.28**	.52**	—	
7. Emotional Competency (Total)	.70**	.31**	.37**	.56**	.48**	.46**	—

Note. $p < .01$ (all correlations significant)

Note.

ADF = Adequate Depth of Feeling; AECE = Adequate Expression and Control of Emotions; AFE = Ability to Function with Emotions; ACPE = Ability to Cope with Problem Emotions; AEPE = Ability to Enhance Positive Emotions.

Table 1 presents the Pearson correlation coefficients among positive mental health, emotional competency dimensions, and overall emotional competency among adolescents.

H01: There is no significant relationship between overall emotional competency and positive mental health among adolescents.

The results revealed a strong positive and significant relationship between overall emotional competency and positive mental health ($r = .70, p < .01$). This indicates that adolescents with higher levels of emotional competency tend to exhibit better positive mental health. Therefore, H01 was rejected.

H02: There is no significant relationship between Adequate Depth of Feeling and positive mental health among adolescents.

A low but significant positive correlation was found between Adequate Depth of Feeling and positive mental health ($r = .18, p < .01$). This suggests that adolescents who experience emotions with greater depth tend to report slightly higher levels of positive mental health. Therefore, H02 was rejected.

H03: There is no significant relationship between Adequate Expression and Control of Emotions and positive mental health among adolescents.

The findings showed a strong positive and significant relationship between Adequate Expression and Control of Emotions and positive mental health ($r = .61, p < .01$). This implies that adolescents who can effectively express and regulate their emotions are more likely to experience positive mental health. Hence, H03 was rejected.

H04: There is no significant relationship between Ability to Function with Emotions and positive mental health among adolescents.

The correlation between Ability to Function with Emotions and positive mental health was found to be positive and significant ($r = .21, p < .01$). Although the relationship was relatively weak, it indicates that the ability to manage emotional experiences while performing daily activities contributes positively to mental health. Thus, H04 was rejected.

H05: There is no significant relationship between Ability to Cope with Problem Emotions and positive mental health among adolescents.

A moderate positive and significant relationship was observed between Ability to Cope with Problem Emotions and positive mental health ($r = .45, p < .01$). This finding suggests that adolescents who effectively manage negative or distressing emotions tend to possess higher levels of positive mental health. Therefore, H05 was rejected.

H06: There is no significant relationship between Ability to Enhance Positive Emotions and positive mental health among adolescents.

The results indicated a moderate positive and significant correlation between Ability to Enhance Positive Emotions and positive mental health ($r = .42, p < .01$). This demonstrates that adolescents who can cultivate and maintain positive emotions are likely to experience better mental health outcomes. Hence, H06 was rejected.

The findings indicate that emotional competency and all its dimensions are significantly and positively associated with positive mental health among adolescents. Among the dimensions, Adequate Expression and Control of Emotions ($r = .61$) showed the strongest relationship with positive mental health, followed by Ability to Cope with Problem Emotions ($r = .45$) and Ability to Enhance Positive Emotions ($r = .42$). The overall emotional competency score exhibited the highest correlation with positive mental health ($r = .70$), highlighting emotional competency as a crucial factor in promoting adolescent well-being. These findings suggest that adolescents who are emotionally aware, capable of regulating their emotions, and able to effectively cope with emotional challenges are more likely to experience higher levels of positive mental health.

Table 2 Model Summary of Multiple Regression Analysis Predicting Positive Mental Health from Emotional Competency Dimensions

Model	R	R ²	Adjusted R ²	F	p
1	.352	.124	.079	5.276	< .001

Predictors: ADF, AECE, AFE, ACPE, AEPE
Dependent Variable: Positive Mental Health

Table 3 Multiple Regression Analysis Predicting Positive Mental Health from Emotional Competency Dimensions

Predictor Variables	B	SE B	B	t	p
Constant	.643	.435	—	1.48	.143
Adequate Depth of Feeling (ADF)	.546	.444	.110	1.23	.222
Adequate Expression & Control of Emotions (AECE)	.652	.346	.124	1.88	.043*
Ability to Function with Emotions (AFE)	.546	.434	.154	1.26	.211
Ability to Cope with Problem Emotions (ACPE)	.636	.453	.145	1.94	.034*
Ability to Enhance Positive Emotions (AEPE)	.654	.336	.127	1.94	.037*

p < .05

H07: The dimensions of emotional competency (Adequate Depth of Feeling, Adequate Expression and Control of Emotions, Ability to Function with Emotions, Ability to Cope with Problem Emotions, and Ability to Enhance Positive Emotions) do not significantly predict positive mental health among adolescents.

H08: The dimensions of emotional competency do not collectively account for a significant proportion of variance in positive mental health among adolescents.

A multiple regression analysis was conducted to examine the extent to which the five dimensions of emotional competency predict positive mental health among adolescents.

The model summary indicates that the overall regression model was statistically significant, $F(5, 94) = 5.276$, $p < .001$. The multiple correlation coefficient was $R = .352$, indicating a weak to moderate relationship between emotional competency dimensions and positive mental health. The coefficient of determination ($R^2 = .124$) suggests that approximately 12.4% of the variance in positive mental health is explained collectively by the five dimensions of emotional competency. The adjusted R^2 value of .079 indicates that the explanatory power of the model decreases after adjusting for sample size and number of predictors, suggesting a modest level of predictive strength.

The coefficients table shows that three emotional competency dimensions emerged as statistically significant predictors of positive mental health.

Among the five dimensions of emotional competency:

Adequate Expression and Control of Emotions (AECE) significantly predicted positive mental health ($\beta = .124$, $t = 1.88$, $p = .043$). This suggests that adolescents who can appropriately express and regulate their emotions tend to report higher levels of positive mental health.

Ability to Cope with Problem Emotions (ACPE) emerged as a significant positive predictor ($\beta = .145$, $t = 1.94$, $p = .034$), indicating that the capacity to manage negative or distressing emotions contributes significantly to positive mental health.

Ability to Enhance Positive Emotions (AEPE) was also a significant predictor ($\beta = .127$, $t = 1.94$, $p = .037$),

suggesting that adolescents who can cultivate and sustain positive emotions are more likely to experience better mental health.

The remaining dimensions—Adequate Depth of Feeling (ADF), and Ability to Function with Emotions (AFE), -did not significantly predict positive mental health ($p > .05$), indicating that their individual contributions were not strong enough when controlling for other variables in the model.

The findings indicate that emotional competency is a significant predictor of positive mental health. Specifically, adequate expression and control of emotions, ability to cope with problem emotions, and ability to enhance positive emotions significantly contribute to positive mental health among adolescents. These results highlight the importance of emotional regulation and positive emotional management skills in promoting mental well-being. Although the overall explanatory power of the model is modest (12.4%), the significant predictors underscore the role of specific emotional competencies in fostering positive mental health.

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