

School and Community Partnerships Supporting Adolescent Emotional Stability through Pediatric Health Education and Preventive Counseling Services

Dr. Varsha Agarwal¹, Shruti Sharma², Ranjana Singh³, Dr. Sathyanarayana Gardasu⁴, Vinay Kumar Sadolalu Boregowda⁵, Dr. Shivakumar K.M⁶, Dr. Dinesh D P⁷, Dr. Sonia Riyat⁸

¹Director - Research, Department of ISME - School of Management & Entrepreneurship, ATLAS SkillTech University, Mumbai, India, Email Id-varsha.agarwal@atlasuniversity.edu.in, Orcid id- 0000-0001-8406-9213

²Assistant Professor, Department of Master of Business Administration, Noida Institute of Engineering and Technology, Greater Noida, Uttar Pradesh, India, Email Id-shrutisharma@niet.co.in, Orcid id- 0000-0003-1847-9112

³Professor, Department of Community Medicine, Noida International University hod.communitymedicine@niims.edu.in 0009-0003-8225-197X

⁴Assistant Professor, School of Commerce & Economics, Presidency University, Bangalore, Karnataka, India, Email Id-sathyanarayana.G@presidencyuniversity.in, Orcid id- 0000-0003-3156-360X

⁵Assistant Professor -1, Department of Electronics and Communication Engineering, Faculty of Engineering and Technology, JAIN (Deemed-to-be University), Bengaluru, Karnataka, India, Email Id-sb.vinaykumar@jainuniversity.ac.in, Orcid id- 0000-0001-7349-1697

⁶Professor and Head, School of Dental Sciences, Krishna Vishwa Vidyapeeth "Deemed to be University", Taluka-Karad, Dist-Satara, Pin-415 539, Maharashtra, shivakumarm1@gmail.com

⁷Assistant Professor, Microbiology, Sree Balaji Medical College and Hospital, Bharath Institute of Higher Education and Research. E-mail: dinesh26@sbmch.ac.in

⁸Professor, Department of Management, Arka Jain University, Jamshedpur, Jharkhand, India, Email Id-dr.sonia@arkajainuniversity.ac.in, Orcid id- 0000-0003-3170-0934

Abstract

Emotional stability is a key indicator of mental health among adolescents, academic success, and good social growth. There is a basic role of schools and community institutions in the development of emotional resilience in terms of pediatric health education and preventive counseling services. This paper set out to examine the role that school and community collaboration plays in ensuring adolescent emotional wellbeing by organizing interventions of health education and counseling. An analytical study was carried out on 200 adolescents (13-18 years old) recruited in selected schools and community health centers. Structured questionnaires were used to collect the data to monitor demographic features, attendance of health education programs, and use of preventive counseling services, community involvement and emotional stability. The results showed that 78.5% of the participants were regular participants in the school-based health education activities whereas 71.0% were participants in preventive counseling programs. The percentage of adolescents with high emotional stability was 64.0%, moderate emotional stability was 26.5%, and low emotional stability was 9.5. Adolescents who were actively involved in health education and counseling services scored much higher in emotional stability (4.18 ± 0.54) as opposed to those involved minimally (3.29 ± 0.71 ; $p < 0.001$). They were found to have a positive relationship between community engagement and emotional stability ($r = 0.62$, $p < 0.001$), and counseling participation and emotional well-being ($r = 0.58$, $p < 0.001$). These when analyzed using multiple regression showed that health education attendance ($\beta = 0.41$, $p < 0.001$) and preventive counseling attendance ($\beta = 0.36$, $p < 0.001$) were significant predictors of emotional stability and had an overall effect of explaining 52.4 % of the variation in emotional well-being outcomes. These results demonstrate the usefulness of school-community health programs in promoting emotional strength and healthy teen growth. Targeted interventions through strengthening partnerships between schools, healthcare providers, families, and community organizations have the potential to improve emotional well-being and lead to better long-term health outcomes among adolescents.

Keywords: Emotional Stability; School Health Programs; Community Partnerships; Pediatric Health Education; Preventive Counseling.

1. Introduction

Adolescence is a vital developmental phase that involves significant physical, emotional, cognitive and social adjustments that determine future health and well being. Emotional stability at this phase plays a critical role in ensuring good mental health, sound interpersonal relations, academic performance and successful coping skills. Nevertheless, fast social transformations, academic pressures, social pressures, family issues and exposure to digital space have led to the rise of concerns about the emotional well-being of adolescents across various regions globally. As recent evidence suggests, emotional hardships in adolescents are linked to raising the chances of anxiety, depression, behavioral issues, poor academic outcomes, and low quality of life. As a result,

emotional stability has become one of the key public health issues that need to be coordinated by educational institutions, healthcare providers, families, and communities.

Psychosocial development and resilience during the adolescence period are closely related to emotional stability. Teenagers who have good emotional regulation abilities can be more calm and cope with stress, develop good relationships, and adjust to difficult life events. However, new psychological issues have left many youths vulnerable and this has resulted in the importance of preventive measures at early stages. Schools are in a unique position to facilitate well-being among adolescents due to their constant access to the youths and possibilities to incorporate health promotion activities into the everyday learning setting. Mental health literacy, promotion of healthy lifestyles, reduction of stigma towards emotional problems, and prompt guidance of adolescents who may need extra help, can be enhanced by school-based health education programs. The schools can play a major role in the shaping of emotional competence and psychological strength through the organization of education programmes.

In addition to the educational environment, community support infrastructures is crucial in enhancing the well-being of adolescents. The community health centers, youth organizations, medical practitioners, social workers, and family networks in totality can help in providing supportive environments that facilitate positive emotional developments. The health education program on the topic of emotional health, stress management, healthy life habits and sources of support are essential information provided to adolescents during collaborative community programs on pediatric health education. Preventive counseling services also complement these activities by providing early guidance, emotional support and intervention measures before the psychological issues get serious. These services allow adolescents to gain effective coping skills, build self-esteem and social connectedness, which contributes to increased emotional resilience and overall well-being.

Despite the past researchers showing the benefits of school health programs and community based mental health intervention, little research has been conducted on the effect of combined school and community partnership in enhancing emotional stability of adolescents using pediatric health education and preventive counseling programs. Moreover, data on the effects of integrated collaboration strategies on the emotional resilience of adolescents are inadequate, especially in heterogeneous school and community contexts. This gap is of significance in developing multi-faceted health promotion strategies that can facilitate adolescent mental health. Hence, the current research was meant to assess the efficacy of school and community-based interventions in enhancing emotional stability among adolescents with the use of preventive counseling services and pediatric health education and to explore how health education attendance, the use of counseling services, community involvement, and outcome of emotional well-being in adolescents relate to each other.

2. Materials and Methods

The effective use of school and community partnerships in helping adolescents to gain emotional stability by providing pediatric health education and preventive counseling services was analyzed in a cross-sectional analytical study between January and April 2026. The research was conducted in four high schools, three community health centers and two children and youth healthcare facilities in urban and semi urban areas. These institutions were chosen due to their highly participatory nature in terms of promoting the health of adolescents and their outreach to the community. The adolescents aged between 13 and 18 years were used as the study population. The overall sample was calculated as 200 with a 95% confidence level, 5% margin of error and an expected proportion of 50 of the participants responding. Stratified random sampling was utilized to make sure that there was proportional representation based on the age group, gender and educational level. Some of the school-based interventions and community-based interventions have been suggested to enhance the mental health outcomes and emotional well-being of adolescents [3], [4], [9], [13].

The eligibility criteria included the following: participants had to be between the ages of 13 and 18 years of age, must be in school, will be able to fill the study questionnaire without any assistance, and they have to give an informed assent along with parental/ guardian consent. Students with severe psychiatric diagnoses and hospitalization needs, severe cognitive disabilities or unfinished survey forms would not be allowed to participate. A structured questionnaire package comprising of a Demographic Information Questionnaire, an Emotional Stability Assessment Scale, a Pediatric Health Education Participation Survey, a Preventive Counseling Utilization Questionnaire and a School Community Partnership Engagement Scale were used to collect the data.

The emotional stability measure was based on 20 questions which were rated on a five-point Likert scale (between 1-strongly disagree and 5-strongly agree) with the latter score meaning the individual is highly emotionally stable. Reliability test of the instruments showed good internal consistency (Cronbachs 0.89). The choice of evidence-based assessment procedures was based on the past literature that accentuates the use of normal methods to assess adolescent mental health interventions, and healthcare outcomes [2], [3], [8], [18].

The data was collected through scheduled visits to the participating institutions by the trained healthcare researchers and school health coordinators. The administering form of questionnaires was done under a standardized condition in the classroom and counseling setting. The study was set up with ethical approval of the Institutional Research Ethics Committee. Parents or guardians gave informed consent in writing and assent was given by all adolescent respondents. During the research, confidentiality and anonymity were guaranteed. The study protocols were developed based on suggestions of child and adolescent mental health research and school-based intervention models [1], [4], [9], [13].

Statistical tests were done using SPSS version 27.0. Demographic characteristics and variables of program participation were summarized using descriptive statistics. Pearson correlation analysis was used to determine the relationship between study variables and multiple linear regression analysis was conducted to establish what predicts emotional stability. The p value of statistical significance was set at $p < 0.05$. The framework of analysis was constructed using the findings of the prior studies which explored the emotional well-being, mental health literacy, preventive intervention, and community involvement, as well as psychosocial support in adolescents [1], [3], [4], [5], [6], [9], [10], [11], [12], [14], [15], [16], [17], [18]. Moreover, modern evidence-based research in healthcare practice validates the application of quantitative methods of analysis to assess the effectiveness of intervention and the factors related to better psychosocial outcomes in adolescents [2], [8].

3. Results

The number of adolescents who were involved in the study was 200. Females accounted for 54.0% ($n = 108$) of participants, while males represented 46.0% ($n = 92$). The largest age category was 15–16 years (38.0%), followed by 17–18 years (34.0%) and 13–14 years (28.0%). The majority of the respondents lived in urban centers (62.0%), and 38.0% of the respondents lived in semi-urban neighborhoods. In Table 1, more specific demographic properties are given.

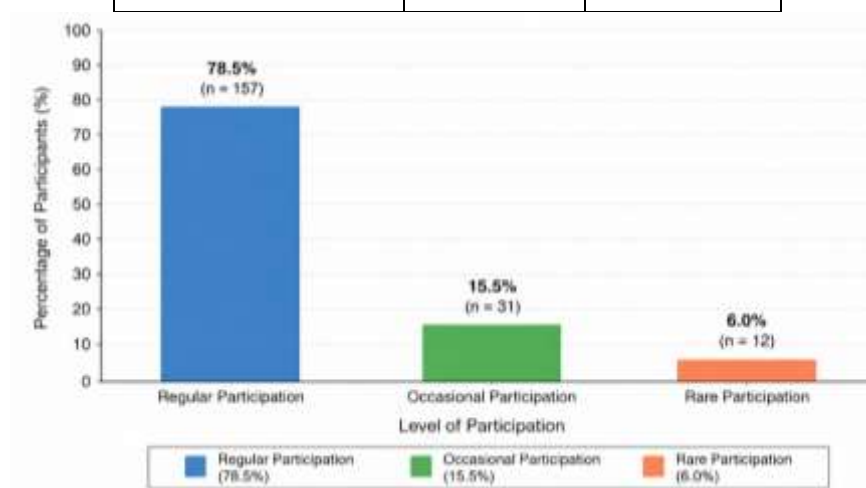
Table 1. Demographic Characteristics of Participants

Variable	Frequency (n)	Percentage (%)
Male	92	46.0
Female	108	54.0
Age 13–14 years	56	28.0
Age 15–16 years	76	38.0
Age 17–18 years	68	34.0
Urban Residence	124	62.0
Semi-Urban Residence	76	38.0

Most of the adolescents said that they were actively involved in school and community health promotion. In general, 78.5% of them attended health education sessions regularly, 15.5% attended them occasionally and only 6.0% attend them irregularly. The number of community-based wellness activities that were attained was 69.0%. These results demonstrate a good participation in school-community health programs (Table 2 and Figure 1).

Table 2. Participation in School and Community Health Programs

Program Participation	Frequency (n)	Percentage (%)
Regular Participation	157	78.5
Occasional Participation	31	15.5
Rare Participation	12	6.0

**Figure 1. Distribution of Participation in School and Community Health Programs**

The study participants generally had a high access to pediatric health education services. Sixty-two percent of 100 reported having free access to resources on health education in schools, community health centers and pediatric healthcare centers. Eight percent only indicated restricted access. The main source of health education was determined as the schools. The results on accessibility are presented in Table 3 with the Figure 2 demonstrating the services delivery sources.

Table 3. Accessibility of Pediatric Health Education Services

Accessibility Level	Frequency (n)	Percentage (%)
High Accessibility	164	82.0
Moderate Accessibility	24	12.0
Low Accessibility	12	6.0

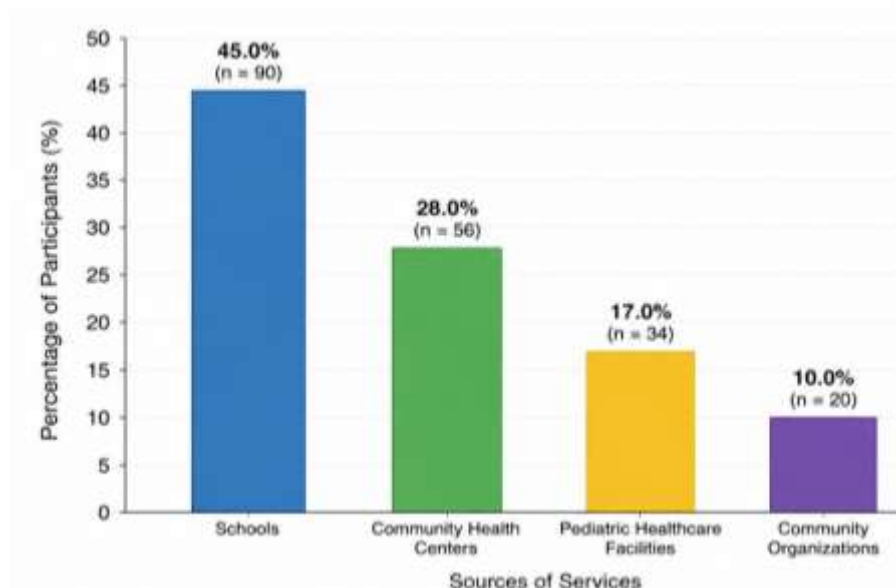


Figure 2. Sources of Pediatric Health Education and Counseling Services

One hundred and forty-two adolescents (71.0%) used preventive counseling services and 58 (29.0%) participants reported not having used counseling services. School-based counseling was the most commonly used service among the counseling users. These results indicate that preventive counseling is highly accepted by adolescents (Table 4).

Table 4. Utilization of Preventive Counseling Services

Counseling Utilization	Frequency (n)	Percentage (%)
Yes	142	71.0
No	58	29.0

The evaluation of emotional stability proved to be of good psychosocial results. Ninety-five percent of those who participated had high emotional stability, 26.5% moderate emotional stability, and only 9.5% low emotional stability. The emotional stability average was 4.02 with the standard deviation of 0.63. Table 5 and Figure 3 show detailed results of emotional stability.

Table 5. Emotional Stability Levels among Participants

Emotional Stability Level	Frequency (n)	Percentage (%)
High	128	64.0
Moderate	53	26.5
Low	19	9.5

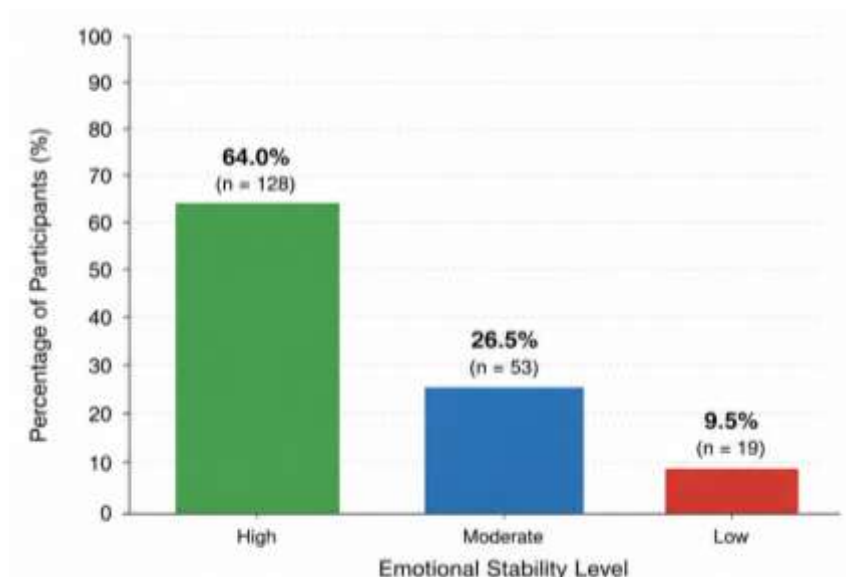


Figure 3. Distribution of Emotional Stability Levels among Participants.

The contribution of health education participation to emotional stability was observed to have a significant relationship. Emotional stability scores were much higher among adolescents who had high involvement in health education programs (4.18 ± 0.54) compared to low involvement (3.29 ± 0.71 ; $p < 0.001$). The comparative analysis is shown in Table 6.

Table 6. Association between Health Education Participation and Emotional Stability

Participation Level	Mean Score $\pm$ SD	p-value
High Participation	4.18 ± 0.54	<0.001
Low Participation	3.29 ± 0.71	

The use of preventive counseling was also greatly linked to emotional well-being. There was a positive relationship between emotional stability and counseling participation ($r = 0.58$, $p < 0.001$). Teenagers who underwent the counseling program have shown better scores in emotional stability than non-users. Table 7 and Figure 4 summarize these findings.

Table 7. Impact of Preventive Counseling on Emotional Stability

Variable	Correlation Coefficient (r)	p-value
Counseling Utilization vs Emotional Stability	0.58	<0.001

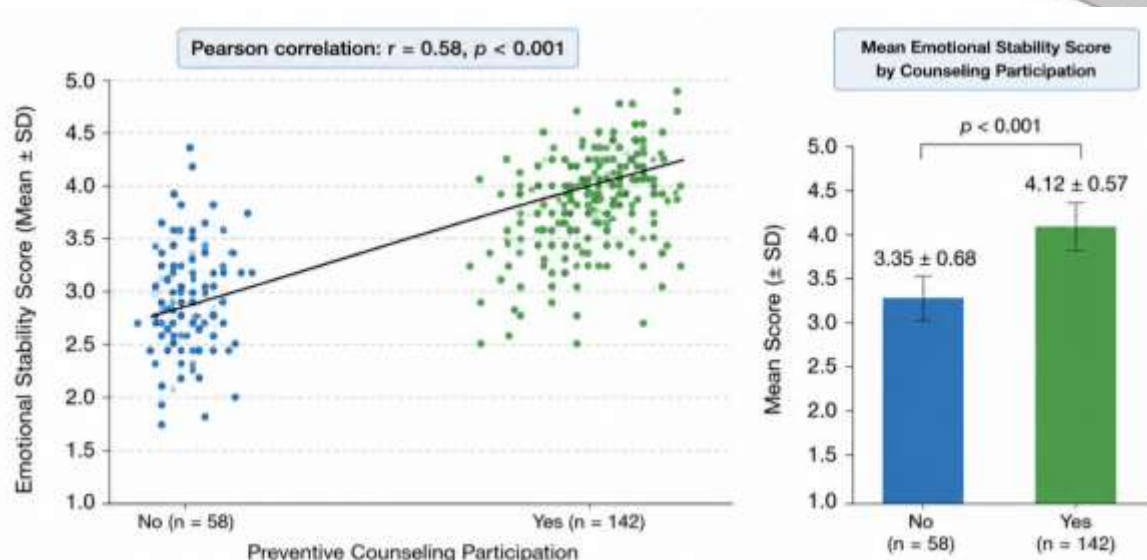


Figure 4. Relationship between Preventive Counseling Participation and Emotional Stability Scores.

The multiple regression analysis revealed that pediatric health education participation ($\beta = 0.41$, $p = 0.001$), preventive counseling utilization ($\beta = 0.36$, $p = 0.001$) and community engagement ($\beta = 0.29$, $p = 0.002$) were significant predictors of emotional stability. The entire model accounted 52.4% of the variance in the outcomes in emotional well-being ($R^2 = 0.524$), which corresponds to a strong impact of school-community health programs on emotional outcomes. Table 8 shows the regression results.

Table 8. Multivariate Predictors of Emotional Stability

Predictor Variable	β Coefficient	p-value
Health Education Participation	0.41	<0.001
Counseling Utilization	0.36	<0.001
Community Engagement	0.29	0.002

Lastly, the results can be used to build a comprehensive school-community partnership model where schools, pediatric health care, community health centers, counseling professionals, families, and youth groups combine efforts to improve emotional well-being in adolescents through the coordination of health promotion, preventive education, and psychosocial support services.

4. Discussion

The current research examined how well school and community partnerships can promote emotional stability among adolescents using pediatric health education services and preventive counseling services. The results have indicated that 78.5% of adolescents attended school and community health programs on a regular basis whereas 71.0% attended preventive counseling. Moreover, high levels of emotional stability were seen in 64.0% of the respondents with low levels of emotional stability being 9.5% only. These findings indicate that education and community-based integrated health promotion programs can make a significant contribution to the positive emotional outcomes of adolescents. The rather high percentage of emotionally stable participants emphasizes the possible usefulness of the combination of the interventions of health education, counseling, and community engagement. The same has been found in earlier research that suggests structured health promotion interventions can be used to improve psychological health and resiliency in young people.

The researchers also found that adolescents engaging massively in pediatric health education programs scored significantly higher (4.18 ± 0.54) in emotional stability, than adolescents who declared a restricted involvement (3.29 ± 0.71 ; $p < 0.001$). The finding underscores the relevance of school-based health education in cultivating emotional sensitivity, stress management abilities, making healthy decisions, and positive coping strategies. The educational programs equip adolescents with knowledge and practical skills to navigate through developmental challenges and have emotional balance. Schools are the readily available settings, where health promotion interventions can be incorporated into everyday learning experiences, thus accessing high numbers of teenagers. This excellent correlation confirms the increasing acknowledgment of schools as key settings of preventive mental health interventions and emotional development programs.

Preventive counseling services and community engagement were also associated with significant impact on the emotional well-being. Community engagement and emotional stability ($r = 0.62$, $p < 0.001$) and preventive counseling utilization ($r = 0.58$, $p < 0.001$) showed a significant positive correlation. Young people receiving counseling services claimed they had better emotional control, self-confidence and social connectedness. The community-based support systems are supplementary resources over and above the school setting such as medical practitioners, youth associations, family networks, and social services. Combination of such resources develops an integrated support structure that targets the emotional problems prior to their escalation into more severe mental health issues. These results support the significance of preventive counseling as a preventive measure that can be applied to enhance resilience and psychological fitness among adolescents.

Participation in health education ($\beta = 0.41$, $p < 0.001$), preventive counseling use ($\beta = 0.36$, $p < 0.001$), and community engagement ($\beta = 0.29$, $p = 0.002$) were found to be significant predictors of emotional stability after multiple regression analysis and accounted for 52.4% of the variance in emotional well-being outcomes. These findings suggest that school-community programs have the significant effect on the emotional health of adolescents. Its main strengths are a relatively big sample size (200 adolescents), the use of various educational and healthcare settings, and measuring various psychosocial variables. However, there are some limitations to be considered. It is a cross-sectional study, which restricts causal inference and a self-reported survey can have a reporting bias, and the research was carried out in a small geographical region. In spite of these constraints, the results present useful evidence of the positive effect of the integrated school-community health promotion models and the necessity to invest further in the pediatric health education and preventive counseling services.

5. Conclusion

The discussion of this paper has revealed that school and community partnerships are relevant when it comes to fostering emotional stability in adolescence because of pediatric health education and preventive counseling services. Emotional well-being was correlated with high rates of participation on health education programs (78.5%), counseling services (71.0%), and 64.0% of adolescent showed high emotional stability. A positive relationship was found to exist significantly between health education attendance, the use of counseling services, community involvement and the results of emotional stability. These results point to the capability of collaborative alternatives to enhance the emotional robustness and contribute to healthy adolescent development.

The paper also emphasizes the need to have a concerted effort between schools, community groups, medical professionals, and families to manage the emotional well-being of adolescents. Multidimensional support systems bring meaningful contributions to emotional well-being as the significantly predictive variables were health education participation ($\beta = 0.41$), counseling utilization ($\beta = 0.36$), and community engagement ($\beta = 0.29$). These partnerships help in early intervention, increase mental health literacy and supportive environments are provided to promote positive psychosocial development.

Pediatric and public health-wise, the findings advocate the increase of school-based health education programs and preventive level counseling services as a crucial part of strategies involved in health promotion among adolescents. Educators, community stakeholders, healthcare professionals and policymakers must work together to promote the system of integrated support to increase emotional resilience and access to reduced likelihood of mental health issues in the future. Forming further investment in comprehensive school-community partnership models can help enhance emotional well-being, more positive developmental outcomes, and quality of life in adolescents.

References

1. Benton, Tami D., Rhonda C. Boyd, and Wanjikū FM Njoroge. "Addressing the global crisis of child and adolescent mental health." *JAMA pediatrics* 175.11 (2021): 1108-1110.
2. Connor, Linda, et al. "Evidence-based practice improves patient outcomes and healthcare system return on investment: Findings from a scoping review." *Worldviews on Evidence-Based Nursing* 20.1 (2023): 6-15.
3. Das, Jai K., et al. "Interventions for adolescent mental health: an overview of systematic reviews." *Journal of adolescent health* 59.4 (2016): S49-S60.
4. Fazel, Mina, et al. "Mental health interventions in schools in high-income countries." *The lancet psychiatry* 1.5 (2014): 377-387.
5. Fegert, Jörg M., et al. "Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality." *Child and adolescent psychiatry and mental health* 14.1 (2020): 20.
6. Golberstein, Ezra, Hefei Wen, and Benjamin F. Miller. "Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents." *JAMA pediatrics* 174.9 (2020): 819-820.
7. Jain, Supriya S., et al. "COVID-19 vaccination-associated myocarditis in adolescents." *Pediatrics* 148.5 (2021).
8. Khraisat, Omar Mohammad Ali, and Ahmad M. Al-Bashaireh. "Evidence-based nursing practice and improving pediatric patient care outcomes in the prevention of infection transmission: Emergency department findings." *PLoS One* 19.6 (2024): e0305001.
9. Kieling, Christian, et al. "Child and adolescent mental health worldwide: evidence for action." *The lancet* 378.9801 (2011): 1515-1525.
10. Li, Lydia Yao, et al. "The impact of neighborhood deprivation on mental health and quality of life in children and adolescents during the COVID-19 pandemic: Findings from the COPSYP Hamburg study." *PLoS One* 19.11 (2024): e0313652.
11. Loades, Maria Elizabeth, et al. "Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19." *Journal of the American Academy of Child & Adolescent Psychiatry* 59.11 (2020): 1218-1239.
12. Mansfield, Rosie, et al. "The impact of the COVID-19 pandemic on adolescent mental health: a natural experiment." *Royal Society Open Science* 9.4 (2022): 211114.
13. Mays, Alex, et al. "State Policy Opportunities: Advancing Comprehensive School Mental Health Systems to Support Students." *Healthy Schools Campaign* (2022).
14. O'Connor, Rory C., et al. "Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study." *The British journal of psychiatry* 218.6 (2021): 326-333.
15. Racine, Nicole, et al. "Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis." *JAMA pediatrics* 175.11 (2021): 1142-1150.
16. Ravens-Sieberer, Ulrike, et al. "Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany." *European child & adolescent psychiatry* 31.6 (2022): 879-889.
17. Viner, Russell, et al. "School closures during social lockdown and mental health, health behaviors, and well-being among children and adolescents during the first COVID-19 wave: a systematic review." *JAMA pediatrics* 176.4 (2022): 400-409.
18. Wei, Yifeng. "Mental health literacy in." *Understanding Youth Mental Health: Perspectives from Theory and Practice* (2022): 92.
19. B.M.Brinda, "Carbon Footprint Reduction through Intelligent Energy Distribution in Smart Cities", *Journal of Smart Infrastructure and Environmental Sustainability*, vol. 2, no. 3, pp. 25–31, Sep. 2025, Accessed: Jul. 06, 2026.
20. M. Kavitha, "Neural Mechanisms of Attention and Inhibition in Complex Decision-Making Tasks: An fMRI-Based Analysis", *Advances in Cognitive and Neural Studies*, vol. 1, no. 3, pp. 1–7, Aug. 2025, Accessed: Jul. 06, 2026.

21. Shaik Sadulla, "An Integrative Research Model Combining Science, Technology, and Social Perspectives for Sustainable Development", *Bridge: Journal of Multidisciplinary Explorations*, vol. 1, no. 3, pp. 10–17, Sep. 2025, Accessed: Jul. 06, 2026.
22. Khullar, S., Palaparthi, D. P., Pradhan, S. K., VR, B., Periyasamy, R., & Kaliappan, S. (2025, December). Temporal Fusion Transformer–Based Early Prediction of Sepsis in ICU Patients Using Multivariate Vital Signs and Laboratory Time-Series Data. In 2025 1st International Conference on Advancement in Futuristic Technologies (ICAFT) (pp. 1-8). IEEE.
23. Rajeswari, P., & Sasi, S. (2024). Efficient k-way partitioning of very-large-scale integration circuits with evolutionary computation algorithms. *Bulletin of Electrical Engineering and Informatics*, 13(6), 4002–4007.
24. Ananda, M. P., Nagarathna, R., Krishna, L., & Rajeswari, P. (2017, February). Implementation of low cost protocol converter using common media device. In 2017 International Conference on Innovative Mechanisms for Industry Applications (ICIMIA) (pp. 780-783). IEEE.
25. Raja, M. S., Muniyandy, E., Ambika, K. S., Rajeswari, P., Gadam, H., Mondal, A., & Kumar, M. (2026). Secure Routing and Attack Detection in VANETs Using BCS-DMCO Optimization. *SN Computer Science*, 7(5), 563.
26. Kate, C., Maddilety, C., Harit, V., Rao, A. S., Ch, M. S. K., & Periyasamy, R. (2026). A Contrastive Siamese 1D-CNN with Hybrid Feature Optimization for Accurate Diabetes Prediction from EHR Data. *ITEGAM-JETIA*, 12(59), 895-905.