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The Impact of Receiving and Providing Peer Support on Adolescent Mental Health: Exploring the Correlation between Two Forms of Support

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**Reciprocal Support Dynamics: The Impact and Interplay of Peer Support Roles on
Adolescent Mental Health**

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PSY 495: Senior Research in Psychology

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PROJECT APPROVAL FORM

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Abstract

This study investigates the impact of peer support on the psychological well-being of adolescents and determines if both providing support and receiving support have an influence on mental health of an emerging adult as well as explore if these two forms of assistance are interrelated. By applying quantitative and cross-sectional approach, the research surveyed 48 participants aged 13-26 years, assessing their level of perceived support using MSPSS and their prosocial tendencies utilizing PTM-R. Results found that receiving support ($p = 0.03$) was linked to reduced distress in a teen while providing support ($p = 0.70$) did not have significant effect on stress reduction, however it also highlighted that the best results were achieved when bidirectional support dynamics ($p = 0.015$) were employed. The study findings improve inclusive mental health aid by promoting peer-based interventions like mentoring programs, buddy systems among educational settings like schools. Outcomes of this study is however limited by its small and gender imbalanced sample with majority of them being females and utilization of self-report method might introduce some bias.

Introduction

1.1 Background Information:

Adolescence is a significant developmental stage that presents distinct emotional and social challenges, making mental health support more important. Globally, mental health concerns among adolescents are on the rise, with estimations indicating that one in every seven adolescents has a mental health illness. Depression, anxiety, and behavioral disorders are all common concerns that have a major influence on everyday functioning and long-term well-being. Studies emphasize the need for social support in fostering mental health resilience, with peer support being particularly beneficial in helping young people manage stress, nurture self-esteem, and develop good coping skills.

The majority of studies, however, have concentrated on the advantages of receiving peer support, with little attention given to the possible mental health impact of giving support. This study seeks to close this gap by investigating the impact of both receiving and giving peer assistance on adolescents' mental health outcomes. Specifically, we look at whether reciprocal support connections may produce a positive feedback loop that benefits both the provider and the recipient. It also aims to inform practical initiatives in schools and communities that use peer assistance to establish inclusive, long-term mental health resources. This study, which examines peer support through both receiving and providing, also corresponds with Sustainable

Development Goals (SDGs), namely SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities), as well as Saudi Vision **2030** objectives of youth empowerment and well-being.

1.2 Literature Review:

Peer support is essential for teenage mental health since it promotes emotional well-being and resilient behavior. Peers play an increasingly significant role in adolescence, providing a sense of belonging, identity, and acceptance. Positive and constructive peer connections can provide emotional support, minimize feelings of loneliness, and develop effective coping techniques during difficult situations. Peer interactions can assist teenagers in negotiating mental health difficulties such as anxiety, despair, and stress. Peers may create a supportive environment that encourages teenagers to seek help, engage in healthy behaviors, and build a stronger sense of self by communicating openly and sharing their experiences. The following review evaluates 14 studies to get to know more about the impact of parent's, friends', and community's (social systems and schools) support on the emotional well-being of teenagers, whether it has a positive or negative influence on them, and if the outcome produced is effective or not.

Adolescent growth is largely guided by parental influence, which has a direct influence on mental and emotional well-being (Alshehri, Yildirim, & Vostanis, 2020). There is a quantifiable correlation between parenting styles and mental health outcomes. A study explored the link between parenting style and mental health in marginalized Saudi Arabian regions. Adolescents who acknowledged authoritarian or permissive parenting styles had better mental health outcomes, but those who had a firm bond to their parents, particularly mothers, had improved emotional

regulation. These results highlight the critical role of a supportive family environment in fostering healthy mental well-being during adolescence.

Conversely, in the other study, they looked at the relationship between Saudi Arabian female adolescent's mental health and their parenting styles (Gutierrez, et al., 2021). The outcomes showed a correlation between increased anxiety, tension, and depression due to over-controlling parenting, especially from mothers. Unbalanced parenting styles can worsen psychological distress in these adolescents, as seen by the over-controlling conduct of fathers, which also played a crucial role in these mental health complications.

A study on a sample of 266 students in Semarang, Indonesia from three different vocational schools who were recruited through the means of cluster sampling (Rini & Astuti, 2023) . They found that peer support significantly improves resilience to investigate the role of peer assistance and self-esteem in developing resilience towards manifesting mental conditions. Students that have greater peer support are typically more resilient. Similarly, resilience is also notably influenced by self-esteem. Those who have higher self-esteem and self-regard are more capable of managing stress and overcoming obstacles. However, the study is limited by its lack of generalizability, as it was just focused on students taking vocational education.

Once the positive results of peer support were established carried out a review to assess an in-depth review about the influence of mutual support groups on psychological and social well-being for individuals with mental health challenges with the help of 12 studies conducted in London (Pistrang, Barker, & Humphreys, 2008). The review highlighted that mutual help groups offer cost-effective support comparable to professional therapy. They can also enhance members'

well-being by providing peer-driven support and a sense of shared understanding that professional services may lack. The study is, however, limited due to its primary concentration on mental health issues like depression and anxiety with very little emphasis on other disorders like phobias or eating disorders, thereby restricting its generalizability. Social support from family, peers, and school settings is extensively recognized as a protective factor against mental health concerns.

A study investigated the link between family, peer, and school support for adolescent mental health in the United Kingdom (Butler, et al., 2022). Their results presented that having strong social support from various sources considerably lowered the probability of developing mental health issues. Children with high levels of peer support had similar mental health outcomes as those with substantial family or school support, indicating the cumulative protective effects of receiving support from several sources.

Stress is a central concept in understanding mental health and emotional well-being, especially among adolescents who confront a variety of developmental and social obstacles (Cohen & Wills, 1985). According to this study, stress occurs when people perceive that their environmental demands surpass their personal coping abilities. This imbalance can cause emotional, cognitive, and physiological stress, especially in vulnerable populations like youth with mental health conditions. Social support has long been observed as a critical protective factor against the detrimental effects of stress. The paper also proposed the buffering hypothesis, which states that social support reduces or "buffers" the negative consequences of stress on mental health. Rather than boosting overall well-being, the buffering model implies that support is especially beneficial during times of severe stress, when individuals are most vulnerable. When

stress levels are low, the presence or absence of support may have a less noticeable effect. The various sorts of support explained are emotional support (empathy, affection, and trust), instrumental support (practical assistance), and informational support (direction and counsel). The authors suggested that various types of support enhance coping mechanisms by altering people's perceptions of their situation or by offering direct aid in stress management.

The therapeutic benefits of supporting others with similar challenges were investigated by another study especially in the context of chronic illness. Their research showed that people who supported their peers had improvements in their sense of purpose, self-worth, and general well-being (Schwartz & Sendor, 1999). This lends credibility to the notion that exhibiting selfless behaviour might promote resilience and personal development. They did, however, issue a warning that providing support by itself would not always be beneficial unless it is coupled with equal support or the helper feels emotionally prepared to support others. This distinction is particularly crucial when extrapolating such findings to adolescents, who might still be forming their own boundaries and emotional management abilities.

Peer support is not only crucial for resilience, but it also acts as a moderator in the linkage between environmental stressors and mental health results (Yearwood, Vliegen, Chau, Corveleyn, & Luyten, 2019). One study undertaken longitudinal research in Peru to explore the moderating role of peer support in the connection between environmental adversity, complex trauma, and adolescent psychopathology. While peer support did not have a significant influence on environmental adversity, it did play an important role in mitigating the impacts of complex trauma.

Adolescents with high levels of social support showed fewer internalizing and externalizing symptoms, demonstrating the protective function that strong peer networks may have in high-stress situations.

Furthermore research analyzed a sample of 628 clients from 51 psychiatric and vocational rehabilitation centers in Belgium using structured interviews and questionnaires to examine how peer support helps in building self-esteem and self-efficacy by using theories based on exchange, social capital, equity, and self-esteem enhancement according to the Helper-Therapy Principle, the study demonstrates how assisting others can enhance mental health (Bracke, Christiaens, & Verhaeghe, 2008). Additionally, it backs Equity Theory, which suggests that receiving as well as offering support as opposed to one-sided support produces greater results. According to the study, providing support also makes people feel more connected, competent, and in charge. In addition to giving people a sense of purpose and confidence in their skills, motivating them to support others can make them feel better about themselves. Since the study used self-reported data, there may be some bias, such as people overstating the help they give and downplaying the support they receive.

(Oberle, Guhn, Gadermann, & Thomson, 2018) conducted a study to inquire more into the role of positive school environments in fostering optimism and mental health in early adolescence. It also intends to understand the importance of how environmental factors contribute to youth well-being. The study had a sample population of 4000 students from the age range of 4 to 7 using self-reported data from the Middle Years Development Instrument (MDI). The study found peer

belonging and adult support significantly predicted optimism, emphasizing the significance of fostering positive social interactions in schools. It also stressed that schools that foster acceptance, encouragement, and good relationships between adults and peers help students become more resilient and hopeful. It also stressed that students' optimism and mental health in later years are greatly influenced by the supportive social connections they establish during their early adolescence. Additionally, similar demographic and cultural contexts may limit the generalizability of the findings.

In one study, they studied the relationship between social support and mental health of adolescents in Jordan (Alshammari, Piko, & Fitzpatrick, 2019). They found that family support played a key role in determining mental health in both boys and girls who experienced depressive symptoms and were dissatisfied with their lives. For girls, self-esteem served as a protective factor against depression; thus, social support and personal psychological characteristics are combined to affect the mental health outcome.

Family and peer support are also essential in strengthening the resistance of young people against depression and other mental health issues. In the 2015 study, a cross-sectional study was conducted in Riyadh, Saudi Arabia, to investigate the frequency and correlates of depression among female adolescents (Raheel, 2015). The study revealed that almost one-third of the sample reported depression, with some even showing that depression is more common among those who had strained relationships with their family and friends. Depression was also associated with a history of emotional abuse and experience of physical violence. Again, those who were highly

supported by family and friends were less likely to be depressed. Raheel's study further maintained that positive relations within the family and friendships help youth cope with trauma and stress. The findings also further focus that social support systems should be enhanced so as to act as a buffer against mental health challenges, especially in areas where violence and poor relationships are common and increase the risk of depression.

Social support has a significant impact on adolescents' general quality of life, in addition to reducing the symptoms of mental health disorders. (Alsubaie, Stain, Webster, & Wadman, 2019) a cross-sectional study was conducted to evaluate how different types of social support, such as family and friends, affect both depression symptoms and quality of life among university students. The study discovered that social support considerably reduced depression-related symptoms while improving psychological well-being. Social support from family and friends has been found to be critical in addressing mental health issues and improving quality of life. Their findings emphasize the necessity of developing strong ties across several social domains to protect mental health.

A systematic review was carried out to gain a deeper understanding of the effects and benefits of supportive peer relations among adolescents with specific disorders like depression and anxiety as well as those who suffer from suicidal ideation using 15 studies who belonged to an American demographic (Roach, 2018). The review explained that mutual understanding, shared activities, and both practical and emotional support are all necessary for effective peer support. It was discovered that healthy peer relationships protect teens from mental health problems as they grow older and rely more on their peers for emotional help, thereby lowering their risk of depression, anxiety, and suicide attempts. It also pointed out the importance of healthy peer

relationships and supportive school, family, and community settings in fostering adolescent's well-being. This study has limitations such as reporting bias due to self-reported measures and lack of generalizability.

However, the evidence on the efficacy of peer support in directly lowering anxiety and depression is equivocal (Simmons, et al., 2023). A systematic review was conducted across different nations to evaluate peer support interventions for anxiety and depression in adolescents. While one study significantly decreased both symptoms, the majority reported very modest or no effects, indicating that the efficacy of peer support treatments varies depending on context and execution.

Lastly, a review was conducted to learn more about group interventions that can assist individuals who are challenged mentally (Miller, Vernon, Wu, & Russo, 2014). They aimed to summarize and synthesize existing research on social skills group interventions for adolescents with ASD using 44 studies with a sample population with an age group of 13–17 diagnosed with ASD. It stated that group interventions generally produced improvements in social skills and emphasized that more intensive programs with participation for longer durations are associated with better outcomes. This review found that social skills group interventions have demonstrated significant evidence of effectiveness for adolescents with autism spectrum disorders (ASD). The generalization and maintenance of social skills are also greatly improved when parents participate in training or support sessions. Peer support can also help them by giving them role models and facilitating social interaction, which improves social outcomes. Since the review focused on interventions for just teenagers diagnosed with ASD, it lacks generalizability.

1.3 Significance

1.3.1 Contribution to the Field and or Practical Implications:

This research tackles an important and little studied topic which is the combined effects of both receiving and offering peer support on the mental health of adolescents. While previous studies have largely focused on the benefits of receiving support, this study takes a broader view by exploring the mutual and interconnected dynamics of these two forms of interaction. By doing so, it delves into an area that has received limited attention in empirical research, shedding light on how reciprocal peer support relationships might create a positive cycle benefiting both the giver and the receiver. This study contributes to:

1.3.2 Therapy models:

Although the benefits of group therapy are already established but this study can be used as a foundation for mental health practitioners to develop cost-effective, peer-driven peer group therapy techniques where peers who are struggling with mental health issues and are of similar ages can come together and share their experiences and coping mechanisms they used that had a positive impact on them, provide advice and encourage others. This can act as cathartic experience, give a sense of joy and motivation for those provided support and help other peers who received feel normalized and gain insight on how to navigate their struggles.

1.3.3 Initiatives in schools:

School counselors can utilize this research to develop peer support initiatives, such as implementing a buddy system where small groups of students with diverse personalities are paired. This approach encourages mutual understanding and fosters friendships while enabling students to recognize and assist peers who may show signs of mental health challenges. Additionally, schools could establish mentoring programs where students receive training to identify mental health struggles and learn effective ways to offer support in such situations.

1.4 Gaps in the knowledge:

Although the review gives a good understanding on the topic of the influence of parental, community, and peer support on the mental well-being of the adolescents, the studies do not provide much information regarding the matter of whether one-sided support is more impactful than two-sided support (receiving as well as aiding) and if there is an established relationship between providing support and receiving support. There was also more research done on females than males.

1.5 Research Aim:

To examine the impact of peer support on adolescent mental well-being, particularly in individuals with mental disorders. The study aims to explore how both receiving and providing

peer support influence mental well-being and to determine whether there is a correlation between these two forms of support.

1.6 Research Question:

This research seeks to answer the following questions: How does receiving and providing peer support affect the mental health of adolescents, and is there a correlation between the two forms of peer support in promoting positive mental health outcomes?

Methodology

2.1. Research Design

This study employed a quantitative, correlational research design to investigate how support both peer providing and receiving affects the mental health of adolescents. The quantitative method offered solid and impartial insights into the dynamics of peer assistance by facilitating the systematic measurement and statistical analysis of variables. This strategy is ideal for answering the research questions and adding empirical data to the area.

2.2. Participants

A varied sample of 48 adolescents aged 13 to 26 was recruited to represent a wide range of peer support experiences. Participants were recruited from schools, colleges, and community centers to ensure socioeconomic and educational diversity.

- **Inclusion Criteria:** Participants aged 13–26, fluent in English, and willing to complete the session.
- **Exclusion Criteria:** Individuals outside the specified age range, those with incomplete session, or those unwilling to provide consent.

Table 1

Demographic Characteristics of Participants

Category	Subcategory	Frequency (n)	Percentage (%)
Gender	Female	44	91.6
	Male	4	8.4
	13	0	0
	14	0	0
	15	0	0
	16	1	4.8
	17	6	12.5
Age	18	9	18.75
	19	6	12.5
	20	5	10.4
	21	7	14.5
	22	4	8.3
	23	3	2.25
	24	2	4.16
	25	2	4.16
	26	2	4.16
		Mean (M)	—
	Standard Deviation (SD)	—	2.62
Nationalities	Bengali	1	2.0
	British	3	6.1
	Eritrean	1	2.0
	Indian	32	65.3
	Jordanian	1	2.0
	Nigerian	1	2.0
	Pakistani	4	8.1
	Saudi	4	8.2
	Syrian	1	2.0
	Turkish	1	2.0
Education Level	High School	17	35.4
	Bachelor's	26	54.2
	Associate's	2	4.2
	Master's	2	4.2
	Professional	2	4.2

2.3. Data Collection Methods

The study utilized validated, reliable self-report measures to assess the dimensions of giving and receiving support:

- **Giving Support:**

The Prosocial Tendencies Measure- Revised (PTM-R): Developed by Carlo et al. 2003, is a 21-item scale for the study of a wide variety of prosocial behaviours, including altruism and compliance. The responses were measured on a 5-point Likert scale, and the questionnaire demonstrated high reliability, as indicated by a strong Cronbach's alpha coefficient ($\alpha = .885$).

- **Receiving Support:**

The Multidimensional Scale of Perceived Social Support (MSPSS): Developed by Gregory Zimet et al in 1988, is a 12-item scale that measures both practical and emotional support when assessing how much social support one feels from friends, family, and significant others. The responses were measured on a 7-point Likert scale, and the questionnaire demonstrated high reliability, as indicated by a strong Cronbach's alpha coefficient, ($\alpha = .942$).

- **The emotional states of depression, anxiety and stress**

Developed as a shortened version of the Depression, Anxiety, and Stress Scales (DASS), the DASS-8 is an 8-item questionnaire that measures emotional distress across three domains:

depression, anxiety, and stress. Responses were measured on a 4-point Likert scale, and the instrument demonstrated high reliability, as indicated by a strong Cronbach's alpha coefficient, ($\alpha = .863$).

2.3.1 Procedures:

The study employed a quantitative, correlational design using three validated self-report instruments as mentioned above. A total of 48 adolescent participants completed the survey. The data collection focused on students diagnosed with or experiencing mental health concerns, ensuring that the results reflect a population relevant to the study aim.

2.4. Data Analysis Plan

The analysis of the collected data was conducted using SPSS (Statistical Package for the Social Sciences) to ensure accuracy and reliability. The process was divided into two components: descriptive statistics and correlation analysis.

2.4.1 Descriptive Statistics

- **Purpose:** To summarize and describe the key characteristics of the data gathered from the four questionnaires.
- **Measures:** The mean was calculated to determine the average score for each scale, providing an overall sense of participants' responses.

The standard deviation (SD) indicates how much the responses varied from the average, reflecting consistency or diversity in attitudes and perceptions.

The range represents the minimum and maximum scores, showing the extent of variability in participants' responses.

Significance: These statistics offered a clear overview of how adolescents perceive giving and receiving peer support, establishing a foundation for further analysis.

2.4.2 Correlation Analysis

- **Objective:** Pearson correlation coefficients were used to examine the relationships between the four scales measuring giving and receiving support.
- **Focus Areas:**
 1. The relationship between giving support (measured by PTM-R) and receiving support (measured by MSPSS).
 2. The potential impact of these variables on mental health outcomes, such as emotional resilience and well-being.
- **Rationale:** Pearson correlation is appropriate for identifying the strength and direction of linear relationships between variables, providing insights into whether these forms of support were interconnected.
- **Interpretation:**

- A positive correlation indicates that increases in one variable (e.g., receiving support) are associated with increases in another (e.g., giving support).
- A negative correlation suggests an inverse relationship, where an increase in one variable corresponds to a decrease in another.
- A correlation close to zero implies no significant linear relationship between the variables.

2.4.3 Multiple Regression Analysis

Purpose: The goal was to investigate the predictive power of the two types of peer support providing support (PTM-R) and receiving support (MSPSS) on the DASS-8 scale for adolescent mental health.

- **Measures:**

Model Summary: Uses R, R², and Adjusted R² to demonstrate the regression model's overall fit.

2.4.4 Insights and Implications

- The analysis is aimed to explore whether giving and receiving peer support reinforce each other in a mutually beneficial way, contributing to improved mental health outcomes.
- Findings from this analysis provided a valuable evidence for designing school and community programs that leverage the complementary benefits of peer support.

2.5 Ethical considerations:

To ensure that the study was compliant with ethical guidelines provided by APA for gaining information from the participants as well as to maintain their safety, dignity and integrity these steps were followed:

2.5.1 Getting Approval from DGSR:

Research has been approved by the Research Ethics Committee after a comprehensive review, including detailed study protocols and full disclosure of the surveys and tools used in this experimental study.

2.5.2 Informed consent:

To ascertain that the participants were making an informed choice out of their own will, written consent was obtained by providing them with the research's purpose, detailed description of the procedure as well as significance to the field before the survey was administered to the participants.

2.5.3 Right to confidentiality:

The participants were also described in detail about their rights to keep their information anonymous and were provided with control over their own data by keeping the personal questions optional.

2.5.4 Right to drop out of research:

The participants were assured that they have the right to stop the research if they don't feel comfortable completing it and their data would not be used in findings and conclusion of the research.

Results

Data was collected from 48 participants, the sample included 44 females (91.6 %) and 4 males (8.2%), with ages ranging from 18 to 26 years ($M = 20.17$ years, $SD = 2.62$ years). The participants represented a diverse range of cultural backgrounds, including 2% Bengali, 6.1% British, 2% Eritrean, 65.3% Indian, 2% Jordanian, 2% Nigerian, 8.1% Pakistani, 8.2% Saudi, 2% Syrian, and 2% Turkish. Out of the 48 participants, 26 (54.2%) were pursuing a bachelor's degree, 17 (35.4%) were in high school, 2 (4.2%) were working toward an associate's degree, 2 (4.2%) were pursuing a master's degree, and 2 (4.2%) were enrolled in professional programs like an MD.

Table 2

Mean and Standard Deviation of Data

<i>Questionnaires</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Sample</i>
Psychological Distress	11.1250	6.21811	48
Receiving Support	74.1042	15.27791	48
Providing Support	54.8542	19.13223	48

Descriptive analysis showed that participants reported moderate to high levels of both received support (MSPSS: $M = 54.85$, $SD = 19.13$) and peer support given (PTM-R: $M = 74.10$, $SD = 15.28$), suggesting the sample ($N = 48$) generally perceived themselves as socially supported and engaged in prosocial behavior. Participants displayed only mild distress (DASS-8: $M = 11.13$, $SD = 6.22$).

3.1 Correlation Analysis:

Table 3

Correlations table

		Psychological Distress	Receiving Support	Providing Support
Pearson's Correlation	Psychological Distress	1	-.366	.120
	Receiving Support	-.366	1	.315
	Providing Support	.120	.315	1
Significance	Psychological Distress	.	.005	.208

	Receiving Support	.005	.	.015
	Providing Support	.208	.015	.

A *significant positive correlation* was found between perceived social support and prosocial tendencies with $r = .315$, $p = .029$

3.2 Regression Analysis:

Table 4

Model	R	R Square	F	Significance
1	.442	.195	5.465	.008

The model (with both predictors) was statistically significant ($F = 5.465$, $p = 0.008$) and explained 19.5% of the variance in distress.

Table 5

Model	B	t	Significance
Psychological distress	11.244	2.627	.012
Providing Support	.106	1.853	.070

Receiving Support	-0.146	-3.182	.003

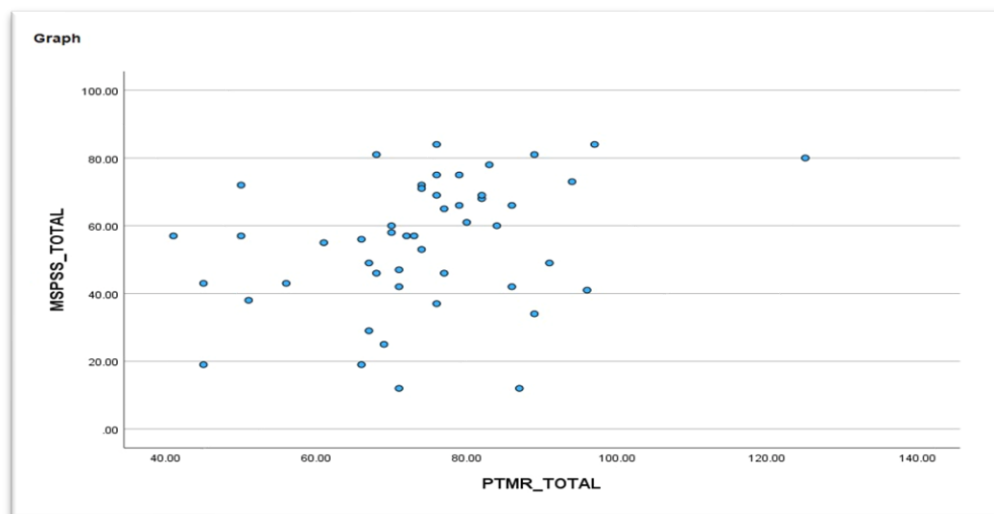
The regression analysis revealed that perceived social support significantly inversely predicted psychological distress ($r = -0.366$, $p = .003$), demonstrating that individuals with greater social support reported fewer symptoms of depression, anxiety, and stress.

However, Prosocial Behaviour was not able to significantly predict Psychological Distress ($r = 0.120$, $p = .070$), though it showed a positive trend.

3.3 Graphical Analysis:

Figure 1

Graph of Scatter plot



Based on the scatter plot, perceived social support (MSPSS) and prosocial behavior (PTM-R) seems to be in a positively linear relationship meaning those who report stronger perceived support demonstrate somewhat greater inclination toward prosocial actions.

Discussion

This study intended to examine the impact of both receiving and providing peer support on adolescent mental health, as well as the connection between these two forms of assistance. The findings add to the expanding body of research on the protective benefits of social support during the developing years which is a critical period for emotional growth, stability and identity development.

One of the central outcome was the strong inverse relationship between perceived social support (MSPSS) and psychological distress (DASS-8). This aligns with the Buffering Hypothesis proposed by Cohen and Wills which suggests that social support can act as a cushion to shield an individual from the psychological impact of stress, especially during challenging times. Adolescents who felt emotionally supported by their peers reported decreased levels of depression, anxiety, and stress, emphasizing the value of Interpersonal connection and validation on regulation of emotions.

In comparison, the relationship between prosocial tendencies (PTM-R) for offering support and psychological distress was positive but not statistically significant ($p = .070$). This implies that although providing support can satisfy an adolescents social and emotional needs like altruism,

belonging, or a sense of purpose, self-worth it does not necessarily protect them from their own psychological challenges. This finding is consistent with Schwartz and Sendor's (1999) observation that offering help can have therapeutic benefits, but only when the supporter is emotionally prepared as well as equipped and if the interactions are balanced and reciprocal. This is particularly relevant for adolescents, who are still learning how to manage emotions and boundary-setting.

Moreover, a notable positive correlation ($r = .315, p < .05$) was identified between receiving and providing support, suggesting that adolescents who feel supported are also more likely to offer support themselves. This mutual aid dynamics may create more supportive and emotionally balanced relationships as compared to one-sided support exchanges.

4.1 Comparison with Previous Research:

The current results align with existing studies on the protective nature of supportive peer relations during adolescence (Butler et al., 2022). The observed relationship between perceived support and reduced psychological distress is in agreement with broader developmental theories, highlighting the critical role of peer connections in adolescent emotional health. However, the weaker protective effect of providing support, as seen in this study is consistent with Schwartz and Sendor's (1999) findings on the importance of emotional readiness and reciprocity in helping others. The positive association between receiving and offering support aligns with Bracke et al.

(2008), who emphasized the psychological benefits of mutual support through principles like the Helper-Therapy Principle and Equity Theory.

4.2 Implications

4.2.1 Theoretical Implications:

This study supports several psychological theories:

- **Buffering Hypothesis:** emphasizes the protective nature of perceived support during stress.
- **Prosocial Behavior Framework:** reflects in the reciprocal link between receiving and providing support.
- **Equity Theory:** suggests that receiving as well as offering support as opposed to one-sided support produces greater results
- **Helper-Therapy Principle** Schwartz & Sendor's: suggests that when an individual provides assistance to another person, the helper may benefit.

These insights also align with the United Nations Sustainable Development Goals (SDGs) and Saudi Arabia's Vision 2030. Specifically, the findings support **SDG 3** (Good Health and Well-being) by promoting peer-driven mental health initiatives, **SDG 4** (Quality Education) by encouraging supportive school environments, and **SDG 10** (Reduced Inequalities) by promoting inclusive, empowering mental health practices for both givers and receivers of support.

4.2.2 Practical Implications:

- **Peer Support Integration:** Schools and mental health professionals should establish structured peer support programs to leverage adolescents' natural preference for peer connection.
- **Community Initiatives:** Encourages policy makers to prioritize and invest in youth-led, community-based mental health programs as cost-effective, long-term solutions.
- **Clinical Application:** Emphasizes the need for mental health professionals to incorporate peer support as a core component of adolescent treatment plans, recognizing its therapeutic potential.

4.3 Alternative Explanations

An alternative explanation that can be considered is: Individual differences in emotional capacity or social anxiety might have influenced the weaker protective effects of providing support.

Limitations

While the study provides valuable insights, it is important to consider several limitations when interpreting these findings. First, the relatively small sample size ($N = 48$) reduces the statistical power and limits the ability to generalize the results to the broader adolescent population, making it challenging to draw firm conclusions. Second, the use of self-report measures can introduce bias, as participants may misinterpret items or underreport their symptoms due to social desirability, especially when responding to psychological distress (DASS-8) or perceived support (MSPSS) scales. Third, the cross-sectional design captures data at a single point in time, preventing any conclusions about cause and effect; while social support may appear to buffer distress, it remains unclear whether lower distress fosters stronger social connections or the reverse. Additionally, the sample was predominantly female (**91.8%**), which limits the ability to explore potential gender differences and raises concerns about whether the observed patterns apply equally to male adolescents, who may experience and express social support differently. To address these limitations, future studies should consider using larger, more gender-balanced samples, longitudinal designs, and multi-method approaches (e.g., peer reports, behavioural observations) to enhance the reliability and generalizability of the findings.

Conclusion

This study investigated the impact of receiving and providing peer support on adolescent mental well-being and found that perceived social support significantly reduced psychological distress aligning with the Buffering Hypothesis, meanwhile prosocial behavior showed a positive but non-significant association to distress reduction. The reciprocal relationship between giving and receiving support ($r = .315$) highlights the mutual benefits of peer interactions, contributing to the field by addressing a gap in research on reciprocal support dynamics. These findings suggest practical applications, such as integrating peer support programs in schools like buddy system, mentoring programs and development of peer-based group therapy models to enhance mental well-being. Future research should employ larger, gender-balanced, clinically diagnosed samples and longitudinal designs to further validate these results as well as have a deeper impact on the community. Additionally, it could also explore the impacts of cultural variations in receiving and providing support and can design and develop peer support programs for its applications in clinical and educational settings. Overall, the study examines the importance of fostering reciprocal peer relationships as a sustainable, accessible and cost-effective strategy to promote adolescent mental health.

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Appendix A

Literature Review Reading grid

Figure A1

Number	Author	Year	Location	Research aim	Methodology	Data collection method	Main findings	Limitations	Relevancy to my research (high/medium/low)	Link to article
	Nouf Abdullah Alshehri, Murat Yildirim, Panos Vostanis	2020	Saudi Arabia	To investigate the extent to which parenting style, attachment security, and social support are all associated with mental health problems among adolescents living in disadvantaged areas of Saudi Arabia, as reported by the adolescents themselves.	Cross-sectional study	451 adolescents aged 12 to 16 have completed the Strengths and Difficulties Questionnaire (SDQ), Parental Authority Questionnaire (PAQ), Attachment Security Scale, and Multidimensional Scale of Perceived Social Support (MSPSS).	23.5% of adolescents exhibited indicators of possible mental health issues. Positive mental health has been linked to both permissive and authoritative parenting styles, attachment security, and social support. Girls reported more emotional and peer issues, whereas boys demonstrated higher attachment security, particularly with mothers.	The study exclusively selected adolescents from certain disadvantaged regions, which may limit the findings' generalizability to other populations. It depended exclusively on adolescents self-reports, which might create bias. Parental perspectives and longitudinal data were not included, and cultural factors may have influenced the results.	High	https://pdfattform.almanhal.ecm/Reader/2/14470
	Karen Yearwood, Nicole Vliegen, Cecilia Chau, Jozef Corveleyn, Patrick Luyten.	2019	Lima, Peru	To investigate the longitudinal relationships between environmental adversity, complex trauma, and adolescent psychopathology, as well as the moderating role of peer support.	Longitudinal study with a cross-lagged panel design	The study was done in Villa El Salvador, Lima, Peru, with 644 adolescents (ages 11-18) from a public high school utilizing convenience sampling over two waves (September 2015 and 2016). Data was gathered using validated self-report questionnaires that assessed environmental adversity, complex trauma, peer support, and internalizing-externalizing issues. Informed consent was acquired, and ethical procedures were followed.	The study found that environmental adversity (EA) and complex trauma (CT) significantly led to increases in internalizing and externalizing symptoms over time, with unidirectional effects showing that these symptoms had no influence on adversity levels. Peer support did not significantly reduce the influence of EA on symptoms. However, substantial peer support significantly decreased the effects of CT on symptoms, indicating a protective function, especially for adolescents with strong social support networks.	The study was restricted to a specific geographical region in Peru, which may limit its applicability. Reliance on self-report measures may bring biases into findings.	High	https://orlinelibrary.wiley.com/doi/10.1111/j.adoescence.2019.02.001
	Nadia Butler, Zara Quigg, Rebecca Bates, Lisa Jones, Emma Ashworth, Steve Gowland, Margaret Jones	2022	UK (Schools in a borough of the North West of England)	To investigate the relationship between children's and adolescents' mental well-being and the level of family adult support, school support they receive from their families, schools, and peers.	Cross-sectional study using a non-probability sampling design	Children aged 8 to 15 years from participating schools took an online survey utilizing measures from the Student Resilience Survey and standardized mental wellbeing scales (WEMWBS and SCWBS).	All three types of support (family, school adult, and peer support) were independently linked to mental health. There was a graded association between the number of support sources and the likelihood of experiencing low mental health, indicating a cumulative protective impact. Children with high peer support showed similar mental well-being to those with high family and school adult	The cross-sectional design reduces the capacity to establish causality. There was also a lack of data on students who did not participate, which may have influenced generalizability.	High	https://onlinelibrary.wiley.com/doi/10.1111/j.12330-022-09502-9#sec10

Figure A2

Abdullah S. Alshammari, Bettina F. Piko, Kevin M. Fitzpatrick	2019	Jordan (Public and private schools in Irbid governorate)	To study the relationship between social support from family, friends, and significant others and mental health outcomes among a sample of Jordanian adolescents.	Cross-sectional pilot research with multistage cluster sampling.	The self-administered online questionnaire included the Multidimensional Scale of Perceived Social Support, Diener's Satisfaction with Life Scale, Rosenberg's Self-Esteem Scale, and the Center for Epidemiological Studies Depression Scale for Children (CES-DC).	Both boys and girls reported poorer life satisfaction when they had depressive symptoms. Family support was the most important factor influencing mental health outcomes. For girls, self-esteem served as a protective factor against depressed symptoms.	The sample size was small and limited to Jordanian adolescents, reducing generalizability. The study looked at depressive symptomatology rather than clinically confirmed depression.	Medium	2/publication/338119025_The_Protective_Role_of_Social_Support_in_Determining_Adolescent_Mental_Health_Outcomes/links/608e993a5f1ccabd00890/The-Protective-Role-Social-Support-Plays-in-Determining-Adolescent-Mental-Health-Outcomes.pdf
Hafsa Raheel	2015	Riyadh, Kingdom of Saudi Arabia	To determine the frequency and correlates of depression among adolescent girls in Riyadh, and to instruct early intervention measures.	A cross-sectional, school-based survey was undertaken among female secondary school students aged 15 to 19.	Structured questionnaire that includes the Beck Depression Inventory-II (BDI-II) and questions about depression determinants such as peer and family relationships, exposure to violence, and socioeconomic status.	Approximately 30% of participants were determined to be depressed. Depression was more common among adolescents who did not have positive interactions with their classmates and family (OR 4.63), were emotionally abused (OR 3.45), or were subjected to physical violence (OR 3.34). Strong social support from family and peers has been shown to protect against depression. Social support from family and friends had a significant impact on depressed symptoms and quality of life.	The study focused solely on female adolescents in Riyadh and excluded male adolescents, limiting generalizability.	High	https://journals.lww.com/jim/fulltext/2015/0600/pathologic_analysis_of_control_plans_for_adolescent_depression.aspx
M. M. Alsubaie, H. J. Stain, L. A. D. Webster, & R. Wadman	2019	Durham University, Leeds Trinity University, University of York, King Faisal University	To investigate how diverse sources of social support affect depression and quality of life in university students.	Cross-sectional design using an online survey	Online survey (Qualtrics software), evaluating depressive symptoms (PHQ-9), social support (MPSS), and quality of life (WHQOL-BREF).	Social support from family and friends helped to minimize depression symptoms and increase psychological quality of life.	Female-dominated sample, cross-sectional design, low generalizability.	High	https://www.tandfonline.com/doi/full/10.1080/02673842.2019.156887#d1e218
Magenta B. Simmons, Sharla Cartner, Roxanne MacDonald, Sarah Whitson, Alan Bailey, Ellie Brown	2023	Various countries (Australia, Canada, Ireland, Singapore, and others)	To assess the efficacy of peer assistance for young individuals suffering from anxiety and depression.	Systemic Reviews	Systematic search of databases (Orygen Evidence Finder, Embase, MEDLINE, PsycInfo) and screening appropriate studies.	Nine RCTs comprising 2,003 participants found inconsistent evidence on the effect of peer support on anxiety and depression. Only one research successfully reduced both depression and anxiety, while others reported minor or no effects.	The studies were diverse, with little high-quality data specifically for anxiety and depression. More rigorous trials are needed to investigate the mechanisms of peer support.	Medium	https://link.springer.com/article/10.1186/s12888-023-04578-2#sec9
Jesusa V. Gutierrez, Maaidah Algamdi, Maram Alkhaibari, Smaher Mjimi, Rahaf Aloqbi, Shadiha Majrashi	2023	Tabuk City, KSA	The purpose of this study is to investigate the association between parenting style and female adolescents mental health.	Cross-sectional descriptive correlation study	Two standardized questionnaires were used: the Depression, Anxiety and Stress Scale (DASS) and the Measure of Parental Style (MOPS).	Female adolescents had a significant prevalence of mental health issues, including anxiety (26%), stress (20%), and depression (18%). Over-controlling parenting was prevalent, especially among mothers (73%) and fathers (65%). There was a strong positive relationship between father parenting style and anxiety and depression among female adolescents.	The study used a convenience sample of 100 female nursing students, which may not represent the broader population. Only cross-sectional data were employed, which restricted causal inference.	High	https://medicopublication.com/index.php/ijone/article/view/147777

Figure A3

NUMBER	AUTHOR	YEAR	LOCATION	RESEARCH AIM	METHODOLOGY	LIMIT COLLECTION METHOD	MAIN FINDINGS	LIMITATIONS	LINK TO ARTICLE
	Bracke, Christiaens & Verhaeghe	2008	Flanders, Belgium	The study examines how mutual peer support affects self-esteem and self-efficacy, by exploring hypotheses based on exchange, social capital, equity, and self-esteem enhancement theories.	The study analyzed data from 628 clients of 51 psychiatric and vocational rehabilitation centers	used both structured interviews and questionnaires which were focused on peer support and its relationship with subjective well-being	The study shows that helping others can improve mental well-being, as described by the Helper-Therapy Principle. It also supports Equity Theory, which suggests that balanced giving and receiving of support leads to better outcomes than one-sided support. Additionally, the study suggests that giving support helps people build connections, feel more capable, and in control encouraging individuals to provide support to others can help them boost their self-esteem as well as give them a sense of purpose and confidence in their abilities.	The study's cross-sectional design makes it difficult to determine if balanced peer support directly causes improvements in well-being. To better understand how these factors influence each other over time, further longitudinal research is needed. Additionally, since the study used self-reported data, there may be some bias, such as people overrating the help they give and downplaying the support they receive.	https://www.researchgate.net/publication/22750945_Self-Esteem_Self-Efficacy_and_the_Balance_of_Peer_Support_Anonymous_Persons_With_Chronic_Mental_Health_Problems
0	Dwi Prasetyo Rini & Budi Astuti	2023	Semarang, Indonesia	the study's aim is to examine the impact of peer support and self-esteem on resilience	A sample of 266 students were surveyed from three different vocational schools in Semarang.	Cluster random sampling was used to gather data	The study found that peer support has a strong positive effect on resilience. Students who receive more support from their peers tend to be more resilient. Likewise, self-esteem greatly influences resilience. Students with higher self-esteem are better equipped to handle stress and overcome challenges.	The research only focused on vocational students in Semarang, which may limit the generalizability of the results to other regions or types of students, it also uses self-reported measures which introduces potential biases, as students may have over- or underestimated their levels of support, self-esteem, or resilience.	https://www.researchgate.net/publication/36946504_The_Role_of_Peer_Support_and_Self-Esteem_on_Resilience
1	Nancy Pittang, Chris Backer, and Keith Humphreys	2008	London	The main goal of the paper is to evaluate current studies to assess whether participating in mutual help groups improves psychological and social well-being for individuals with mental health problems.	The sample sizes ranged from moderate to large, with most studies including over 100 participants.	Information for this paper was gathered by reviewing 12 studies. Four of the included studies used randomized controlled trials (RCTs), while the rest employed quasi-experimental or prospective longitudinal designs	The paper highlights that mutual help groups offer cost-effective support comparable to professional therapy. They can enhance members' well-being by providing peer-driven support and a sense of shared understanding that professional services may lack.	Most of the studies which were analysed focused on specific mental health issues like depression and anxiety, with fewer studies addressing other conditions such as phobias or eating disorders. The study also faces the issue of not having a homogenous group likedifferent mental health problems and varying group structures which makes it difficult to generalize the results.	https://www.researchgate.net/publication/23148881_Mutual_Help_Groups_for_Mental_Health_Problems_A_Review_of_Effective_ess_Studies
	Amber Miller, Ty Vernon, Victoria Wu, and Krysta Russo	2014		The researcher's objective was to summarize and synthesize existing research on social skills group interventions for adolescents with ASD as well as to identify trends, methodologies, and outcomes in the field and suggest areas for future research.	The sample population of the studies included adolescents belonging to an age group of 13-17 with an ASD diagnosis who were undergoing group interventions with explicit social skills training.	The review covers 44 studies published in peer-reviewed journals who used a variety of therapeutic procedures as treatment plan.	According to this review, social skills group interventions have shown significant evidence of effectiveness for adolescents with Autism Spectrum Disorders (ASD), it specified that Group interventions typically yielded improvements in social competencies, with longer and stressed that more intensive programs with participation for longer durations are associated with better outcomes. Additionally the involvement of parents in training or support sessions significantly enhances the generalization and maintenance of social skills and adding support from their peers can provide them with role models and allow opportunities for social interaction leading to improved social interactions.	Most of the studies rely on parent or self-report measures, which can create possibilities for bias. Among the studies reviewed very few studies have conducted randomized controlled trials (RCTs) or included participants with co-occurring intellectual disabilities thereby limiting the generalizability of findings.	https://www.researchgate.net/publication/27176893_Social_Skill_Group_Interventions_for_Adolescents_With_Autism_Spectrum_Disorders_A_Systematic_Review

Figure A4

	Ashley Rosch	2018	United States	explore the impact and benefits of supportive peer relations among adolescents who are diagnosed with depression and anxiety as well as those who suffer from suicidal ideation.	the studies were conducted where adolescents who were american.	systematic review of 15 studies using databases such as CINAHL, PubMed, and PsycINFO, issued from 2007-2017.	emotional and practical help, shared activities, and mutual understanding. It found that positive peer relationships serve as a protective factor against mental health issues, reducing the likelihood of depression, anxiety, and suicide attempts among teens as they rely more on their friends and classmates rather than their parents for emotional support as they grow older. It also highlighted that supportive school, family, and community environments, coupled with healthy peer interactions, play crucial roles in promoting adolescent well-being.	measures which can be subject to reporting bias. There is also a lack of longitudinal studies examining the long-term impact of peer support on mental health. Moreover, the studies were conducted in America thereby limiting its generalizability.	https://www.researchgate.net/publication/32787649_Supportive_Peer_Relationships_and_Mental_Health_in_Adolescence_An_Invitative_Review
	Eva Oberle, Martia Golan, Anne M. Goddard, Kimberly Thomson, Kimberly A. Schonert-Reichl	2018	Canada	The study investigates the role of positive school environments in fostering optimism and mental health in early adolescence. It also intends to understand the importance of how environmental factors contribute to youth well-being.	The study had a sample size of over 4,000 Grade 4 students from 164 schools in Canada, with a subsample of 1,943 students tracked longitudinally from Grade 4 to Grade 7.	The study used Self-report data from the Middle Years Development Instrument (MDI), which assesses social relationships, well-being, and resilience. Additional data on socioeconomic status (SES) were obtained through tax file information.	The study discovered that peer belonging and adult support are significant predictors of optimism thereby, highlighting the importance of nurturing positive social interactions in schools. It also stressed that schools that cultivate an environment of acceptance, support, and positive relationships among peers and adults promote optimism and resilience in students. Additionally, it also stated that supportive social relationships in early adolescence have a lasting impact on students' optimism and mental health in later years.	The study used a proxy measure for family income, which may not fully capture the economic context of each student's family. Moreover, the generalizability of findings may be limited to similar demographic and cultural contexts.	https://www.researchgate.net/publication/32683042_Positive_mental_health_and_supportive_school_environments_A_population-level_longitudinal_study_of_dispositional_optimism_and_school_relationships_in_early_adolescence

Appendix B

Questionnaire

Figure B1

Consent Form

I consent to my participation in the research project entitled “How do receiving and providing peer support impact adolescent mental health, and are they correlated in promoting positive outcomes?”. The purpose of this project has been explained to me. I understand that my participation will involve taking an online survey, which will have 45 questions from the scale and will take 5-7 minutes. During my participation, I will be asked to participate in an interview or complete a survey/questionnaire. I understand that some of what I say during this study may be used in the analysis and writing of the final report (i.e., published research results). I understand that my anonymity and confidentiality will be preserved at all times and that my comments and responses to the questions will be reported in general (i.e., without reference to me). I will not suffer any negative consequences as a result of my participation in this research project. I understand that the result of the survey will be safely stored in a locked filing cabinet in the office of the principle investigator. Moreover, computer documents and software that contain confidential records about research participants will be stored in a password-protected folder on the chief investigator’s computer, accessible only to him/her. Backup copies will be stored in a locked filing cabinet in his/her office. I understand that I am free to withdraw and discontinue

participation at any time. I understand that if I have any concerns about this research, I can contact the chair of the Research Ethics Institutional Review Committee (REIRC) at Effat University.

I agree

I disagree

Measurement of Psychological Distress (DASS-8)

1. I felt that I was using a lot of nervous energy
2. I was worried about the situations in which I might panic and make a fool of myself
3. I felt that I had nothing to look forward to
4. I found it difficult to relax
5. I felt downhearted and blue
6. I felt I was close to panic
7. I was unable to become enthusiastic about anything
8. I felt scared without any good reason

Measurement of Receiving Support (MSPSS)

1. Family Support

1. My family really tries to help me?
2. I get the emotional help and support I need from my family?

3. I can talk about my problems with my family?
4. My family is willing to help me make decisions?

2. Friends Support

5. My friends really try to help me?
6. I can count on my friends when things go wrong?
7. I have friends with whom I can share my joys and sorrows?
8. I can talk about my problems with my friends?

3. Significant Other Support

9. There is a special person who is around when I am in need?
10. There is a special person with whom I can share my joys and sorrows?
11. I have a special person who is a real source of comfort to me?
12. There is a special person in my life who cares about my feelings?

Measurement of Providing Support (PTM-R)

1. I can help others best when people are watching me.
2. It makes me feel good when I can comfort someone who is very upset.
3. When other people are around, it is easier for me to help others in need.
4. I think that one of the best things about helping others is that it makes me look good.
5. I get the most out of helping others when it is done in front of other people.

6. tend to help people who are in a real crisis or need.
7. When people ask me to help them, I don't hesitate.
8. I prefer to donate money without anyone knowing.
9. I tend to help people who are hurt badly.
10. I believe that donating goods or money works best when I get some benefit.
11. I tend to help others in need when they do not know who helped them.
12. I tend to help others especially when they are really emotional.
13. Helping others when I am being watched is when I work best.
14. It is easy for me to help others when they are in a bad situation.
15. Most of the time, I help others when they do not know who helped them.
16. I believe I should receive more rewards for the time and energy I spend on volunteer service.
17. I respond to helping others best when the situation is highly emotional.
18. I never wait to help others when they ask for it.
19. I think that helping others without them knowing is the best type of situation.
20. One of the best things about doing charity work is that it looks good on my resume.
21. Emotional situations make me want to help others in need.
22. I often make donations without anyone knowing because they make me feel good.
23. I feel that if I help someone, they should help me in the future.
24. I often help even if I don't think I will get anything out of helping.
25. I usually help others when they are very upset.

Appendix C

Coding Sheet

Table C1

Psychological distress scoring (DASS-8)

0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Table C2

Receiving Support Scoring (MSPSS)

1	Very Strongly Disagree
2	Strongly Disagree
3	Mildly Disagree
4	Neutral
5	Mildly Agree

6	Strongly Agree
7	Very Strongly Agree

Table C3*Providing Support Scoring (PTM-R)*

1	Does Not Describe me at all
2	Describes Me a Little
3	Somewhat Describes Me
4	Describes Me Well
5	Describes Me Greatly