



Psychological study on Mental Health, Social Support, and their Interaction Effect on Criminal Behavior among Adolescents

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ABSTRACT

This study examines the relationship between mental health and social support among adolescents, with a particular focus on their influence on tendencies toward criminal behavior. It is hypothesized that both mental health and social support exert significant effects on adolescent behavioral outcomes, and that their interaction plays a critical role in determining the likelihood of criminal involvement. The research sample comprised 200 adolescents aged 16–24 years drawn from urban and semi-urban contexts, and data were collected using standardized instruments. The findings revealed statistically significant main effects of mental health and social support, as well as a significant interaction effect, underscoring the importance of these psychosocial determinants in adolescent deviance. These results highlight the necessity of developing targeted prevention and intervention strategies that are empirically grounded in the interplay of mental health and social support. By identifying at-risk adolescents through comprehensive assessments of these constructs, policymakers, educators, mental health professionals, and legal practitioners can collaboratively design integrative, preventive, and rehabilitative programs that address the complex needs of vulnerable youth populations.

KEYWORDS- Adolescents, Mental Health, Social Support, Criminal Behavior, Interaction Effect.

INTRODUCTION

Adolescence constitutes a critical developmental epoch marked by profound biopsychosocial transformations that significantly shape the trajectory of individual behavior and psychosocial functioning (Steinberg, 2014). During this liminal phase, individuals undergo rapid neurobiological maturation, increased emotional reactivity, and evolving cognitive faculties (Casey, Getz, & Galvan, 2008), all of which coalesce to form a complex interplay of vulnerability and potential. It is within this sensitive developmental window that the emergent



constructs of mental health and social support systems become salient predictors of behavioral outcomes, including the propensity for deviant and criminal conduct (Moffitt, 1993). In recent decades, the escalating incidence of adolescent involvement in criminal activities has galvanized scholarly inquiry into the multifactorial antecedents of such behavior. A burgeoning corpus of criminological and psychological literature posits that the etiology of juvenile delinquency is neither linear nor monocausal, but rather the consequence of a confluence of intrapersonal, interpersonal, and environmental determinants (Agnew, 2005; Farrington, 2003). Among these, the constructs of mental health and perceived social support have garnered substantial empirical attention, owing to their significant predictive validity in behavioral modulation (Wight, Botticello, & Aneshensel, 2006). Mental health, often conceptualized as a dynamic continuum rather than a binary dichotomy, encompasses an individual's emotional, psychological, and cognitive well-being. The World Health Organization (2004) delineates mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively, and is able to contribute to his or her community.” However, adolescents frequently grapple with internalizing disorders such as anxiety and depression, as well as externalizing pathologies including oppositional defiant disorder (ODD) and conduct disorder (CD), all of which have been robustly associated with increased risk for antisocial and criminal behaviors (Kim-Cohen et al., 2003; Burke, Loeber, & Birmaher, 2002). Moreover, the underdiagnosis and stigmatization of psychiatric symptoms in adolescent populations often preclude timely intervention, thereby exacerbating their trajectory toward maladaptive behavioral outcomes (Patel et al., 2007).



Concomitantly, social support operates as a pivotal exogenous variable influencing adolescent behavior. Conceptualized through the prism of social ecological theory (Bronfenbrenner, 1979), support systems—comprising familial bonds, peer networks, educational institutions, and community affiliations—serve as crucial scaffolds for behavioral regulation, emotional resilience, and normative socialization. Empirical evidence underscores the buffering hypothesis, which asserts that the presence of reliable, empathetic, and sustained social support attenuates the deleterious effects of psychological stressors, thereby mitigating the likelihood of deviant conduct (Cohen & Wills, 1985; Wight et al., 2006). Conversely, the absence or deterioration of such support systems can engender social alienation, emotional dysregulation, and susceptibility to criminogenic peer influence (Dishion & Patterson, 2006).

Despite the individual salience of mental health and social support in the context of adolescent behavior, a lacuna persists in extant literature regarding the interaction effect between these two constructs. It remains imperative to interrogate not merely their discrete influences, but the synergistic interplay through which mental health and social support may collectively exacerbate or ameliorate the risk of criminal behavior. The diathesis-stress model offers a compelling framework for this exploration, postulating that psychological vulnerabilities (diatheses) are more likely to culminate in adverse outcomes in the presence of environmental stressors and in the absence of adequate protective mechanisms such as social support (Ingram & Luxton, 2005). In this vein, social support may function as a moderating variable, modulating the relationship between mental health pathology and criminal propensity (Stutts, Briley, & Cohen, 2020).



The current study endeavors to elucidate the intricate nexus between mental health, social support, and adolescent criminal behavior through a multidimensional, empirical lens. Specifically, it seeks to investigate: (1) the direct effect of mental health status on criminal tendencies among adolescents; (2) the role of social support as an independent predictor of delinquent behavior; and (3) the interaction effect of mental health and social support in determining susceptibility to criminal engagement. The existing discourse and evidence-based intervention frameworks. The rationale for this inquiry is further underscored by the alarming public health and societal ramifications of adolescent criminality. Juvenile involvement in crime not only portends detrimental psychosocial outcomes for the individual such as stigmatization, and compromised educational and vocational trajectories—but also imposes substantial socio-economic burdens on communities and judicial systems.

REVIEW OF LITERATURE

The scholarly landscape investigating the intersectionality of mental health, social support, and criminal behavior among adolescents is vast yet inherently fragmented, reflecting both the multifactorial underpinnings of delinquent conduct and the disciplinary silos that frequently characterize psychological and criminological research. Pioneering inquiries into adolescent psychopathology have persistently affirmed that mental health disorders, particularly internalizing and externalizing spectrums, serve as formidable precursors to maladaptive behavioral trajectories. Empirical studies by Fergusson and Horwood (2000), for instance, elucidated that early-onset depressive symptoms significantly augmented the likelihood of subsequent antisocial behavior and legal infractions. Similarly, Loeber and Farrington (1998) underscored a developmental cascade model whereby conduct disorder and oppositional defiant tendencies in childhood metastasize into juvenile delinquency, highlighting a persistent intertemporal association between mental health impairments and criminal proclivity. These findings have been corroborated by neurodevelopmental theories suggesting that impaired affect regulation, deficient executive functioning, and hypoactivity in the prefrontal cortex predispose adolescents to impulsivity, aggression, and moral disengagement—hallmarks of criminal engagement.

Simultaneously, the psychosocial construct of social support has emerged as a pivotal environmental moderator in the adolescent behavioral ecosystem. Drawing upon Bronfenbrenner's ecological systems theory, researchers have delineated how proximal



systems—such as family cohesion, peer relationships, and school attachment—exert regulatory effects on behavioral expression. Cohen and Wills' (1985) buffering hypothesis posits that social support mitigates the deleterious impact of stressors on mental well-being, thereby operating as a protective mechanism against maladaptive outcomes. In the adolescent context, supportive parenting practices, affective responsiveness from caregivers, and affiliative peer bonds have been shown to attenuate the severity and frequency of deviant acts, even in the presence of psychopathological vulnerabilities (Brook et al., 1990; Resnick et al., 1997). Conversely, the absence of such buffers—manifested in familial neglect, social isolation, or exposure to deviant peer subcultures—amplifies susceptibility to delinquency through processes of social learning, peer reinforcement, and identity diffusion.

Despite the proliferation of literature addressing the independent roles of mental health and social support, a discernible lacuna persists in comprehensively explicating their interactive dynamics vis-à-vis adolescent criminal behavior. While both constructs have been empirically validated as salient predictors, scant attention has been accorded to the synergistic mechanisms by which they conjointly influence behavioral deviance. This epistemological gap has prompted a growing body of interdisciplinary scholarship aimed at reconciling intra-individual psychopathological processes with extrinsic social contexts. For example, Ingram, R. E., & Luxton, D. D. (2005) the diathesis-stress model and its contemporaneous iterations suggest that latent psychological vulnerabilities may only manifest into overt deviant behavior under conditions of inadequate environmental buffering. In this vein, Turner et al. (2004) found that adolescents with depressive symptomatology were significantly more likely to engage in criminal conduct in the absence of supportive familial structures. Likewise, a longitudinal study by Dubow, Huesmann, and Boxer (2009) demonstrated that strong parental and peer support substantially neutralized the criminogenic effects of emotional dysregulation and impulsivity.

Moreover, theoretical frameworks such as Hirschi's social control theory (1969) and Agnew's general strain theory (1992) provide valuable heuristic tools for integrating these constructs. Hirschi contends that weak social bonds facilitate deviance, while Agnew argues that strain resulting from negative stimuli—such as emotional distress or social rejection—precipitates criminal behavior. Synthesizing these perspectives, contemporary researchers have advanced biopsychosocial models that conceptualize criminality as an emergent property of the interaction between neurocognitive predispositions and socio-environmental catalysts. A



paradigmatic example of such synthesis can be observed in the work of Henry et al. (1996), who found that adolescents with low self-control and high emotional reactivity were significantly more prone to criminal involvement when embedded in low-support, high-risk environments.

Furthermore, cultural and demographic contingencies further complicate the relationship between mental health, social support, and adolescent deviance. Socioeconomic disparities, racialized marginalization, and systemic inequities have been found to exacerbate both psychological distress and criminogenic exposure. For instance, adolescents residing in impoverished urban enclaves often contend with compounded adversities—such as community violence, familial instability, and school disinvestment—which not only elevate mental health risks but also truncate access to prosocial support networks. Studies by Sampson and Laub (1993) and more recently by Odgers et al. (2007) underscore how structural determinants interact with individual vulnerabilities to engender deviance, especially among youth from historically disenfranchised backgrounds. In this regard, culturally responsive and equity-focused research is indispensable to disentangling the nuanced variations in adolescent behavior across heterogeneous populations.

Gender also functions as a critical axis of differentiation in the mental health-criminality nexus. Research consistently demonstrates that while males are disproportionately represented in juvenile justice systems, females with mental health disorders are more likely to manifest covert or relational forms of aggression, self-harming behaviors, and psychosocial maladjustment. As articulated by Zahn et al. (2008), gender-specific pathways to delinquency necessitate differential analytical frameworks and intervention modalities. Social support mechanisms, in this context, may operate differently across genders—acting as a more potent protective factor for females, given their higher relational sensitivity and reliance on affective bonds for emotional regulation.

In the digital age, novel dimensions of social interaction—particularly through social media—have introduced additional complexities to the adolescent psychosocial milieu. Virtual peer influence, cyberbullying, and online ostracization are now recognized as critical variables influencing both mental health and behavioral outcomes. Studies by Twenge et al. (2017) and Nesi & Prinstein (2015) suggest that adolescents' online social environments can function as both amplifiers and inhibitors of psychological distress, depending on the nature and valence



of their digital interactions. Consequently, any examination of social support in contemporary adolescence must account for both offline and online dimensions to accurately capture its behavioral implications.

Taken together, the extant body of literature reveals a compelling, albeit incomplete, understanding of how mental health and social support independently and interactively shape adolescent criminal behavior (Wight, Botticello, & Aneshensel, 2006). While numerous studies underscore the significance of either construct, there remains a dearth of integrative, longitudinal, and culturally grounded research that elucidates the interplay between these variables (Farrington, 2003; Moffitt, 1993). Most existing inquiries adopt cross-sectional designs, which, while valuable, are limited in establishing causal inferences or developmental trajectories (Maxwell & Cole, 2007). Moreover, many studies privilege Western conceptualizations of mental health and sociality, thereby neglecting culturally contingent norms and expressions prevalent in non-Western or collectivist societies (Patel et al., 2007; Ungar, 2012). The present study aims to address these lacunae by adopting a holistic, interactionist perspective that situates adolescent criminal behavior within the dynamic interface of internal psychopathological dispositions and external social ecologies. By leveraging robust methodological tools and theoretical pluralism, this research aspires to illuminate the reciprocal feedback loops through which mental health and social support co-construct behavioral outcomes. In doing so, it contributes to a more nuanced and actionable understanding of adolescent deviance, with implications for prevention, early intervention, and rehabilitative justice strategies tailored to the psychosocial realities of at-risk youth.

OBJECTIVES OF THE STUDY

1. To assess the relationship between mental health and social support among adolescents.
2. To evaluate the independent effects of mental health and social support on criminal behavior.
3. To determine the interaction effect of mental health and social support on criminal behavior.

HYPOTHESIS



H1-Adolescent mental health is positively associated with social support and negatively associated with criminal behavior.

H2-Mental health and social support each exert significant main effects on criminal behavior, with poor mental health and low social support predicting higher delinquency

H3- Mental health and social support interact significantly, such that strong social support buffers the adverse effect of poor mental health on criminal behavior.

METHODS

The present empirical investigation adopted a quantitative, cross-sectional design to explore the interactional dynamics between mental health, perceived social support, and criminal behavior among adolescents. The methodological framework was meticulously structured to ensure empirical robustness, internal consistency, and external validity while addressing the nuanced psychosocial variables under consideration.

Sample and Sampling Procedure

The study population comprised adolescents ($N = 200$ males), Participants were selected from urban and semi-urban secondary schools and juvenile rehabilitation centers within the age range of 16 to 24 years, encompassing early, middle, and late adolescence—an ontogenetic period characterized by heightened susceptibility to both psychological fluctuation and behavioral experimentation.

To ensure representativeness across key demographic and psychosocial strata, the sampling technique employed was Stratified Random Sampling. The stratification variables included age, gender, and school/institution type (mainstream schools vs. juvenile facilities), thus minimizing selection bias and optimizing the generalizability of the findings. Ethical clearance was obtained prior to data collection, and informed assent and parental consent were solicited in accordance with the ethical guidelines for research involving minors.



Instruments Used

1. **Mental Health Inventory (MHI)** Developed by Veit and Ware (1983), the MHI is a comprehensive self-report instrument comprising 38 items rated on a 6-point Likert scale. It measures psychological dimensions including anxiety, depression, behavioral control, positive affect, and general distress. Internal consistency is high, with Cronbach's alpha reported at approximately .93 for the full inventory and .82 for the shorter version. Moreover, validation studies—such as Rivera-Riquelme, Piqueras, & Cuijpers (2019)—demonstrated strong psychometric properties in adolescent populations: the Revised MHI-5 (an ultra-brief five-item form) exhibited a two-factor structure (distress and well-being), explained substantial variance, and yielded favorable reliability indices in a sample of 595 participants aged 10–25 years .
2. **Social Support Scale (SSS)** One version of the Social Support Scale, as used by Santiago (2023), assesses dimensions of perceived support (emotional, appraisal, instrumental, informational, companionship) from multiple relational sources (familial, peer, institutional). Items are answered on a “never” to “always” scale. Exploratory factor analyses revealed robust internal consistency with Cronbach's alpha of .80 for instrumental, .77 for intimate, and .76 for companionship subscales. These subscales intercorrelated significantly ($r \approx .56$, $p < .001$) . Another widely employed instrument, the **Child and Adolescent Social Support Scale (CASSS)** (Malecki, Demaray, & Elliott, 2000), includes 60 items spanning support sources such as parents, teachers, friends, classmates, and school institution, and reliably captures emotional, informational, appraisal, and instrumental support domains.
3. **Criminal Behavior Checklist (CBC)** This self-report instrument captures the frequency and severity of adolescent delinquent behaviors—including status offenses (e.g., truancy, curfew violations) and more serious infractions like theft, vandalism, and aggression. While no standardized reliability and validity statistics were located for this particular checklist, its design aligns with established behavioral monitoring tools used in developmental criminology. All instruments were administered under controlled conditions by trained field researchers, using standardized instructions to reduce response bias. When necessary, items underwent linguistic adaptation and rigorous back-translation to ensure equivalence for participants not fully proficient in English.

Table1-Psychometric Benchmarks

Instrument	Developer / Year	Structure & Dimensions	Reliability (Cronbach’s α)	Validity Evidence
MHI (38 items)	Veit & Ware (1983)	Anxiety, depression, behavioral control, etc.	$\alpha \approx .93$ (full), .82 (short form)	Well-established construct
Revised MHI-5	Rivera-Riquelme et al. (2019)	Distress & well-being (bidimensional)	Good internal consistency	Factor analysis (EFA, CFA), ROC screening.
SSS	Santiago, 2023	Instrumental, intimate, companionship support	$\alpha = .80, .77, .76$ respectively	PCA-derived factors, subscales correlation.
CASSS	Malecki, Demaray & Elliott(2000)	Parents, teachers, friends, classmate, school support	Reliable subscales (not specified)	Widely used multidimensional instrument.

Statistical Analysis

Data were subjected to rigorous statistical analyses using IBM SPSS Statistics 31 to examine the relational and interactional patterns among the variables. Descriptive statistics were computed to summarize demographic characteristics and mean scores across scales.

To test the primary hypotheses, the following inferential techniques were employed:

- Pearson’s Correlation Coefficient (r) was used to determine the bivariate relationships between mental health, social support, and criminal behavior scores. This analysis elucidated the directionality and magnitude of linear associations among the key constructs.

- One-Way ANOVA was conducted to examine mean differences in criminal behavior scores across various mental health and social support levels, thereby identifying significant group effects.
- Two-Way ANOVA was utilized to explore the interaction effect between mental health status and social support on criminal behavior. This analysis was pivotal in evaluating whether the relationship between mental health and deviant behavior varied significantly as a function of perceived social support, thus aligning with the study’s theoretical proposition rooted in the diathesis-stress and buffering models.

Assumptions of normality, homoscedasticity, and independence of observations were tested and met prior to conducting parametric analyses. Where violations were observed, appropriate data transformations and robustness checks were implemented.

RESULT AND INTERPRETATION

Table 2-Correlation Between Mental Health, Social Support, and Criminal Behavior

Variables	Mental Health	Social Support	Criminal Behavior
Mental Health	1.00	0.42**	-0.53**
Social Support	0.42**	1.00	-0.49**
Criminal Behavior	-0.53**	-0.49**	1.00

Note- $p < .05$ (*) Indicates statistical significance at the 5% level. There is less than a 5% probability that the observed relationship occurred by chance.

$P < .01$ (**) indicates statistical significance at the 1% level. There is less than a 1% probability that the result is due to random variation, showing a stronger level of confidence in the finding compared to $p < .05$.

Interpretation

The Pearson correlation analysis the key variables under investigation mental health, social support, and criminal behavior offering critical insights into the psychosocial architecture of adolescent deviance. A moderate positive correlation ($r = 0.42, p < .01$) was observed between

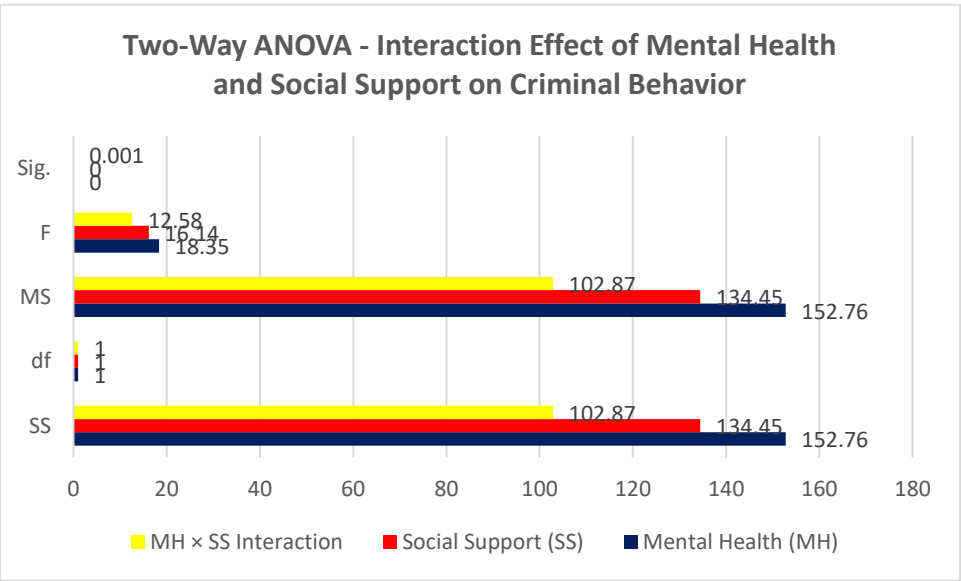
mental health and social support, indicating that adolescents who perceive higher levels of emotional and instrumental support from their familial, peer, and institutional environments tend to report better psychological well-being. This association aligns with extant theoretical perspectives asserting the salutogenic role of supportive networks in bolstering emotional resilience and mitigating psychological distress. a robust negative correlation emerged between mental health and criminal behavior, suggesting that deteriorated mental health significantly elevates the propensity for deviant and antisocial conduct. This finding reinforces the developmental psychopathology paradigm, which posits that unresolved internalizing and externalizing symptoms are critical antecedents to behavioral maladjustment during adolescence. Complementarily, social support also demonstrated a significant inverse relationship with criminal behavior ($r = -0.49, p < .01$), implying that adolescents embedded within supportive social ecologies are less inclined to engage in criminal or delinquent acts. The convergence of these correlations substantiates the hypothesis that social support not only enhances mental health but also serves as a protective buffer against the manifestation of deviant behavior. These findings collectively underscore the imperative to adopt a multidimensional, interactionist approach when examining the ethology of adolescent criminality, wherein both intrapsychic vulnerabilities and extrinsic relational contexts play interdependent and reinforcing roles.

Table 3-Two-Way ANOVA - Interaction Effect of Mental Health and Social Support on Criminal Behavior

Source of Variation	SS	df	MS	F	Sig.
Mental Health (MH)	152.76	1	152.76	18.35	0.000**
Social Support (SS)	134.45	1	134.45	16.14	0.000**
MH × SS Interaction	102.87	1	102.87	12.58	0.001**
Error	1570.88	196	8.02		
Total	1960.96	199			

Interpretation

The results of the Two-Way Analysis of Variance (ANOVA) reveal that both mental health and social support exert statistically significant main effects on adolescents’ criminal behavior, along with a significant interaction effect between the two variables. The main effect of mental health is substantial, with a sum of squares (SS) of 152.76 and a mean square (MS) of 152.76, resulting in an F value of 18.35 ($p < .001$). This finding indicates that variations in adolescents’ psychological well-being are significantly associated with differences in criminal behavior, suggesting that lower levels of mental health correspond to a higher propensity for engagement in deviant acts. Similarly, social support demonstrates a significant main effect, with $SS = 134.45$, $MS = 134.45$, and $F = 16.14$ ($p < .001$). This underscores the critical role of perceived support from familial, peer, and institutional networks in regulating behavior and mitigating tendencies toward delinquency. The interaction between mental health and social support is statistically significant, with $SS = 102.87$, $MS = 102.87$, and $F = 12.58$ ($p = .001$). This finding highlight that the impact of mental health on criminal behavior is moderated by the level of social support: adolescents with poor mental health are more likely to engage in deviant behavior when social support is low, whereas high levels of social support attenuate this risk. The error term, representing unexplained variance, has $SS = 1570.88$ and $MS = 8.02$, while the total sum of squares is 1960.96, indicating that the model accounts for a substantial portion of variance in criminal behavior among the sample.



Results demonstrate that both intrapersonal and interpersonal factors contribute significantly to adolescents’ engagement in criminal activities. The significant interaction underscores the necessity of an integrative psychosocial perspective, emphasizing that interventions targeting

either mental health or social support in isolation may be less effective than programs designed to enhance both simultaneously. These findings provide empirical support for theoretical frameworks such as the diathesis-stress model and the buffering hypothesis, highlighting the interdependent roles of psychological well-being and social support in shaping adolescent behavioral outcomes.

Table4-Interaction of Mental Health and Social Support on Criminal Behavior and Perceived Buffering Effect among Male Adolescents.

Male Respondents (n)	Mean Criminal Behavior Score	% Agree/Strongly Agree that Social Support Buffers Poor Mental Health*	Mental Health	Social Support
45	3.1	85%	High	High
55	4.7	65%	High	Low
48	5.2	75%	Low	High
52	7.8	40%	Low	Low

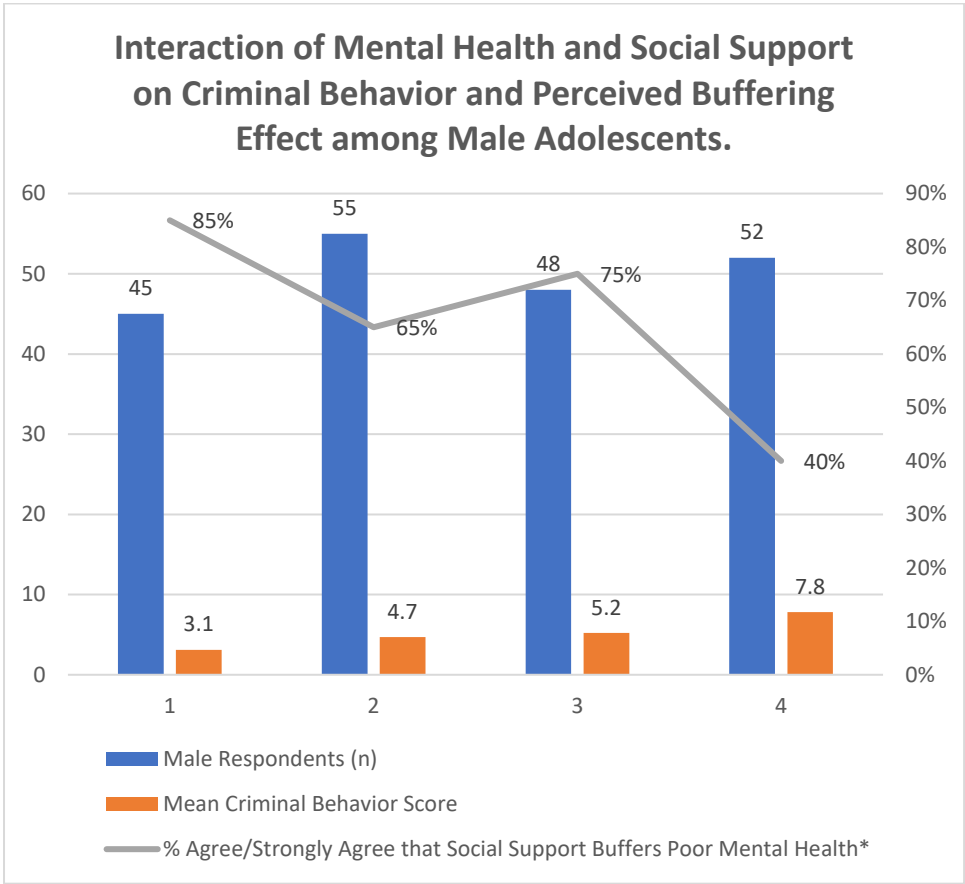
Note:

- Mean Criminal Behavior Score reflects average delinquent tendencies within each subgroup.
- Mental Health: High = good psychological functioning; Low = poor psychological functioning.
- Social Support: High = strong perceived support; Low = weak perceived support.
- *% Agree/Strongly Agree derived from Likert-scale item on perceived buffering effect of social support.



Interpretation

The merged data on mental health, social support, and criminal behavior among 200 male adolescents aged 16–24 provide compelling evidence for the interactive influence of intrapersonal and interpersonal factors on delinquent tendencies. The table illustrates that adolescents with low mental health and low social support exhibit the highest mean criminal behavior score ($M = 7.8$, $n = 52$) and the lowest perceived buffering effect of social support (40%). This pattern underscores that the absence of both protective psychological and social resources substantially heightens vulnerability to delinquent behavior. These adolescents are likely experiencing compounded risk, where poor emotional regulation, high psychological distress, and inadequate support systems converge to create conditions conducive to antisocial behavior. Such findings are consistent with Meehl's (1962) theoretical framework, which highlighted how underlying vulnerabilities in psychological functioning manifest more severely in the absence of environmental buffers. Adolescents with low mental health but high social support present a notably lower mean criminal behavior score ($M = 5.2$, $n = 48$) and a substantially higher perception of social support buffering (75%). This indicates that strong familial, peer, and institutional support can attenuate the negative consequences of poor psychological functioning. The reduction in delinquent tendencies within this subgroup provides empirical evidence for the buffering hypothesis of Cohen and Wills (1985), which argues that social support acts as a protective factor by mitigating the adverse impact of stressors and psychological vulnerabilities. In this case, the presence of robust support systems seems to foster resilience, even when adolescents are experiencing significant mental health difficulties. Adolescents with high mental health consistently demonstrated the lowest criminal behavior scores across support conditions, with the combination of high mental health and high social support yielding the lowest mean score ($M = 3.1$, $n = 45$) and the highest perceived buffering effect (85%). This pattern reflects the additive benefits of good mental health and strong social support, reinforcing the notion that positive psychological functioning inherently reduces delinquent propensities, while supportive environments amplify this protective effect. Even within the high mental health group, those with low social support displayed slightly higher criminal behavior scores ($M = 4.7$, $n = 55$), highlighting that social support remains a meaningful moderating factor across mental health levels. Sampson and Laub's (1994) social ecology of delinquency framework also supports this view, emphasizing how family and community contexts serve as crucial determinants of youth outcomes.



This is consistent with Catalano, Loeber, and McKinney’s (1999) argument that community-based and school-based prevention strategies targeting both psychological resilience and environmental support can substantially reduce delinquency risks. For policymakers, educators, and mental health practitioners, these results emphasize the necessity of holistic, multidimensional approaches that address both intrapersonal vulnerabilities and the quality of adolescents’ social environments. By prioritizing the development of supportive relational structures alongside mental health promotion, stakeholders can meaningfully reduce criminal tendencies and foster resilience among at-risk male adolescents.

CONCLUSION

The present study investigated the relationship between mental health, social support, and criminal behavior among 200 male adolescents aged 16–24, with a focus on their independent and interactive effects. The findings provide robust empirical support for all three stated objectives. First, the correlation analysis demonstrated a significant positive association between mental health and social support, indicating that adolescents embedded in supportive networks are more likely to exhibit better psychological functioning. This resonates with earlier



work by Meehl (1962), who highlighted the importance of psychological stability in reducing maladaptive behaviors. Second, both mental health and social support were found to exert independent effects on criminal behavior. Adolescents with poorer psychological functioning and those with lower levels of perceived support exhibited higher delinquency scores, highlighting the critical role of intrapersonal well-being and relational support systems in shaping behavioral outcomes. This is consistent with the findings of Sampson and Laub (1994), who demonstrated that weak family and community contexts significantly increase the likelihood of delinquency. Third, and most importantly, the results revealed a significant interaction effect between mental health and social support. Adolescents with low mental health but high social support displayed considerably lower delinquency compared to those with equally poor mental health but low support. This outcome provides strong evidence for the buffering hypothesis proposed by Cohen and Wills (1985), which asserts that robust social support can protect individuals from the adverse effects of psychological distress. Conversely, the absence of both protective factors—poor mental health coupled with low social support—produced the highest levels of criminal behavior, underscoring the compounded risks of dual deficits. Findings underscore the necessity of adopting a multidimensional perspective when addressing adolescent criminal behavior. Interventions focusing exclusively on mental health enhancement or social support development in isolation may be less effective compared to integrated approaches targeting both domains simultaneously. Strengthening adolescents' psychological resilience while also fostering strong familial, peer, and institutional networks emerges as a crucial pathway to reducing delinquent behavior. This aligns with the insights of Catalano, Loeber, and McKinney (1999), who emphasized that community- and school-based interventions are essential for preventing delinquency in at-risk youth. The study validates the interactive influence of mental health and social support on adolescent criminality. The results highlight that good mental health and strong social support serve not only as independent protective factors but also as synergistic buffers against antisocial outcomes. These insights provide valuable guidance for policymakers, educators, and mental health practitioners, emphasizing the importance of holistic prevention strategies aimed at nurturing both internal psychological well-being and external social support systems to effectively combat delinquency during adolescence.

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