



**An-Najah National University
Faculty of Graduate Studies**

**THE MEDIATING EFFECT OF PERCEIVED SELF-
EFFICACY IN THE RELATIONSHIP BETWEEN PERCEIVED
SOCIAL SUPPORT AND PSYCHOLOGICAL DISORDER
SYMPTOMS AMONG ADOLESCENTS IN PALESTINE (1948)**

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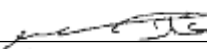
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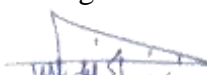
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Dedication

"To those who inspire us to dream, support us to grow, encourage us to achieve—this work is humbly dedicated to unwavering love of family, steadfast friendship of companions, endless wisdom of mentors, may this endeavor stand tribute to faith in every step of journey."

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Declaration

I, undersigned, declare which I submitted thesis entitled:

THE MEDIATING EFFECT OF PERCEIVED SELF- EFFICACY IN THE RELATIONSHIP BETWEEN PERCEIVED SOCIAL SUPPORT AND PSYCHOLOGICAL DISORDER SYMPTOMS AMONG ADOLESCENTS IN PALESTINE (1948)

I declare which work provided in this thesis, unless otherwise referenced, is researcher's own work, have not been submitted elsewhere to any other degree or qualification.

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Abstract

Study investigates relationship between perceived social support, perceived self efficacy, symptom of psychological disorders; anxiety, depression, stress in adolescents in Palestine 1948.

A cross-sectional correlational study was conducted to examine relationships between perceived social support, self efficacy, psychological symptom in adolescents, sample included 396 participants aged 13 to 18 years, selected using convenience sampling technique from schools in areas of Palestine 1948, sample was predominantly female (71.2%) distributed across three age groups: 13–14 years (28.8%), 15–16 years (43.2%), 17–18 years (28.0%), Most participants (76.5%) resided in urban areas.

Study examined psychological well being of adolescents in Palestine 1948, focusing in anxiety, depression, stress, perceived social support, self efficacy, Findings indicated which adolescents experienced moderate levels of anxiety ($M = 2.03$, $SD = 0.70$) depression ($M = 2.13$, $SD = 0.72$), while stress symptom were mild ($M = 1.90$, $SD = 0.67$), Perceived social support was moderately high ($M = 3.13$, $SD = 0.73$), with family other sources providing stronger support than friends, Self efficacy also demonstrated moderately high level ($M = 3.14$, $SD = 0.63$), particularly in problem-solving abilities, though stress management remained weaker area, Path analysis revealed which perceived social support self-efficacy reduced psychological symptom, with perceived social support having strongest effect in depression ($B = -0.481$, $p < .001$, $R^2 = 0.231$) self-efficacy showing greatest impact in stress ($B = -0.449$, $p < .001$, $R^2 = 0.202$).

Mediation analysis confirmed which self-efficacy partially mediated relationship between perceived social support psychological symptom, explaining 30.6% of variance in self-efficacy ($R^2 = 0.306$) 26.3% of variance in psychological symptom ($R^2 = 0.263$), “..,

indirect effect of perceived social support in psychological disorder symptom through self-efficacy was significant negative ($B = -0.150, p < .001$), indicating which increased support enhances self-efficacy, which in turn reduces symptom severity.”

highlighting self-efficacy’s mediating role in reducing distress, study highlight critical influence of social support self-efficacy in adolescent mental health, emphasizing need for interventions which strengthen social networks enhance coping mechanisms to mitigate psychological distress, Finding contribute to developing targeted mental health strategy which foster social connectedness resilience in adolescents.

Keywords: Perceived Social Support, Perceived Self efficacy, Adolescents, Anxiety, Depression, Stress, Palestine 1948.

Chapter One

Introduction

1.1 Introduction

Adolescence is transformative phase of human development, spanning from ages of 10 to 19, characterized by significant biological, psychological, social changes, During this period, individuals experience rapid growth development, including hormonal changes, identity formation, establishment of social roles relationships (Ioannou, Kassianos, & Symeou, 2019), Adolescents grapple with balancing their emerging sense of independence while remaining reliant in family peer support systems, This stage is marked by heightened emotional sensitivity, young individuals navigate feeling to self-doubt, anxiety, social pressures, which could contribute to increased risk of mental health challenges (Gariépy, Honkaniemi, & Quesnel-Vallée, 2016).

The interplay between developmental tasks such achieving academic success, establishing social networks, exploring career ambitions external stressors places adolescents in state of vulnerability, research such (e.g., Yang et al., 2023; Havesan et al., 2023; Yuan et al., 2023; Zhang et al., 2024; Ioannou et al., 2019; Gariépy et al., 2016) shows which this vulnerability is heightened in environments with socio-political stressors, limited resources, or systemic challenges (Yuan, et al., 2023), result, understanding factors which could buffer against mental health challenges during adolescence, such perceived social support self efficacy, becomes essential to promoting well being (Havesan, Fang, Malik, Lak, & Rizwan, 2023; Yuan, et al., 2023)

Perceived social support refer to individual belief which they were valued, loved, part of supportive network which provide emotional, instrumental, or informational assistance (Zhang et al., 2024), to adolescents, this perception is particularly influential they navigate developmental tasks challenges, presence of supportive figures, such parents, friends, other significant individuals, could mitigate stressors inherent to this stage, including academic pressures, identity exploration, social acceptance, Studies indicate which adolescents with higher level of perceived social support were less likely to experience depressive symptom, anxiety, or other psychological distress, these networks provide reassurance, guidance, sense of belonging (Ioannou, Kassianos, & Symeou, 2019; Gariépy, Honkaniemi, & Quesnel-Vallée, 2016).

In sources of support, parents play foundational role by providing emotional stability, advice, safe environment to adolescents to explore their independence, Parental support is especially crucial to fostering self-worth resilience, evidenced by its strong negative correlation with depressive symptom in adolescents (Yang, et al., 2023; Yuan, et al., 2023), Friends also become critical during this phase, offering companionship validation in ways which differ from parental support, Peer relationships could shape adolescents' social identity provide sense of inclusion, but their influence is; while positive friendships could promote mental well-being, negative or unsupportive peer interactions could exacerbate stress (Ioannou, Kassianos, & Symeou, 2019), Additionally, significant others, such mentors or teachers, could provide valuable guidance encouragement, contributing in adolescents' academic personal development (Havesan, Fang, Malik, Lak, & Rizwan, 2023), Together, these sources of perceived social support act protective factors, enabling adolescents to better cope with challenges maintain psychological health.

Adolescence is marked by heightened vulnerability to psychological disorders due to developmental changes, environmental challenges, stress inherent in this life stage, Stress play critical role trigger exacerbating factor to conditions such anxiety depression, Anxiety, characterized by excessive worry, nervousness, physical symptom like muscle tension fatigue, is amplified by stressors such academic pressures, social expectations, family conflict (Zhao, et al., 2023), These stress-induced symptom impair adolescents' ability to manage daily demands, leading to cycle of increased stress anxiety.

Depression, another prevalent issue, frequently manifests persistent feeling to sadness, irritability, loss of interest in activities, Stress compounds these symptom by disrupting emotional regulation intensifying feeling to hopelessness, leading to difficulties in concentration, disrupted sleep, appetite changes (Ioannou, Kassianos, & Symeou, 2019), "Additionally, maladaptive coping mechanisms, such non-suicidal self-injury, were more likely to emerge in response to chronic stress emotional pain, Non-suicidal self-injury, employed to alleviate distress, highlight limited coping resources available to adolescents experiencing elevated stress level." (Yang, et al., 2023), addressing role of stress in disorders is essential to developing targeted interventions in promote resilience mental health during this critical stage of life.

Perceived social support play pivotal role in mitigating symptom of psychological disorders during adolescence, particularly under conditions of heightened stress, Defined

belief which one could rely in family, friends, or other significant individuals to emotional, informational, practical assistance, social support have been consistently associated with better mental health outcomes (Acoba, 2024), to adolescents, social support from parents, friends, significant others serves critical buffer against stressors which contribute to anxiety, depression, other disorders.

Parental support is especially influential, it provide stable foundation to emotional regulation sense of security, Adolescents who perceive strong parental support report lower level of depressive symptom were better equipped to cope with stress (Zhang, Cao, Lei, & Wu, 2023), Friend support, while more variable, is crucial to fostering sense of belonging reducing feeling to isolation, However, its effectiveness may depend in quality stability of these peer relationships (Yang, et al., 2023), Support from significant others, such mentors or teachers, could further reinforce resilience by offering guidance affirmation, particularly when family or peer support is insufficient (Ioannou, Kassianos, & Symeou, 2019).

Importantly, perceived social support not only alleviates symptom of disorders but also moderates impact of stress in mental health, Adolescents with high level of perceived support were less likely to experience debilitating effects of stress, social support enhances their coping resources reframes their perception of stressors (Wang, Cai, Qian, & Peng, 2014), By addresssing emotional practical needs of adolescents, social support networks play essential role in protecting against onset progression of psychological disorders during this critical stage of development.

Self efficacy, defined individual belief in their ability to effectively manage navigate challenging situations, is crucial determinant of mental health outcomes during adolescence, This stage of life, marked by increasing autonomy exposure to new stressors, requires adolescents to develop confidence in their ability to overcome obstacles, High self efficacy have been consistently linked to lower level of psychological distress, including anxiety depression, by enhancing adolescents' coping skills resilience (Zhang, Cao, Lei, & Wu, 2023).

Adolescents with strong self efficacy were better equipped to manage stress, they were more likely to engage in proactive problem-solving maintain sense of control over their circumstances, in contrast, low self efficacy could exacerbate feeling to helplessness

contribute to onset or worsening of psychological disorders, to example, studies have shown which low self efficacy is associated with heightened vulnerability to stress increased risk of depressive symptom, adolescents may perceive stressors insurmountable challenges (Wang, et al., 2022).

Furthermore, self efficacy interacts with other protective factors, such perceived social support, to influence mental health outcomes, Adolescents with high self efficacy were more likely to leverage available social support to mitigate impact of stress psychological distress (Guzman Villegas-Frei et al., 2024), This interaction highlight importance of fostering individual confidence external support networks in promote resilience, Interventions aimed at building self efficacy, such skills training mentorship programs, could play significant role in reducing risk of psychological disorders during this critical developmental stage.

Adolescents in Palestine 1948 face unique set of challenges which influence their psychological well being, Living in context marked by sociopolitical instability, systemic discrimination, economic hardships, these adolescents experience heightened stress level compared to counterparts in more stable environments, pressures of navigating identity, belonging, cultural preservation within such context could exacerbate risk of psychological disorders, making it essential to examine factors which influence their mental health during this critical developmental stage (Havesan, Fang, Malik, Lak, & Rizwan, 2023; Yuan, et al., 2023).

Perceived social support emerges vital protective factor in this context, Defined perception of being cared for, valued, part of supportive network, social support is especially critical to Palestinian adolescents in mitigating impact of stress in their mental health, Parental support remains foundational, providing emotional instrumental assistance which fosters resilience against anxiety depression, Similarly, support from peers other significant figures offers sense of belonging shared experience, buffering adverse effects of chronic stress uncertainty (Yuan, et al., 2023; Ioannou, Kassianos, & Symeou, 2019).

Self efficacy, or belief in one's ability to manage challenges, play complementary role on enhancing adolescents' resilience, to Palestinian adolescents, high self efficacy could mitigate psychological impact of their stress-laden environment, supporting them to

navigate unique socio-political economic challenges they face, Research have shown which adolescents with strong self efficacy were better equipped to utilize social support effectively, reduce their vulnerability to stress, decrease likelihood of developing psychological disorders such anxiety depression (Villegas-Frei, Jubin, Bucher, & Bachmann, 2024; Zhang, Cao, Lei, & Wu, 2023).

"Situated within unique sociocultural historical context of Palestinian adolescents in 1948 areas, study explores intricate interplay between perceived social support, self efficacy, symptom of psychological disorders, Specifically, it examines mediating role of self efficacy in relationship between perceived social support psychological distress, By uncovering how these factores dynamically interact, study aims to identify underlying psychological pathways which contribute to mental well being in adolescents living under prolonged stress, systemic adversity, identity-based challenges."

1.2 Theoretical background

Adolescentes in Palestine:

Adolescentes make up significant portion of Palestinian population, with youth aged 15–29 constituting around 30% of total population, Of this group, approximately 38.1% were adolescentes aged 15–19, reflecting youthful structure of Palestinian society (PCBS, 2015), Despite demographic strength, young people in Palestine face multiple layers of structural challenges due to ongoing occupation, limited opportunities to political participation, systemic economic marginalization, These conditions have severely limited their engagement developmental potential, leaving many adolescentes vulnerable to isolation, hopelessness, high-risk behaviors such substance use, early school dropout, unsafe practices (UNFPA, 2014).

The perception of youth generally healthy demographic has led to neglect of their specific health needs, particularly in psychosocial reproductive domains, Palestinian adolescentes experience malnutrition, lack access to safe recreational spaces, encounter barriers in seeking support to mental health, sexual health, emotional well being (UNFPA, 2014), This medical neglect is compounded by absence of youth-targeted health services life-skills education, resulting in untreated psychological disorders, misinformation about reproductive health, vulnerability to peer pressure harmful behaviors, health sector's

failure to integrate adolescent-focused programs continues to undermine full development of Palestinian youth (UNFPA, 2014).

Adolescent girls in Palestine, especially in rural marginalized areas, were disproportionately affected by early marriage its consequences, According to national data, 22% of women aged 20–24 were married before age 18, with many giving birth teenagers (PCBS, UNICEF, & UNFPA, 2014), Early marriage increases risks of health complications during pregnancy reduces educational attainment, leading to long-term social economic disadvantages, These girls face limitations in personal agency access to opportunities, reinforcing cycles of poverty gender-based exclusion, addressing early marriage is essential to protecting girls' rights ensuring their access to education comprehensive reproductive health services.

In recent years, UNFPA partner institutions have initiated youth-focused interventions in Palestine, including integration of sexual reproductive health (SRH) education to school curricula to grades 7 to 10 (UNFPA, 2015), Additionally, Ministry of Health has begun adopting Youth Friendly Health Services (YFHS) model, which aligns with WHO standards seeks to provide adolescents with non-judgmental, accessible care, These efforts aim to counter misinformation, reduce stigma, offer adolescents knowledge services critical to well being, Yet, meaningful youth participation in policy-making remains limited, more inclusive strategy were needed to center adolescent voices in shaping programs which affect their lives (UNFPA, 2015).

The Y-Peer Network, established in Palestine in 2013 with support from UNFPA, represents groundbreaking youth-to-youth initiative which supports adolescents through peer education (UNFPA, 2013), It aims to promote healthy lifestyles provide accurate information in life skills, gender-based violence prevention, HIV awareness, By training peer educators fostering partnerships between young people community organizations, Y-Peer enhances civic engagement builds foundation to youth leadership, These community-driven efforts demonstrate which when adolescents were supported with knowledge platforms to expression, they could contribute to social change health promotion across Palestine (UNFPA, 2013).

1.2.1.1 Perceived social support

Perceived social support is multifaceted concept which encapsulates subjective belief individuals hold regarding availability effectiveness of emotional, informational, practical assistance provided by their social networks, this includes family, friends, other significant relationships which contribute to individual ability to cope with life's stressors challenges (Martínez, Pérez-Fuentes, & Jurado, 2024).

According to Guzman Villegas-Frei et al. (2024), perceived social support encompasses emotional instrumental aid individuals perceive available to them, which impacts their ability to maintain mental health emotional stability during stressful periods, this type of support is crucial to enhancing self efficacy reducing symptom of anxiety depression by providing individuals with resources they need for navigate academic personal challenges.

Martínez, Pérez-Fuentes, Jurado (2024) highlight pivotal role of perceived social support in promoting academic engagement resilience in adolescents, support perceived from social interactions enhances adolescents' mental health outcomes, contributing to academic achievement emotional well being, this relationship highlight critical influence of social networks in fostering educational psychological development (Martínez, Pérez-Fuentes, & Jurado, 2024).

Ozer (2024) extends discussion by examining impact of perceived social support during COVID-19 pandemic, illustrating how crucial support from family friends is in mitigating adverse psychological impacts of widespread crises, Strong social networks provide buffer against stress, enhancing individuals' capacity to manage anxiety maintain mental health during unprecedented times (Ozer, 2024).

In synthesizing these perspectives, it becomes evident which perceived social support acts dynamic buffer which enhances psychological resilience emotional regulation, It play protective role by not only providing direct emotional practical aid but also by enhancing individual self efficacy capacity to face life's challenges, integration of emotional, informational, practical support forms backbone of perceived social support, influencing wide array of mental health outcomes overall well being.

The concept of perceived social support reflects crucial psychological resource which individuals leverage to improve their mental health navigate life's difficulties, Studies reviewed provide consistent message: robust social support systems were essential to fostering resilience, reducing stress, promoting mental health, especially in adolescents young adults facing educational personal challenges, Through enhancing perceived social support, individuals could improve their psychological well being emotional stability.

1.2.1.2 Dimensions of Perceived Social Support

Perceived social support is multidimensional construct which reflects individual belief in availability effectiveness of emotional, informational, practical assistance from their social networks, These dimensions—family support, friend support, support from significant others—play critical role in mitigating psychological stress, enhancing resilience, fostering emotional stability, particularly in adolescents young adults.

1. Family Support

Family support constitutes most fundamental dimension of perceived social support, encompassing emotional, practical, informational assistance from family members, This type of support is critical to providing sense of security emotional stability, especially during periods of stress, Yan, Yu, Lin (2024) highlight how strong family connections contribute to improved mental health outcomes by fostering emotional regulation resilience in children adolescents (p, 4200), Guzman Villegas-Frei et al, (2024) reinforce this perspective, noting which family support acts buffer against anxiety depression, particularly to university students coping with academic personal challenges (p, 4).

Martínez, Pérez-Fuentes, Jurado (2024) emphasize which emotionally supportive family relationships were associated with enhanced academic performance self-confidence in adolescents (p, 410), in marginalized or conflict-affected contexts, such Palestine 1948, family support takes in amplified role, serving psychological cultural anchor amidst socio-political turmoil.

2. Friend Support

Friend support involves emotional practical assistance provided by peers, offering understanding, empathy, companionship, This dimension is particularly important during adolescence, developmental stage marked by increasing reliance in peer relationships,

Yan, Yu, Lin (2024) underscore role of friends in providing emotional reassurance reducing stress, which is especially crucial in navigating academic pressures (p, 4200), Similarly, Guzman Villegas-Frei et al. (2024) highlight which peer relationships offer unique form of emotional support which complements family support, enhancing resilience in university settings (Yan, Yu, & Lin, 2024).

Zhang et al. (2023) add which friend support fosters sense of belonging strengthens self efficacy by providing encouragement shared experiences during stressful situations, this is particularly evident in group-oriented cultures, where collective coping mechanisms were prevalent, in Palestine 1948, shared adversities in peers lead to stronger social bonds, which play crucial role in collective resilience.

3. Support from Significant Others

support from significant others extends beyond family friends to include mentors, romantic partners, community leaders, or professional support networks, This dimension provide emotional practical assistance, contributing in sense of belonging emotional security, Guzman Villegas-Frei et al. (2024) note which relationships with significant others, such mentors or romantic partners, offer safety net during challenging periods by providing consistent emotional instrumental support (Guzman Villegas-Frei et al., 2024).

Additionally, Ozer (2024) highlights role of broader social networks, including community institutions, in buffering against psychological effects of crises like COVID-19 pandemic (p, 44), This dimension is particularly salient in contexts where traditional support systems may be disrupted, such in conflict zones or displaced populations, to Palestinian adolescents, significant others, including teachers or local leaders, fulfill critical gaps left by strained family peer networks.

1.2.1.3 Types of Perceived Social Support

Perceived social support is multifaceted concept which manifests in several distinct types, each addressing unique aspects of individual needs, these types collectively contribute to emotional stability, resilience, overall mental well-being.

1. Emotional Support

Emotional support refer to expressions of empathy, love, care, reassurance from one's social network, This type of support provide individuals with sense of belonging security, helping them navigate emotional challenges, Research have shown which emotional support play critical role in reducing anxiety depressive symptom by offering comfort enhancing emotional regulation (Yan, Yu, & Lin, 2024, p. 4200), Adolescentes particularly benefit from emotional connections with family friends, which strengthen resilience self-efficacy (Guzman Villegas-Frei et al., 2024, p, 4), to instance, student who receives words of encouragement from family during stressful periods may feel more confident less overwhelmed.

2. Instrumental Support

Instrumental support encompasses tangible assistance which helps individuals meet practical needs, such financial aid, physical assistance, or logistical help, This type of support alleviates stress by addressesing material or logistical challenges, allowing individuals to focus in their emotional psychological health, Studies emphasize direct impact of instrumental support on enhancing self efficacy reducing stress (Wu, Mohd Khir, & Ma'rof, 2024, p, 1028), Examples of instrumental support include family member helping with tuition fees or friend providing transportation during difficult time.

3. Informational Support

Informational support involves providing advice, guidance, feedback to help individuals solve problems or make informed decisions, This type of support is particularly beneficial to adolescentes students, it fosters confidence problem-solving skills, which were essential to managing stress navigating complex situations (Martínez, Pérez-Fuentes, & Jurado, 2024, p. 410), to instance, teacher advising student in effective study strategy or mentor offering career guidance could impact individual ability to cope with challenges achieve goals.

4. Companionship Support

Companionship support focuses in fostering social connections through shared activities time spent together, This type of support helps individuals feel included reduces feeling to loneliness, promoting sense of belonging, Companionship support is particularly valuable in preventing social isolation enhancing positive mental health outcomes

(Zhang, Cao, Lei, & Wu, 2023), example of this type of support is friends engaging in recreational activities with peer to provide relaxation sense of inclusion.

5. Validation Support

Validation support involves affirming individual feeling, actions, or decisions, reinforcing their self-worth confidence, This type of support is essential during periods of self-doubt or stress, it helps individuals feel understood valued, Validation is crucial in bolstering self-esteem emotional stability, especially when individuals face criticism or challenges (Zhao, et al., 2023), to example, peer or family member acknowledging someone's efforts affirming their success could motivate strengthen their resilience.

The types of perceived social support—emotional, instrumental, informational, companionship, validation—serve vital resources which addresses different aspects of individual needs, Together, they foster emotional well being, alleviate stress, enhance mental health by providing comprehensive safety net, Recognizing these distinct types highlights multidimensional nature of social support its pivotal role in promoting resilience psychological stability across life contexts.

1.2.1.4 Theories of Perceived Social Support

The influence of perceived social support in mental health well being could be understood through theoretical frameworks, Ecosystem Theory emphasizes role of environmental factors, such family community, in shaping individual development, This theory highlights how positive relationships, like supportive parent-child interactions, foster resilience coping mechanisms, particularly during adolescence (Yan, Yu, & Lin, 2024), Similarly, Neuman Systems Model highlight importance of protective resources, such psychological, social, physical supports, in buffering stress promoting mental well being, Guzman Villegas-Frei et al. (2024) demonstrate how perceived social support acts critical resource which aids in adapting to stressors, including academic personal challenges.

Social Support Theory, introduced by Shumaker Brownell (1984), focuses in mechanisms through which social support reduces stress by providing emotional, informational, practical resources, Ozer (2024) illustrates how strong social networks enhance resilience reduce anxiety, particularly during crises like COVID-19 pandemic, Similarly, Social Cognitive Theory by Bandura (1997) connects perceived social support with self efficacy, or belief in one's ability to manage tasks challenges, Studies, such those by Wu, Mohd

Khir, Ma'rof (2024), show which family peer support bolster self efficacy, leading to better coping mechanisms reduced depressive tendencies, Zhao et al. (2023) further argue which encouragement from social networks enhances confidence in professional academic settings, positively impacting psychological outcomes.

Lastly, Stress Coping Theory by Lazarus Folkman (1984) highlights how social support mitigates stress by altering individuals' perceptions of stressors, making them feel less overwhelming, Acoba (2024) applies this theory to show how family significant others alleviate stress emotional distress, particularly during COVID-19 pandemic, by improving coping strategy.

Collectively, these frameworks provide comprehensive understanding how perceived social support serves dynamic buffer against stress, promotes self efficacy, enhances emotional resilience, By integrating insights from these theories, researchers could deepen their exploration of relationship between social support mental health, emphasizing its critical role in fostering psychological well being.

Stress-Buffering Model

The Stress-Buffering Model posits which social support functions protective buffer against harmful psychological consequences of stress, particularly during adolescence, In context of Palestinian youth, this framework is especially relevant, adolescents were frequently exposed to political violence, socioeconomic instability, discrimination, Research show which perceived social support could moderate impact of stressors in depressive symptom, acting mitigating force which protects against psychological distress, to example, Ioannou et al. (2019) found which social support protected against depressive symptom in young adults, but this protective effect was most significant under moderate stress levels—highlighting model's conditional mechanism, Similarly, Wang et al. (2014) demonstrated which social support buffered effects of stress in depression, particularly when individuals were exposed to prolonged adversity, reinforcing its utility in high-risk environments.

This buffering effect has also been observed in youth populations exposed to contextual stressors similar to those found in Palestine, Studies such Yuan et al. (2023) further emphasize buffering role of support networks in mitigating self-harming behaviors in adolescents under psychological strain, Acoba (2024) confirmed which perceived stress

mediates link between social support mental health outcomes, implying which buffering occurs through direct moderation indirect reduction of stress exposure, This model thus provide valuable framework to understanding how strengthening perceived social support could prevent escalation of stress to more severe psychological disorders in vulnerable adolescents.

Main-Effect Model

Unlike buffering model, Main-Effect Model suggests which perceived social support directly improves mental health, regardless of stress levels, This perspective is especially relevant in populations like Palestinian adolescents, where stress may be constant unavoidable due to structural conditions of occupation marginalization, Consistent with this view, Gariépy et al. (2016) found robust evidence across Western populations which individuals with higher social support exhibited fewer depressive symptom, regardless of their stress exposure, In this model, support serves general enhancer of well-being by increasing feeling of belonging, emotional regulation, coping resources.

Evidence from Aune et al. (2021) Guzman Villegas-Frei et al. (2024) supports idea which social support self-efficacy independently contribute to positive mental health outcomes in youth, Finding validate Main-Effect framework in adolescent populations, suggesting which even on absence of explicit stressors, social connections play essential role in emotional resilience, to Palestinian youth living under chronic adversity, interventions which improve peer, family, or institutional support could yield universal benefits—not just under acute stress—by fostering overall psychological strength reducing long-term vulnerability.

Relational Regulation Theory

Relational Regulation Theory (RRT) emphasizes importance of everyday, non-crisis-based interactions sources of emotional regulation mental well being, This theory is particularly relevant to adolescents, who were forming identity through social connectedness, Zhang et al. (2023) demonstrated which perceived social support contributed to self efficacy development in postgraduate students through regular interpersonal engagement, reflecting how daily interactions shape internal resilience, Similarly, Havesan et al. (2023) noted which peer family support influenced academic emotional adjustment through continuous relational interaction rather than emergency aid.

This perspective aligns well with findings from Yang et al. (2023), who observed which regular social connectedness—measured perceived support self-compassion—reduced adolescent engagement in non-suicidal self-injury over time, In contrast to models which center in stress trigger to support utility, RRT reframes support dynamic, continuous process embedded in relational life, to Palestinian adolescents, this implies which fostering habitual, safe, affirming relationships—rather than emergency-based interventions—may be more sustainable to long-term mental health outcomes.

Socioemotional Selectivity Theory

Socioemotional Selectivity Theory (SST) argue which individuals prioritize meaningful relationships goals they perceive their time limited or constrained—an idea highly relevant to youth growing up under chronic threat, Palestinian adolescents, living under occupation frequent exposure to loss, may unconsciously adopt emotionally selective strategy, focusing more in family close peers, Hua Ma (2022) showed which self efficacy emotional regulation were strongly tied to availability of meaningful support networks, highlighting which quality—not just quantity—of support matters under constrained circumstances.

Wang et al. (2022) echoed finding by showing which perceived stigma poor support quality eroded adolescents' self efficacy worsened depression, SST help explain why Palestinian youth may invest in fewer but deeper social ties coping strategy, aligning their social world with their emotional goals.

1.2.2.1 perceived self efficacy

Self efficacy is foundational psychological concept which refer to individual belief in their ability to manage cope with challenges effectively, It influences how individuals perceive their capacity to handle stress adversity, ultimately affecting their psychological well being, Yan, Yu, Lin (2024) emphasize which self efficacy play pivotal role in shaping adolescents' responses to stress, determining their ability to maintain emotional psychological stability.

In academic context, Martínez et al. (2024) describe self efficacy key predictor of academic engagement in adolescents, Students with high self efficacy were more likely to believe in their ability to achieve academic success, This belief leads to effort, persistence, use of effective learning strategy, which, in turn, reduce academic stress

anxiety, High self efficacy not only supports academic performance but also contributes to improved mental health emotional resilience.

Ozer (2024) defines self efficacy confidence in one's ability to perform specific tasks navigate challenges, This belief fosters persistence motivation, enabling individuals to approach tasks with determination, Adolescents with high self efficacy were less likely to succumb to anxiety depressive symptom, they perceive themselves capable of overcoming obstacles, thereby enhancing their overall well being.

1.2.2.2 Dimensions of Self efficacy

1. Behavioral Self efficacy

Behavioral self efficacy refer to individual confidence in their ability to interact socially manage interpersonal relationships effectively, This dimension is particularly crucial to adolescents navigating complex social environments, it helps them build connections maintain supportive networks, Yan, Yu, Lin (2024) highlight which behavioral self efficacy contributes to reducing social isolation, enhancing emotional well being, fostering resilience (p, 4201), Adolescents with high behavioral self efficacy tend to communicate effectively establish meaningful social bonds.

2. Cognitive Self efficacy

Cognitive self efficacy involves belief in one's ability to perform intellectual tasks such problem-solving, decision-making, planning, This dimension is integral to academic success, it influences students' capacity to approach complex problems with confidence determination, Guzman Villegas-Frei et al. (2024) emphasize which students with high cognitive self efficacy demonstrate enhanced learning outcomes, they adopt effective strategy to overcoming academic challenges while experiencing lower level of stress anxiety (p, 4), Cognitive self efficacy also supports resilience by fostering adaptive responses to difficulties.

3. Emotional Self efficacy

Emotional self efficacy reflects individual belief in their ability to regulate manage emotions, particularly during stressful or challenging situations, Adolescents with high emotional self efficacy could better control their emotional responses, leading to improved mental health outcomes, Wu, Mohd Khir, Ma'rof (2024) note which this

dimension play critical role in mitigating depressive symptom by enhancing emotional stability reducing vulnerability to emotional distress (p, 1025), Effective emotional regulation also strengthens interpersonal relationships, individuals with high emotional self efficacy were better equipped to resolve conflicts constructively.

4. Task-Specific Self efficacy

Task-specific self efficacy pertains to confidence individuals have in their ability to successfully accomplish particular tasks or goals, in educational contexts, this dimension predicts how students approach assignments, exams, other academic challenges, Martínez et al. (2024) assert which students with high task-specific self efficacy set ambitious academic goals, employ effective learning strategy, persist through obstacles, resulting in better academic performance reduced anxiety (p, 414), This specificity makes task-specific self efficacy valuable predictor of success in academic professional settings.

5. Coping Self efficacy

Coping self efficacy involves belief in one's ability to manage stress overcome adversity, This dimension is vital in high-pressure situations, such during exams or personal crises, Guzman Villegas-Frei et al. (2024) highlight which coping self efficacy mediates relationship between perceived stress mental health, equipping individuals with resilience needed to navigate challenges effectively (p, 4), Adolescents with strong coping self efficacy were less prone to anxiety or depression, they trust their capacity to manage difficult circumstances.

6. General Self efficacy

General self efficacy represents broad sense of confidence in one's ability to succeed across life domains, This overarching belief influences motivation, perseverance, adaptive behaviors, Ozer (2024) highlight which general self efficacy serves foundation to positive psychological outcomes, it enables individuals to approach challenges with optimism determination (p, 47), Adolescents with high general self efficacy exhibit better academic, social, emotional resilience, their confidence permeates all areas of their lives.

Synthesis of Dimensions

The dimensions of self efficacy collectively highlight its multifaceted nature, demonstrating its role in shaping individuals' behaviors, thoughts, emotional responses, Each dimension—behavioral, cognitive, emotional, task-specific, coping, general self efficacy— addresses distinct aspects of confidence competence, contributing in overall resilience success, By understanding these dimensions, educators, parents, mental health professionals could implement targeted interventions to enhance self efficacy support adolescents in overcoming challenges.

1.2.2.3 Theories Explaining Self efficacy

Self efficacy, core concept in psychology, have been explored through theoretical frameworks which illustrate its role in influencing behavior, emotional regulation, mental health outcomes, Bandura's Social Cognitive Theory is foundational framework to understanding self efficacy, It suggest which individual belief in their ability to perform specific actions impacts their motivation, behavior, emotional responses, Self efficacy develops through mastery experiences, vicarious experiences, social persuasion, emotional or physiological states, Martínez et al. (2024) highlight role of self efficacy in academic contexts, where students with higher self efficacy persist through challenges, adopt effective learning strategy, experience reduced academic anxiety, Wu, Mohd Khir, Ma'rof (2024) further emphasize which self efficacy mediates impact of stress in mental health, showcasing its crucial role in emotional regulation resilience.

Lazarus Folkman's Stress Coping Theory highlight self efficacy mediator between stress psychological outcomes, this theory emphasizes which individuals with high self efficacy perceive stressors manageable were better equipped to employ adaptive coping strategy, Guzman Villegas-Frei et al. (2024) note which self efficacy helps students manage academic personal pressures, reducing symptom of anxiety depression, Similarly, Neuman Systems Model highlights self efficacy key psychological resource which buffers effects of external stressors, According to this model, self efficacy, along with other protective factors like mindfulness social support, enhances resilience promotes better mental health outcomes, Guzman Villegas-Frei et al. (2024) illustrate which students with high self efficacy were better equipped to navigate academic challenges, they perceive stress less overwhelming.

Bronfenbrenner's Ecological Systems Theory contextualizes self efficacy within interaction between individuals their environment, This theory suggests which self efficacy is shaped by supportive relationships within microsystem, such family, peers, school, Yan, Yu, Lin (2024) argue which adolescents with strong familial support exhibit higher self efficacy, which enhances their mental health resilience, Social Support Theory also explains how external encouragement validation contribute to self efficacy development, According to this theory, social support reduces stress enhances confidence by providing emotional practical resources, Wu, Mohd Khir, Ma'rof (2024) highlight interplay between perceived social support self efficacy, showing which supportive social networks enhance individuals' ability to cope with adversity.

The reviewed theories collectively demonstrate multifaceted nature of self efficacy its critical role in managing stress, fostering resilience, improving mental health outcomes, Bandura's Social Cognitive Theory provide foundation to understanding how self efficacy is cultivated, while complementary frameworks like Stress Coping Theory Neuman Systems Model highlight its role in buffering against stress, Ecological Systems Theory Social Support Theory further contextualize self efficacy within social environmental interactions, euphemizing importance of supportive networks, Together, these theories provide comprehensive understanding self efficacy inform interventions aimed at enhancing adolescents' psychological well being

1.2.3 Role of Perceived Social Support in Psychological Disorders

General overview:

Psychological disorders in adolescents were increasingly recognized major public health concern, particularly due to early onset, long-term consequences, impact in social academic functioning, Common disorders such depression, anxiety, stress-related conditions emerge during adolescence, developmental stage characterized by heightened emotional reactivity identity formation (Ioannou, Kassianos, & Symeou, 2019), Disorders could manifest through persistent sadness, irritability, restlessness, sleep disturbances, difficulty concentrating, Adolescents experiencing psychological distress frequently struggle with academic disengagement social withdrawal, which may further exacerbate their symptom (Martínez, Pérez-Fuentes, & Jurado, 2024; Gariépy, Honkaniemi, & Quesnel-Vallée, 2016), research suggests which psychological disorders were influenced by individual vulnerabilities, such low self efficacy, contextual factors like limited social

support chronic environmental stress (Hua & Ma, 2022; Guzman Villegas-Frei et al., 2024), Without timely intervention, these conditions may persist to adulthood, affecting long-term mental health, education, employment outcomes, Therefore, understanding prevalence mechanisms of psychological disorders in adolescents is crucial to informing prevention support strategy.

Perceived social support influences psychological well being by enhancing self efficacy mitigating mental health challenges, Research indicate which individuals with strong social support networks were better equipped to manage stress overcome adversity, support systems provide emotional reassurance, instrumental assistance, sense of belonging (Aune, Juul, Beidel, Nordahl, & Dvorak, 2021), This multidimensional role of social support is critical to addressessing psychological disorders such anxiety, depression, behavioral problems.

Anxiety Social Support

Anxiety is common psychological disorder characterized by persistent worry fear, exacerbated by stressors in adolescents' lives, Social support have been shown to alleviate anxiety by fostering emotional regulation reducing perceived intensity of stressors, Adolescents who feel supported by family peers exhibit better coping mechanisms were less likely to experience debilitating anxiety symptom (Yan, Yu, & Lin, 2024, p. 4202), Guzman Villegas-Frei et al. (2024) highlight role of mindfulness perceived support in mitigating anxiety in university students, emphasizing protective nature of these factores during high-stress periods (p, 7).

In study, anxiety was assessed using Arabic-adapted version of Depression, Anxiety, Stress Scale (DASS-21), which measures symptom of generalized anxiety, This type of anxiety is characterized by persistent physiological arousal (e.g., trembling, dry mouth), cognitive tension, excessive worry, difficulty relaxing, DASS-21 anxiety subscale includes items targeting common manifestations such feeling close to panic, nervousness, physical signs of fear, making it suitable to identifying non-specific but clinically relevant anxiety symptom in adolescents, Unlike diagnostic tools to phobia or social anxiety, DASS-21 offers dimensional measure which captures severity of generalized anxiety symptom, providing reliable indicator of emotional distress levels in this population (see Guzman Villegas-Frei et al., 2024, p, 7), This approach allows researchers to identify

youth who may not meet clinical thresholds to anxiety disorders but still experience significant psychological burden requiring intervention.

Depression Social Support

Depression, characterized by feeling to sadness lack of motivation, is closely linked to inadequate social support, Adolescents with robust support systems from family friends report lower depressive symptom, these networks provide emotional stability practical resources (Hua & Ma, 2022), Wu, Mohd Khir, Ma'rof (2024) identify self efficacy mediator between social support depression, suggesting which supportive environments enhance individuals' confidence in managing stress, thereby reducing depressive tendencies (p, 1025), Similarly, Ozer (2024) found which family support during COVID-19 pandemic played critical role on enhancing resilience minimizing depressive symptom in adolescents (p, 48).

In study, depression was measured using depression subscale of Arabic-adapted DASS-21, which evaluates symptom of general depressive affect rather than clinical major depressive disorder, scale captures core emotional cognitive symptom such sadness, hopelessness, lack of interest, anhedonia, self-worth difficulties, This dimensional approach provide graded assessment of depressive severity rather than categorical diagnosis, making it particularly suitable to adolescent populations who may experience varying levels of distress, noted by Hua Ma (2022), general depression symptom in adolescents were closely tied to social stressors lack of emotional support, identifying these early symptom is critical to preventative mental health interventions, DASS-21's sensitivity to emotional fluctuations enables researchers to detect subtle but significant signs of psychological declines, even on non-clinical populations.

Stress social support:

Psychological stress is common emotional state for adolescents, triggered by academic pressure, family expectation, exposure to social or political instability, When left unmanaged, stress could negatively affect mental physical health, Research show which perceived social support act protective buffer against stress by offering emotional reassurance practical aid, to instance, Ioannou, Kassianos, Symeou (2019) found which adolescents with moderate stress levels benefit from social connections, which reduce negative impact of stress in emotional health (p, 3), Similarly, Acoba (2024) demonstrated

which social support indirectly enhances mental health by reducing perceived stress levels, thus serving vital resource to emotional balance well being (p, 4), Finding highlight need for understand how support systems could alleviate stress in adolescents, especially those living in chronically stressful environments.

Behavioral Problems Social Support

Behavioral issues, such aggression impulsivity, were rooted in emotional distress lack of effective coping mechanisms, Perceived social support helps mitigate these behaviors by promoting adaptive responses reducing frustration, Martínez et al, (2024) emphasize importance of teacher peer support in fostering positive self-image in adolescents, which in turn reduces behavioral problems (p, 416), strong family ties have been shown to strengthen emotional regulation, helping adolescents navigate interpersonal challenges more effectively (Zhao, et al., 2023).

Interrelation of Symptom Buffering Effect of Social Support

The interconnected nature of anxiety, depression, behavioral problems highlights need for holistic interventions, Adolescents who perceive strong support from their social networks were better equipped to manage these interrelated symptom, to example, reducing anxiety through emotional support prevents development of depressive symptom, while enhanced self efficacy helps mitigate behavioral issues (Wang, Cai, Qian, & Peng, 2014), This buffering effect of social support highlight its role in creating resilience against psychological disorders (Ioannou, Kassianos, & Symeou, 2019).

Several theoretical frameworks explain impact of perceived social support in psychological well being, Ecosystem theory posits which individual development is influenced by environmental factors such family, community, broader social networks, Perceived social support acts crucial environmental factor, fostering resilience enhancing coping mechanisms (Yan, Yu, & Lin, 2024).

Bandura's Social Cognitive Theory emphasizes reciprocal relationship between self efficacy social support, Encouragement validation from social networks bolster individual confidence in their abilities, enabling them to manage stress adversity effectively (Wu, Mohd Khir, & Ma'rof, 2024, p, 1025), Meanwhile, Neuman Systems Model highlights role of support systems in buffering stress, with social support

interacting with psychological resources such mindfulness resilience to mitigate impact of external stressors (Villegas-Frei, Jubin, Bucher, & Bachmann, 2024).

The interplay between perceived social support psychological well being is evident across multiple studies, By strengthening self efficacy, fostering emotional stability, offering practical resources, social support reduces prevalence severity of psychological disorders such anxiety, depression, behavioral issues, Theoretical perspectives, including ecosystem theory, Social Cognitive Theory, Neuman Systems Model, provide valuable insights to how social psychological resources interact to enhance resilience, Interventions aimed at improving social support systems boosting self efficacy hold significant promise to promoting mental health reducing burden of psychological disorders in adolescents.

1.2.4 Role of Self efficacy in Mitigating Psychological Disorders

Self efficacy play crucial role in determining how individuals cope with challenges manage stress, particularly in adolescents, Defined belief in one's capacity to achieve goals overcome obstacles, self efficacy is significant predictor of mental well being, Research highlights its impact in reducing symptom of anxiety, depression, behavioral problems, serving mediator between external factors like perceived social support mental health outcomes (Jun, Khir, & Ma'rof, 2024; Bandura, 1997)

Self efficacy Anxiety

High self efficacy is associated with reduced anxiety symptom, individuals with confidence in their abilities were more likely to approach stressful situations with composure effective problem-solving strategy, Guzman Villegas-Frei et al. (2024) emphasize which self efficacy helps students manage academic personal stressors, fostering resilience reducing likelihood of anxiety disorders (p, 7), Similarly, Yan, Yu, Lin (2024) argue which self efficacy equips adolescents with tools needed to regulate emotions handle stressful situations effectively, minimizing anxiety level (p, 4201).

Self efficacy Depression

Self efficacy also play pivotal role in mitigating depressive tendencies, Adolescents with high self efficacy were more resilient, they believe in their capacity to overcome difficulties maintain emotional stability, Wu, Mohd Khir, Ma'rof (2024) identify self

efficacy mediator which enhances protective effect of perceived social support, reducing depressive symptom by improving emotional regulation adaptive coping strategy (p, 1025), Ozer (2024) highlights which adolescents with strong self efficacy showed better emotional resilience during COVID-19 pandemic, their belief in their abilities helped them maintain positive outlook despite external stressors (p, 48).

Self efficacy Behavioral Problems

Behavioral problems, such aggression impulsivity, were linked to low self efficacy, Adolescents who lack confidence in their ability to manage emotions resolve conflicts were more prone to disruptive behaviors, Martínez et al. (2024) note which self efficacy fosters sense of agency self-control, helping adolescents approach interpersonal challenges constructively avoid maladaptive behaviors (p, 416), Additionally, Zhao et al, (2023) underscore role of self efficacy on enhancing adolescents' problem-solving skills, which mitigates frustration reduces likelihood of aggressive outbursts.

Self efficacy Mediator

Self efficacy serves mediator between perceived social support mental health outcomes, to instance, social support provide adolescents with encouragement resources needed to build confidence in their abilities, which in turn reduces psychological distress, Wu, Mohd Khir, Ma'rof (2024) explain which self efficacy amplifies positive effects of social support, enabling individuals to cope with stress adversity more effectively (p, 1025), Zhang et al. (2024) found which self efficacy mediates relationship between social support stress perception, highlighting its role in translating external support to actionable coping strategy.

Bandura's Social Cognitive Theory provide robust framework to understanding role of self efficacy in mental health, theory posits which self efficacy influences how individuals perceive challenges their ability to succeed, High self efficacy leads to adaptive behaviors, persistence, effective stress management, all of which contribute to better mental health outcomes (Bandura, 1997; Guzman Villegas-Frei et al., 2024, p, 4), Neuman Systems Model further emphaveizes interaction between self efficacy other protective resources, such social support mindfulness, in buffering impact of stressors (Villegas-Frei, Jubin, Bucher, & Bachmann, 2024).

Enhancing Self efficacy to Better Mental Health

Interventions aimed at strengthening self efficacy have shown promise in reducing psychological disorders, Strategy such setting achievable goals, fostering mastery experiences, providing positive reinforcement could help adolescents build confidence in their abilities, Aune et al. (2020) suggest which social self efficacy, which focuses in managing social interactions, is particularly effective in reducing anxiety depression by enhancing interpersonal competence emotional regulation (p, 1024), Zhang et al, (2024) emphasize importance of resilience training, psychological resilience further strengthens relationship between self efficacy mental health.

Self efficacy is critical psychological resource which shapes how individuals respond to challenges manage stress, Its role in reducing anxiety, depression, behavioral problems is well-documented, with research highlighting its function direct influence in mental health mediator of external factors like social support, By enhancing self efficacy through targeted interventions fostering supportive environments, adolescents could develop resilience needed to navigate complexities of mental health challenges effectively.

1.2.5 Integration of Perceived Social Support Self efficacy in Handling Psychological Disorders

The relationship between perceived social support self efficacy is pivotal in managing psychological disorders, factors work synergistically to enhance mental health emotional resilience, Research consistently shows which individuals who perceive higher level of social support were more likely to develop robust self efficacy, which helps them navigate stress reduce risk of psychological distress (Yan, Yu, & Lin, 2024).

1. Mechanisms Linking Social Support Self efficacy

Perceived Social Support Resource to Self efficacy

Perceived social support offers emotional, informational, instrumental resources which strengthen individuals' confidence in their ability to handle challenges, This support acts buffer against stress by fostering sense of belonging security, According to Guzman Villegas-Frei et al, (2024), when individuals perceive strong support from their families, peers, or teachers, their belief in their ability to succeed cope with adversity—key components of self efficacy—is reinforced, This increased self efficacy enhances their

coping mechanisms reduces susceptibility to mental health issues, such anxiety depression (p, 6).

Ecosystem Theory Interaction

Ecological Systems Theory offers comprehensive framework to understanding how perceived social support self efficacy interact across different layers of environment, At microsystem level, immediate environments such family peers provide emotional instrumental support, shaping adolescents' daily experiences confidence in managing challenges, At macrosystem level, broader societal cultural norms influence availability perception of support individual agency, Yan, Yu, Lin (2024) emphasize which social networks family dynamics form foundational microsystem which enhances adolescents' belief in their capabilities, enabling them to cope more effectively with stress adversity (p, 4201), By examining personal contextual influences, this theory illustrates how internal resources like self efficacy were nurtured through environmental supports at multiple systemic levels.

2. Protective Effects in Psychological Disorders

Overview of Psychological Disorders

Psychological disorders, also referred to mental health disorders, were patterns of behavioral or psychological symptom which impact multiple areas of life create distress to person experiencing them, Disorders were defined diagnosed based in four key criteria known "4 Ds": deviance, dysfunction, distress, danger, *Deviance* refer to behaviors or emotions which differ from societal norms, *Dysfunction* involves impairment in individual ability to perform daily activities effectively, *Distress* captures subjective suffering reported by individual, while *danger* relates to behaviors which may pose harm to oneself or others, These four dimensions provide framework to identifying when psychological symptom become clinically significant, Within study's context, focus is in common adolescent disorders—anxiety, depression, stress-related behavioral problems—which were prevalent in youth exposed to ongoing political social adversity.

The decision to focus in anxiety, depression, stress stems from their high prevalence significant impact in adolescent mental health, especially in conflict-affected contexts like Palestine, Adolescents living under prolonged political instability socio-economic strain were at risk of developing emotional psychological disturbances, Recent findings from

UNFPA PCBS indicate rising levels of emotional distress in Palestinian youth, with symptoms such as persistent worry, sadness, and irritability frequently reported. These three conditions were also highly interrelated, co-occurring collectively contributing to poorer academic, social, and behavioral outcomes (Hua & Ma, 2022; Ioannou, Kassianos, & Symeou, 2019). Anxiety and depression represent most commonly diagnosed internalizing disorders in adolescents globally, while stress serves as a precursor and exacerbating factor to both. Their inclusion in the study reflects empirical relevance and their theoretical linkage to perceived social support and self-efficacy in shaping mental health outcomes.

Anxiety

Perceived social support and self-efficacy play complementary roles in mitigating anxiety symptoms. Adolescents with a high level of social support were better equipped to regulate emotions and manage fears, while their confidence in their own abilities further reduces feelings of helplessness. Yan, Yu, and Lin (2024) argue that this interaction lowers anxiety levels by enabling individuals to face challenges with a sense of control and assurance (p. 4202).

Depression

Depression, characterized by feelings of sadness, hopelessness, and lack of motivation, is another area where integration of social support and self-efficacy proves beneficial. Studies show that perceived social support enhances self-efficacy, which, in turn, reduces depressive tendencies by promoting emotional regulation and adaptive coping strategies. Wu, Mohd Khir, and Ma'rof (2024) identify self-efficacy as a mediator that amplifies positive effects of social support, enabling individuals to handle stress and emotional distress more effectively (p. 1025).

Behavioral Problems

Behavioral issues, such as aggression and impulsivity, were linked to poor emotional regulation and low self-efficacy. Perceived social support could mitigate these problems by offering emotional stability and reducing frustration. At the same time, self-efficacy encourages adolescents to adopt constructive behaviors and approach interpersonal conflicts with confidence. Martínez et al. (2024) emphasize the role of social support networks in reinforcing self-belief, thereby decreasing the likelihood of disruptive behaviors (p. 416).

3. Mediating Role of Self efficacy

Self efficacy acts mediator in relationship between perceived social support psychological well being, to instance, social support reduces stress by providing emotional practical resources, which enhances self efficacy, in turn, this increased self efficacy helps individuals manage stressors reduces risk of anxiety, depression, other mental health challenges (Wu, Mohd Khir, & Ma'rof, 2024, p, 1025).

A study by Guzman Villegas-Frei et al. (2024) found which self efficacy moderates impact of stress in mental health, showing which individuals with higher self efficacy were less affected by stress even on presence of external pressures like academic or personal challenges (p, 7).

4. Theoretical Foundations

Bandura's Social Cognitive Theory

Bandura's Social Cognitive Theory highlights reciprocal relationship between perceived social support self efficacy, social support fosters self efficacy by providing encouragement validation, which increases individuals' confidence in their abilities, This belief, in turn, motivates individuals to engage in adaptive behaviors which improve mental health outcomes (Ozer, 2024).

The Neuman Systems Model

The Neuman Systems Model also explains protective effects of perceived social support self efficacy in psychological well being, model suggests which self efficacy social support act protective resources, buffering impact of stressors promoting emotional resilience (Villegas-Frei, Jubin, Bucher, & Bachmann, 2024).

5. Implications to Mental Health Interventions

Targeting Social Support Networks:

Interventions which strengthen social support systems could indirectly enhance self efficacy, providing individuals with confidence resources needed to cope with mental health challenges, Community programs, family counseling, peer support groups were effective ways to foster supportive environments.

Building Self efficacy:

Programs which promote self efficacy through mastery experiences, positive reinforcement, stress management training could support individuals to handle psychological stressors more effectively, Guzman Villegas-Frei et al, (2024) emphasize importance of integrating self efficacy training to mental health interventions, it enhances resilience adaptive coping strategy (p, 6).

The integration of perceived social support self efficacy is critical to handling psychological disorders such anxiety, depression, behavioral problems, While social support provide external foundation of encouragement resources, self efficacy equips individuals with internal confidence to navigate challenges, Together, these factors create robust framework to promoting mental health resilience, Strengthening social networks self efficacy should be central focus in interventions aimed at improving psychological well being.

1.3 previous studies

Perceived social support self efficacy were widely recognized critical protective factors in adolescent mental health, influencing symptom of anxiety, depression, stress, Previous research has highlighted their direct effects their interplay in mitigating psychological distress, This section reviews relevant studies, systematically organized according to variables in this research, providing in-depth examination of their findings implications.

Perceived Social Support Mental Health

Research consistently supports role of perceived social support in improving mental health reducing psychological symptom, Yan, Yu, Lin (2024) examined impact of parents' perceived social support in children's mental health in China, finding which marital quality parent-child relationships mediated this effect, indicating which parental support not only improves well being but also strengthens family dynamics, Wu, Mohd Khir, Ma'rof (2024) extended this analysis by exploring how social support from family friends enhances self efficacy, which in turn reduces depressive symptom in university students, Their findings suggest which different types of social support—emotional, instrumental, informational—contribute to better mental health outcomes.

Further emphasizing importance of perceived social support, Guzman Villegas-Frei et al. (2024) assessed Swiss university students found which strong social networks were associated with better mental health outcomes, while self efficacy mindfulness moderated effects of stress in psychological well being, Similarly, Ioannou et al. (2019) demonstrated which perceived social support from family friends reduces depressive symptom in young adults, with self-esteem acting key mediator, systematic review by Gariépy, Honkaniemi, Quesnel-Vallée (2016) analyzed over 100 studies, confirming which perceived social support acts protective factor against depression across all life stages, though its sources vary (e.g., parental support in childhood adolescence, spousal support in adulthood), Finding align with stress-buffering hypothesis, suggesting which strong social networks provide resilience against mental health challenges.

Additionally, Acoba (2024) investigated perceived social support in Filipino adults during COVID-19 pandemic, revealing which family significant other support were critical in reducing stress improving positive affect, while friend support showed no significant mediation through perceived stress, Yuan et al, (2023) extended finding by demonstrating which perceived social support indirectly reduces adolescent non-suicidal self-injury (NSSI) through enhanced resilience hope, reinforcing necessity of fostering strong social connections.

Perceived Self efficacy Mental Health

Self efficacy, belief in one's ability to overcome challenges, has also been extensively studied in relation to mental health, Zhang et al, (2024) examined its relationship with stress in postgraduate students, identifying psychological resilience moderating factor which enhances self efficacy's positive impact in well being, Similarly, Zhao et al, (2023) found which self efficacy plays key role in professional identity of nursing students, acting mediator between social support career-related mental health.

Further highlighting self efficacy's role, Hua Ma (2022) explored its effect in unemployed youth, finding which self efficacy protects against depression by helping individuals manage emotional regulation difficulties, Aune et al. (2020) studied Norwegian adolescents found which social support self efficacy serve protective factors against social anxiety disorder (SAD), particularly in mitigating negative effects of adverse life experiences.

Similarly, Wang et al. (2022) investigated individuals with substance use disorders (SUDs) found which self efficacy moderates relationship between perceived social support depressive symptom, buffering effects of social stigma, Finding highlight interaction between self efficacy, stigma, social support in mental health outcomes, role of self efficacy in mental health is further emphasized in Wang et al. (2014), which found which self efficacy reduces impact of stress in depression in undergraduate students.

The Mediating Role of Self efficacy Between Social Support Psychological Symptom

Several studies have examined interplay between social support, self efficacy, mental health outcomes, focusing in self efficacy's mediating role, Yang et al. (2023) conducted longitudinal study in secondary school students found which self-compassion perceived social support interact to reduce non-suicidal self-injury (NSSI), with self-compassion reinforcing effects of social support over time.

Expanding in this, Zhang et al. (2023) found which perceived social support influences general self efficacy through mediating effect of stress perception, with psychological resilience moderating relationship between social support self efficacy, Finding suggest which enhancing resilience reducing stress perception could maximize benefits of social support in self efficacy, ultimately improving mental health outcomes.

Similarly, Havesan et al. (2023) examined role of psychological capital in academic success, finding which self efficacy, along with social support, positively influences academic adjustment, This suggests which stronger self efficacy not only enhances mental health but also contributes to better academic performance, Zhao et al. (2023) reinforced this conclusion, emphasizing which self efficacy acts buffer against anxiety helps individuals maintain positive professional identity.

Study by Wang et al. (2022) in substance use disorders also aligns with finding, showing which self efficacy mediates relationship between stigma depressive symptom, suggesting which interventions should focus in strengthening social support self efficacy to improve psychological resilience.

Conclusion Relevance to Current Study

The reviewed literature provide strong evidence which perceived social support self efficacy were critical in reducing symptom of anxiety, depression, stress, Additionally,

self efficacy plays mediating role, demonstrating which higher levels of self efficacy enhance protective effects of social support in mental health outcomes.

The current study aims to build upon finding by examining relationship between perceived social support, self efficacy, psychological symptom in adolescents in Palestine 1948, Given unique sociopolitical challenges faced by this population, understanding these relationships could inform targeted mental health interventions which strengthen social networks promote self efficacy protective mechanism.

1.4 Problem Statement

Adolescentes in Palestine 1948 face significant psychological challenges, Studies indicate which Arab Palestinians within Green Line—who hold Israeli citizenship yet face unique sociopolitical cultural stressors—exhibit elevated levels of psychological distress, Compared to Jewish citizens, Arab women report markedly higher rates of affective anxiety disorders, with 12-month prevalence of 12% to Arab women versus 10.1% to Jewish women; notably, Arab men have lower treatment-seeking rates despite comparable levels of distress (Gieler et al., 2020), In population-based survey, 41.1% of Arab women 28.5% of Arab men reported high psychological distress, highlighting widespread mental health burden within this minority group (Levine et al., 2020), Finding suggest which nearly one-third to almost half of Arab Israelis, particularly women, experience significant anxiety depression within given year—rates substantially higher than general population, Structural factors such lower socioeconomic status, discrimination, mental health stigma contribute to underutilization of services by Arab citizens of Israel (Al-Krenawi, 2019), Therefore, Arab Palestinians in Green Line represent critically underserved population with high prevalence of psychological disorders systemic barriers to care, including anxiety, depression, stress, stemming from chronic instability, identity conflicts, limited access to mental health resources, Reports from educational institutions, health organizations, social service providers indicate which these adolescents experience heightened emotional distress due to sociopolitical pressures structural marginalization, Despite clear mental health risks faced by this population, existing research does not adequately addresses protective role of perceived social support self efficacy within this unique context, available data from mental health reports local organizations highlight lack of culturally structurally relevant interventions tailored to this group.

The motivation behind study is deeply rooted in researcher's professional experience social worker working closely with adolescents in Palestinian Arab communities inside Green Line, Through direct engagement with youth families, researcher has repeatedly witnessed psychological strain faced by adolescents who live under layers of structural marginalization, cultural pressure, systemic inequality, Feeling of stress, hopelessness, emotional isolation were recurring themes in formal casework informal community conversations, These lived observations underscored critical gap in culturally contextualized mental health research inspired current study's focus in perceived social support self efficacy protective factors, This practical exposure not only informed research questions but also strengthened ethical empathetic foundation of study.

Building in previous studies which explore influence of social support self efficacy in psychological well being (Yan, Yu, & Lin, 2024; Guzman Villegas-Frei et al., 2024), this research seeks to fill these gaps by examining how these variables function protective factors in lives of adolescents in Palestine 1948, Furthermore, mediating role of self efficacy between social support psychological symptom remains underexplored, which limits development of evidence-based interventions suited to Palestinian context, By integrating findings from prior research with analysis of lived experiences of Palestinian adolescents, study aims to provide comprehensive framework to understanding how social psychological resources could mitigate effects of adversity, Ultimately, findings will contribute to developing targeted mental health interventions which strengthen social networks, enhance self efficacy, promote well being in this marginalized under-researched population.

1.5 Study Questions

Study will answer following sub questions:

1. What were level of Perceived Social Support, Perceived Self efficacy, symptom of psychological disorders (Anxiety, Depression, Stress) in adolescents in Palestine 1948?
2. What is mediating role of Perceived Self efficacy in relationship between Perceived Social Support symptom of psychological disorders (Anxiety, Depression, Stress) in adolescents in Palestine 1948?

1.6 Study Objectives

The current study aims to achieve following objectives:

- To assess levels of perceived social support, perceived self efficacy, symptom of psychological disorders (anxiety, depression, stress) in adolescents in Palestine 1948.
- To examine mediating role of perceived self efficacy in relationship between perceived social support symptom of psychological disorders (anxiety, depression, stress) in adolescents in Palestine 1948.

1.7 Study Significance

Theoretical Significance:

Study makes significant contribution to field of adolescent psychology by deepening our understanding interplay between Perceived Social Support, Perceived Self efficacy, symptom of psychological disorders (Anxiety, Depression, Stress), By focusing in adolescents in Palestine 1948, population which is underrepresented in psychological research, study addresses critical gap in literature, It explores how these constructs interact in unique sociopolitical cultural context, providing insights which may not only apply locally but also inform global theories of adolescent mental health.

Furthermore, study examines Self efficacy mediator, contributing in theoretical framework of how personal environmental factors jointly influence psychological well being, This aligns with established theories such Bandura's Self efficacy Theory Bronfenbrenner's Ecological Systems Theory, while also extending their application to adolescents living in contexts of chronic stress sociopolitical challenges, findings could pave way to future research in protective factors which buffer against mental health issues in vulnerable populations.

Applicable Significance:

Practically, study holds immense significance to educators, mental health professionals, policymakers, community organizations working with adolescents in Palestine 1948 similar contexts, assessment of Perceived Social Support Perceived Self efficacy level could guide development of culturally contextually relevant interventions to alleviate symptom of Anxiety, Depression, Stress, to instance, mental health programs could be

designed to strengthen social support networks enhance self-efficacy in adolescents, supporting them to better cope with psychological challenges.

findings could assist policymakers in identifying key areas to investment in adolescent mental health services, Schools community centers, primary touchpoints to adolescents, could benefit from tailored programs which promote supportive relationships build self-efficacy skills, Study could also inform training programs to teachers, counselors, caregivers to better understand psychosocial needs of adolescents foster environments which prioritize mental health.

In broader context, this research could serve model to studying psychological well being of adolescents in other conflict-affected or marginalized communities, ensuring which intervention strategy were not only evidence-based but also inclusive sustainable, Ultimately, study contributes to improving quality of life to adolescents fostering resilience in face of adversity.

1.8 Definitions of Study terminology:

1. Perceived Social Support

Theoretical Definition: Perceived Social Support is defined individual belief in availability adequacy of emotional, informational, tangible support from family, friends, significant others, It reflects subjective appraisal of one's social network supportive responsive during times of need (Cohen & Wills, 1985), It is associated with buffering stress, improving coping mechanisms, promoting psychological well being (Jun, Khir, & Ma'rof, 2024; Aune, Juul, Beidel, Nordahl, & Dvorak, 2021)

Operational Definition: in study, Perceived Social Support is measured using validated scale, assessing level of support adolescents perceive from their family, friends, significant others, Scores in this scale reflect degree of perceived support, with higher scores indicating perceived social support

2. Perceived Self efficacy

Theoretical Definition: Perceived Self efficacy is belief in one's ability to successfully execute behaviors required to achieve specific goals or outcomes (Bandura, 1997), It is core element of personal agency, shaping how individuals approach challenges, manage stress, persist in face of difficulties (Ozer, 2024, p, 48; Guzman Villegas-Frei et al., 2024,

p, 7), High self efficacy is associated with resilience, adaptive coping strategy, reduced vulnerability to psychological distress (Jun, Khir, & Ma'rof, 2024).

Operational Definition: in study, Perceived Self efficacy is assessed using self-report scale which evaluates adolescents' confidence in managing stressful situations, overcoming challenges, achieving desired outcomes, Higher scores in scale indicate stronger perceived self efficacy

3. Symptom of Psychological Disorders (Anxiety, Depression, Stress)

Theoretical Definitions:

Anxiety: Anxiety is characterized psychological state involving excessive fear, worry, or nervousness, accompanied by physiological symptom such increased heart rate, restlessness, muscle tension (American Psychiatric Association, 2013), It is influenced by environmental stressors personal coping resources (Yan, Yu, & Lin, 2024).

Depression: Depression is defined mood disorder marked by persistent feeling to sadness, hopelessness, worthlessness, accompanied by physical symptom such fatigue lack of interest in daily activities (Beck, 1967), It have been linked to insufficient coping resources chronic stress (Jun, Khir, & Ma'rof, 2024).

Stress: Stress refer to psychological response to perceived demands or challenges which exceed individual coping capacity, It manifests emotional, cognitive, physiological tension (Lazarus & Folkman, 1984), Chronic stress could contribute to development of anxiety depression (Villegas-Frei, Jubin, Bucher, & Bachmann, 2024).

Operational Definition:

In study, symptom of Anxiety, Depression, Stress were measured using standardized self-report scale, This scale provide separate scores to each construct, with higher scores representing severity of symptom, data will enable analysis of impact of perceived social support self efficacy in these psychological outcomes.

Chapter Two

Study Methods

2.1 Methodology

This chapter outlines methodology employed in study, which aims to explore relationship between perceived social support, perceived self efficacy, symptom of psychological disorders in adolescents in Palestine 1948.

2.1.1 Study Design

"Study adopt quantitative, cross-sectional design to examine relationship between perceived social support, perceived self efficacy, symptom of psychological disorders in adolescents in Palestine 1948, design is suited to identifying association between variables without manipulating them, allowing comprehensive understanding how social personal factors relate to psychological health, By employing validated scales standardized data collection methods, study ensures objectivity replicability, cross-sectional nature of design facilitates collection of data from diverse sample at single point in time, enabling snapshot analysis of these relationships within target population, Furthermore, study utilizes path analysis within framework of structural equation modeling (SEM) to examine direct indirect relationships in variables, particularly focusing in mediating role of self efficacy in link between perceived social support psychological disorder symptom, This approach allows to testing complex theoretical models enhances precision of interpretation regarding causal pathways".

2.1.2 Population Sample

To ensure representative sample, study included 396 adolescents, with 71.2% female (n = 282) 28.8% male (n = 114), participants were distributed across three age groups: 13-14 years (28.8%, n = 114), 15-16 years (43.2%, n = 171), 17-18 years (28.0%, n = 111), in terms of residential distribution, 76.5% (n = 303) lived in cities, while 23.5% (n = 93) were from villages.

The sample size was determined based in statistical power analysis to ensure sufficient representation across key demographic groups, convent sampling method was employed to maintain diversity in gender, age, place of residence, allowing to more generalizable understanding perceived social support, self efficacy, psychological symptom in

adolescentes in Palestine 1948, This approach enhances study's reliability by capturing variations within target population ensuring which findings could be applied to broader adolescent demographic in similar contexts.

Table 1
distribution of study sample according to demographic variables

Variable	Category	Frequency	Percent
Gender	Male	114	28.8%
	Female	282	71.2%
	Total	396	100.0%
Age	13-14	114	28.8%
	15-16	171	43.2%
	17-18	111	28.0%
	Total	396	100.0%
Place of Residence	City	303	76.5%
	Village	93	23.5%
	Total	396	100.0%

Study included sample of 396 adolescents from Palestine 1948, In them, 71.2% were female (n = 282) 28.8% were male (n = 114), reflecting predominance of female participants, participants were distributed across three age groups, with 15-16 age group constituting largest proportion (43.2%, n = 171), followed by 13-14 age group (28.8%, n = 114), 17-18 age group (28.0%, n = 111), Regarding place of residence, majority of participants lived in cities (76.5%, n = 303), while smaller proportion resided in villages (23.5%, n = 93), This demographic distribution provide representative overview of adolescent population in Palestine 1948, highlighting variations in gender, age, urban-rural settings.

2.2 Study instruments

1. Psychological Disorder Symptom Assessment

Study utilized adapted Arabic version of Depression, Anxiety, Stress Scale (DASS), composed of 19 items specifically selected to measure psychological symptom in adolescents, Items were distributed across three subscales: depression, anxiety, stress, based in structure of original DASS-21, Each item is rated in 4-point Likert scale, ranging from 0 ("Never") to 3 ("Always"), Although full DASS-21 includes 21 items, study applied validated 19-item subset, ensuring conceptual cultural appropriateness to target population, scale used in its Arabic-translated form, preserving linguistic psychological validity, to scoring, item responses within each subscale were summed then multiplied by two, recommended by DASS-21 scoring protocol, yielding total score range of 0 to 42

per domain, structure captures emotional physiological symptom—sadness hopelessness to depression; fear trembling to anxiety; irritability or difficulty relaxing to stress—providing comprehensive evaluation of psychological distress.

2. Perceived Social Support Assessment

To assess level of perceived social support in participants, study employed Arabic version of Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al, (1988) later translated validated in Arabic contexts, scale includes 12 items divided to three subscales: family support, friend support, significant other support, with each domain represented by four items, scale was rated in 4-point Likert scale ranging from 0 (“Never”) to 3 (“Always”), no reverse-coded items were present, Subscale scores were calculated by averaging scores of four items in each domain, while total perceived social support score was derived by averaging across all 12 items, Each domain measures specific type of relational support: family items assess emotional closeness help from immediate family members; friend items reflect trust, sharing, companionship; significant other items evaluate presence of reliable individual to comfort guidance, scale provide understanding availability sources of social support, which were crucial to understanding adolescents' coping resources psychological well being.

3. General Self efficacy Assessment

To assess participants' perceived self efficacy, study employed adapted Arabic version of General Self efficacy Scale (GSES) developed by Schwarzer Jerusalem (1995), scale consist of 10 items designed to evaluate individual belief in their ability to cope with challenges, solve problems, remain resilient in face of adversity, Arabic version used in study has been previously translated in Arab populations to ensure linguistic cultural relevance, Each item is rated in 4-point Likert scale, ranging from 0 (“Never”) to 3 (“Always”), there were no reverse-coded items in scale, total self efficacy score was calculated by summing responses to 10 items, yielding possible range from 0 to 30, with higher scores indicating stronger self efficacy beliefs, items cover key psychological capacities, including confidence in achieving goals, maintaining calm in difficult situations, finding multiple solutions to problems, recovering from setbacks, This measure is essential to understanding how adolescents perceive their ability to manage stress maintain psychological resilience in challenging socio-political contexts.

2.3 Validity reliability of study instruments

convergent validity:

Convergent validity, core component of construct validity, refer to extent of different items or methods intended to measure same theoretical construct produce similar consistent results (Hair et al., 2019), It was assessed through factor analysis by examining degree of multiple indicators of construct correlate or load to single latent variable, In study, convergent validity is evaluated using Confirmatory Factor Analysis (CFA) through SmartPLS, based in sample of (N = 396), Factor loadings to all self efficacy items exceeded minimum acceptable of 0.50, with most items loading above 0.70, indicating strong convergence in indicators, to instance, items such "Thanks to my resourcefulness, I could handle unforeseen situations" "I could solve most problems if I put in necessary effort" showed robust loadings, affirming which they consistently represent self efficacy construct, Establishing convergent validity in this manner confirms which measurement model accurately reflects intended theoretical concept, thereby enhancing reliability interpretability of study's findings., see table (2) in appendix (3).

The outer loadings provide insights to strength of relationship between each indicator its associated construct, with values ≥ 0.70 generally considered strong indicative of good representation of construct, Values between 0.50 0.70 were acceptable in some contexts, but items with lower loadings may contribute less to overall construct.

For anxiety construct, outer loadings range from 0.646 to 0.787, Most indicators exhibit strong loadings above 0.70, with highest being a8 (0.787), indicating strong contribution to construct, However, indicator a6 have loading of 0.646, which, while slightly below ideal threshold, is still acceptable reflects moderate relationship with construct.

The outer loadings to depression range from 0.607 to 0.755, While most indicators exceed 0.70, indicator d3 have relatively low loading of 0.607, suggesting it contributes less to measurement of depression compared to other items, highest loadings were d4 d6 (both at 0.755), showing strong alignment with construct.

For stress, loadings range from 0.593 to 0.759, Most indicators show acceptable values, with s5 (0.759) contributing most to construct, However, s4 have lower loading of 0.593, which indicate it may be weaker measure of stress construct compared to other items.

The construct of perceived social support is divided to three subdomains: family, friends, significant others, outer loadings to family indicators range from 0.644 to 0.770, with family4 showing strongest relationship, to friends, loadings range from 0.596 to 0.763, with friends4 (0.596) being weakest contributor, Significant others exhibit stronger loadings overall, ranging from 0.653 to 0.784, with sig_other3 having highest value.

The self efficacy construct demonstrates strong outer loadings, ranging from 0.626 to 0.815, highest loading is observed to self_efficacy5 (0.815), indicating strong representation of construct, while self_efficacy7 (0.626) is slightly weaker but still acceptable.

Overall, results suggest which most indicators effectively represent their respective constructs, with strong outer loadings observed across most items, Indicators with loadings below 0.70 (e.g., a6, d3, s4, friends4) contribute less to constructs may warrant further refinement or evaluation to enhance their reliability, Despite this, majority of items demonstrate adequate alignment with their constructs, supporting validity of measurement model.

The outer loadings provide evidence of convergent validity, most items show strong relationship with their respective constructs, measurement model is well-structured overall, with minor areas to potential improvement to ensure more robust representation of all constructs, See tables (3-7) in appendix (3).

The overall pattern of correlations supports construct validity of Perceived Social Support scale, inclusion of items with correlations consistently above 0.60 ensures which scale effectively captures multifaceted nature of social support from special persons, family, friends, Minor refinements could be considered to lower-performing items to enhance their contribution to overall construct.

The correlations between items stress construct demonstrate strong alignment, with values ranging from 0.682 to 0.756, highest correlation is observed to item "I was worried to point which I could have panic attack or look foolish" (0.756), indicating it is strongest contributor to stress construct, Other items, such "I found it difficult to get started in tasks" (0.713) "I felt which I was trembling (e.g., in hands)" (0.696), also show substantial alignment with construct, items "I experienced breathing difficulty (e.g., excessively fast breathing or breathing effort)" (0.693) "It was hard to me to calm myself down" (0.682) exhibit slightly lower correlations but still fall within acceptable ranges, Overall, results

support validity of stress construct, with all items making meaningful contributions to its measurement.

The correlations between items anxiety construct indicate strong alignment, with values ranging from 0.627 to 0.775, highest correlation is observed to item "I felt scared to no apparent reason" (0.775), followed by "I could feel my heart beating even when not exerting myself" (0.760) "I found myself feeling agitated worried" (0.755), highlighting their strong contribution to construct, Other items, such "I overreacted to many situations" (0.718) "I felt more sensitive than usual" (0.701), also show substantial alignment, items "I couldn't feel enthusiastic about anything" (0.693) "I felt very scared to point which my mouth felt dry" (0.627) exhibit slightly lower correlations but remain within acceptable ranges, Overall, results demonstrate which items collectively represent anxiety construct well, with most correlations exceeding threshold to strong alignment (0.70).

The correlations between items depression construct reflect strong alignment, with values ranging from 0.657 to 0.755, highest correlation is observed to item "I felt which life had no meaning" (0.755), followed closely by "I found it difficult to relax" (0.751) "I felt there was nothing worth striving for" (0.730), indicating which items strongly represent depression construct, Items such "I felt sad" (0.727) "I felt which I was no longer valuable person" (0.689) also show substantial contributions, item "I found it hard to experience any positive feeling " (0.687) "I felt which I was acting nervously" (0.657) exhibit slightly lower correlations but still fall within acceptable ranges, Overall, results support validity of depression construct, with most items showing robust correlations effectively capturing intended dimension of depression.

Average Variance Extracted (AVE):

For purpose of study, Average Variance Extracted (AVE) is measure used to assess validity of constructs included in research model, specifically their convergent validity, AVE represents average amount of variance construct explains in its indicators compared to variance due to measurement error, higher AVE value (above 0.5) indicate which construct explains substantial proportion of variance in its associated items, confirming which indicators reliably measure intended construct, By calculating AVE to variables like perceived social support, self efficacy, psychological symptom, study ensures which these constructs were well-represented by their respective items, thus enhancing overall reliability validity of findings.

Table 8*Average Variance Extracted (AVE) Values to Study Constructs*

Construct	Average Variance Extracted (AVE)
Anxiety	0.503
Depression	0.510
Stress	0.490
Perceived Social Support	0.505
Self Efficacy	0.528

The AVE to anxiety is 0.503, which meets recommended threshold of 0.50, This suggests which items used to measure anxiety adequately capture construct explain sufficient proportion of variance in indicators, Similarly, AVE to depression is 0.510, indicating which items effectively represent depression construct provide reliable measurements to this variable.

For stress, AVE value is 0.490, which falls slightly below recommended threshold of 0.50, This result suggests which items used to measure stress were close to meeting standard to convergent validity but may require refinement or improvement, Adding more robust items or adjusting model could help improve representation of this construct.

The AVE to perceived social support is 0.505, which surpasses acceptable threshold, This indicate which items were aligned with construct which scale effectively captures participants' perceptions of social support, Similarly, AVE to self efficacy is 0.528, which exceeds threshold, confirming which items provide strong representation of self efficacy construct.

most constructs in study achieve recommended AVE threshold of 0.50, indicating acceptable convergent validity across measurement model, However, slightly lower AVE to stress suggests potential areas to improvement in measurement of this construct, Refining stress scale by modifying or adding items could enhance its validity, Overall, results support reliability accuracy of study's constructs in capturing intended variables.

Discriminant Validity:

Discriminant validity ensures which constructs in study were distinct measure different phenomena, One of most effective methods to assess discriminant validity is Heterotrait-Monotrait Ratio (HTMT), HTMT compares correlations between items of different constructs (heterotrait) to correlations within items of same construct (monotrait), low HTMT value, below 0.85, indicate good discriminant validity, showing which constructs

were not overly related capture unique aspects of data, HTMT is robust widely used criterion, particularly in structural equation modeling, it directly evaluates whether constructs in study were conceptually empirically distinct.

Table 9

Discriminant Validity (Heterotrait-Monotrait Ratio - HTMT)

Construct Pair	HTMT Value
Depression <-> Anxiety	0.875
Stress <-> Depression	0.840
Self Efficacy <-> Depression	0.426
Perceived Social Support <-> Depression	0.499
Self Efficacy <-> Anxiety	0.338
Self Efficacy <-> Perceived Social Support	0.596
Perceived Social Support <-> Anxiety	0.315
Stress <-> Self Efficacy	0.498
Stress <-> Anxiety	0.855
Stress <-> Perceived Social Support	0.486
Self Efficacy ↔ Perceived Social Support	0.596
Self efficacy ↔ Anxiety	0.338
Self efficacy ↔ Depression	0.426
Stress ↔ Anxiety	0.855
Stress ↔ Depression	0.840
Stress ↔ Self efficacy	0.498

The Heterotrait-Monotrait Ratio (HTMT) analysis was conducted to assess discriminant validity of constructs in study, Discriminant validity ensures which constructs were distinct measure different phenomena, recommended threshold to HTMT values is 0.85, with some studies using more lenient threshold of 0.90, Constructs with HTMT values below this threshold demonstrate adequate discriminant validity.

The results show which most construct pairs exhibit HTMT values within acceptable limits, to instance, HTMT value to Self efficacy ↔ Depression is 0.426, to Self efficacy ↔ Anxiety it is 0.338, of which were well below threshold, confirming strong discriminant validity, Similarly, pair Perceived Social Support ↔ Depression have HTMT value of 0.499, while Perceived Social Support ↔ Anxiety is 0.315, indicating clear distinctions between these constructs, HTMT value to Stress ↔ Self efficacy is 0.498, to Stress ↔ Perceived Social Support it is 0.486, further supporting discriminant validity of these constructs.

However, some construct pairs show HTMT values slightly exceeding recommended threshold, to example, HTMT value to Depression ↔ Anxiety is 0.875, to Stress ↔

Anxiety it is 0.855, suggesting potential overlap between these constructs, Additionally, pair Stress ↔ Depression have HTMT value of 0.840, which is close to threshold but remains acceptable.

the HTMT analysis confirms which most constructs in study exhibit adequate discriminant validity, indicating which they were conceptually empirically distinct, However, slight overlap observed between Depression ↔ Anxiety Stress ↔ Anxiety suggests these constructs may share some similarities, which could be due to shared emotional or psychological dimensions, Further refinement of items or re-evaluation of constructs may be necessary to enhance their distinctiveness, Despite this, results provide strong support to validity of measurement model in study.

2.4 Reliability

Table 10
Construct Reliability Overview

Construct	Cronbach's Alpha	Composite Reliability (rho_a)	Composite Reliability (rho_c)
Anxiety	0.837	0.857	0.876
Depression	0.843	0.862	0.879
Stress	0.747	0.753	0.827
Perceived Social Support	0.911	0.919	0.924
Self Efficacy	0.900	0.902	0.918

The above table shows Cronbach's Alpha estimates internal consistency assuming all items contribute equally, while rho_A rho_C (composite reliability) were more precise in structural equation modeling—rho_A adjusts to item reliability, rho_C reflects true reliability based in actual item loadings.

The reliability analysis of constructs in study demonstrates strong internal consistency composite reliability across all measures, Anxiety shows good reliability, with Cronbach's Alpha of 0.837 composite reliability values (rho_a = 0.857, rho_c = 0.876) exceeding recommended threshold of 0.70, These results indicate which items within anxiety construct were consistent effectively measure intended domain.

Similarly, Depression exhibits strong reliability, with Cronbach's Alpha of 0.843 composite reliability values (rho_a = 0.862, rho_c = 0.879), These metrics confirm which depression construct is robust well-represented by its items, to Stress, Cronbach's Alpha is 0.747, which, while slightly lower than other constructs, is still within acceptable range,

composite reliability values ($\rho_a = 0.753$, $\rho_c = 0.827$) further affirm construct's reliability, albeit with slightly less internal consistency compared to others.

The construct of Perceived Social Support demonstrates excellent reliability, with Cronbach's Alpha of 0.911 composite reliability values ($\rho_a = 0.919$, $\rho_c = 0.924$), These results highlight high internal consistency of construct, ensuring which its items reliably capture perceived social support domain, Similarly, Self efficacy shows exceptional reliability, with Cronbach's Alpha of 0.900 composite reliability values ($\rho_a = 0.902$, $\rho_c = 0.918$), confirming strong consistency reliability of items within this construct.

In conclusion, all constructs demonstrate satisfactory to excellent reliability, with Cronbach's Alpha composite reliability values exceeding standard threshold of **0.70**, While Stress exhibits slightly lower reliability metrics, they remain acceptable, Finding provide strong evidence to internal consistency reliability of measurement model used in study.

2.5 Study variables

Independent Variables:

Perceived Social Support: This variable represents emotional, informational, instrumental support adolescents receive from family, friends, significant others, It is measured using Multidimensional Scale of Perceived Social Support (MSPSS).

Perceived Self efficacy (Mediator): This variable reflects adolescents' belief in their ability to manage challenges, solve problems, cope with difficulties, It is measured using General Self efficacy Scale (GSES).

Dependent Variables:

Symptom of Psychological Disorders: These include depression, anxiety, stress, measured through Depression, Anxiety, Stress Scale (DASS-21), This variable assesses psychological outcomes influenced by level of social support self efficacy.

statistical procedures:

Here were main statistical procedures used in study, summarized in clear bullet points:

- Descriptive statistics were used to calculate means standard deviations to all items subscales.
- One-sample t-tests were conducted to compare participants' mean scores in perceived social support self efficacy against theoretical midpoint ($\mu = 3.00$).
- DASS-21 symptom scores (depression, anxiety, stress) were classified using standardized severity thresholds (e.g., normal, mild, moderate, severe).
- Path analysis was employed to examine direct indirect relationships in perceived social support, self efficacy, psychological disorders.
- Bootstrapping was used to test statistical significance of indirect (mediated) effects.
- Model fit validity were assessed using:
 - R^2 Adjusted R^2 to measure explained variance,
 - Effect size (f^2) to evaluate strength of predictors,
 - Average Variance Extracted (AVE) to assess convergent validity,
 - Goodness of Fit (GoF) index to evaluate overall model fit.

Chapter Three

Results

3.1 Results of study first question

What were level of Perceived Social Support, Perceived Self efficacy, symptom of psychological disorders (Anxiety, Depression, Stress) in adolescents in Palestine 1948?

Study's first question, "What were level of Perceived Social Support, Perceived Self efficacy, symptom of psychological disorders (Anxiety, Depression, Stress) in adolescents in Palestine 1948?", To rigorously addresses study's first question regarding levels of perceived social support, perceived self efficacy, symptom of psychological disorders in adolescents in 1948 areas of Palestine, one-sample t-test was conducted in total scores subscale scores of each construct, This statistical approach allowed to comparison of observed mean values against theoretical midpoint ($\mu = 3.00$) to perceived support efficacy, to interpretation of DASS-21 subscales (depression, anxiety, stress) using their standardized severity thresholds, t-test results revealed which perceived social support self efficacy scores were higher than neutral point, indicating which adolescents generally perceive themselves moderately well supported capable, Meanwhile, classification of psychological symptom based in DASS-21 cutoffs showed moderate levels of depression anxiety, mild levels of stress, This comprehensive analysis integrates inferential descriptive approaches to provide clear understanding adolescents' psychological social functioning.

3.1.1 symptom of psychological disorders

The results of Tables (11) see appendix (3) indicate which overall mean score to Stress subscale is 1.8985 (SD = 0.67483), suggesting moderate level of stress symptom in participants, This reflects notable presence of stress-related experiences in sample.

The results of Table (12) see appendix (3) indicate which overall mean score to Anxiety subscale is 2.0335 (SD = 0.70137), suggesting moderate level of anxiety symptom in participants, This highlights notable prevalence of anxiety-related experiences in sample.

The results of Table (13) see appendix (3) show which overall mean score to Depression subscale is 2.1277 (SD = 0.71568), indicating moderate level of depressive symptom in participants, This suggests which participants reported significant prevalence of depressive experiences overall.

Table 14
Descriptive Statistics of Stress, Anxiety, Depression Scores

Domain	Mean of Averaged Items	Standard Deviation (Averaged)	Summation of Item Scores	Standard Deviation (Summation)
Stress	1.8985	0.67483	9.4924	3.37413
Anxiety	2.0335	0.70137	14.2348	4.90960
Depression	2.1277	0.71568	14.8939	5.00975

Based in results to Depression, Stress, Anxiety subscales, mean scores their classifications align with thresholds established to DASS-21 scale, Each subscale consist of 7 items, summation of item scores provide total score which could be classified to severity level, These level are: Normal (0–9), Mild (10–13), Moderate (14–20), Severe (21–27), Extremely Severe (28+).

For Depression, total summation score is 14.89 (SD = 5.01), which falls within Moderate severity range, This indicate which participants reported moderate level of depressive symptom, characterized by difficulty experiencing positive feeling sadness.

For Anxiety, total summation score is 14.23 (SD = 4.91), also within Moderate severity range, This reflects moderate level of anxiety symptom, including overreacting to situations feeling to agitation.

For Stress, total summation score is 9.49 (SD = 3.37), which falls within Mild severity range, Participants reported mild level of stress, with symptom such difficulty calming down trembling.

Overall, findings suggest which participants were experiencing moderate symptom of depression anxiety, with slightly lower level of stress, classified mild, These results highlight need for targeted interventions, particularly to managing depressive anxiety-related symptom.

3.1.2 Perceived Social Support

The results indicate in table (15), see appendix (3) overall mean score to Perceived Social Support is 3.1345 (SD = 0.73023), reflecting moderately high level of perceived social support in participants, This suggests which participants generally feel supported by those around them, with variations in sources types of social support reported, Family-based support tends to be stronger than support from friends or other sources, Finding highlight

importance of social relationships in providing emotional practical assistance to participants.

Table 16

Descriptive Statistics to Family, Friends, Others, Overall Perceived Social Support

	Mean	Std, Deviation
Family	3.2028	.86929
Friends	2.9375	.90851
Others	3.2829	.85096
Perceived Social Support	3.1345	.73023

The results indicate which overall mean score to Perceived Social Support is $M = 3.13$, $SD = 0.73$, reflecting moderately high level of perceived social support across all sources, In subdomains, support from others showed highest mean ($M = 3.28$, $SD = 0.85$), suggesting which participants perceive others reliable sources of emotional practical support.

Family support also scored highly, with mean of $M = 3.20$, $SD = 0.87$, indicating strong perceived support from family members, Conversely, support from friends had lowest mean ($M = 2.94$, $SD = 0.91$), suggesting relatively weaker perceptions of support from friends compared to other sources, Finding highlight varying roles of family, friends, others in contributing in overall sense of perceived social support in participants.

3.2.3 Self efficacy

The results indicate in table (17) in appendix (3) which overall mean score to Self efficacy is $M = 3.14$, $SD = 0.63$, reflecting moderately high level of self efficacy in participants, Across individual items, participants reported highest confidence in their ability to achieve goals ($M = 3.40$, $SD = 0.79$) solve problems with sufficient effort ($M = 3.23$, $SD = 0.79$), Conversely, lowest mean score was observed to staying calm when facing difficulties, relying in coping skills ($M = 2.89$, $SD = 0.92$), Finding suggest which participants generally perceive themselves capable of handling challenges solving problems, though some aspects, such maintaining calm in stressful situations, may require further support.

The results of study's first question provide comprehensive overview of level of Perceived Social Support, Self efficacy, symptom of psychological disorders (Stress, Anxiety, Depression) in adolescents in Palestine 1948.

Symptom of Psychological Disorders

Participants reported moderate level of symptom across anxiety depression, while stress symptom were generally mild, overall mean score to Stress was $M = 1.90$, $SD = 0.67$, with total summation score of $M = 9.49$, $SD = 3.37$, falling to Mild severity category, Symptom such difficulty calming down trembling were in most reported stress-related experiences.

For Anxiety, overall mean was $M = 2.03$, $SD = 0.70$, summation score was $M = 14.23$, $SD = 4.91$, classified Moderate severity, Participants frequently reported symptom such overreacting to situations feeling agitated, Similarly, Depression scores indicated Moderate severity, with mean of $M = 2.13$, $SD = 0.72$, summation score of $M = 14.89$, $SD = 5.01$, Common depressive symptom included sadness difficulty experiencing positive emotions, Finding highlight significant prevalence of anxiety depressive symptom, emphasizing need for interventions to addresses mental health challenges in this population.

Perceived Social Support

The overall mean score to Perceived Social Support was $M = 3.13$, $SD = 0.73$, indicating moderately high level of perceived support, In sources of support, "Others" had highest mean ($M = 3.28$, $SD = 0.85$), followed by family support ($M = 3.20$, $SD = 0.87$), Support from friends had lowest mean ($M = 2.94$, $SD = 0.91$), suggesting weaker reliance in friends to emotional practical support compared to other sources, Finding emphasize vital role of family other close relationships in providing support, while friendships appear less central to perceived social support in this sample.

Self efficacy

The overall mean score to Self efficacy was $M = 3.14$, $SD = 0.63$, reflecting moderately high level of perceived self efficacy, Participants expressed highest confidence in achieving goals ($M = 3.40$, $SD = 0.79$) solving problems with effort ($M = 3.23$, $SD = 0.79$), However, lowest mean was reported to staying calm during difficulties ($M = 2.89$, $SD = 0.92$), suggesting this aspect of self efficacy may require further attention, These results indicate which adolescents generally view themselves capable of overcoming challenges, though stress management remains area to potential development.

findings demonstrate moderate level of psychological symptom moderately high level of perceived social support self efficacy, While family others provide strong support, lower scores to friend-based support stress-related self efficacy indicate potential areas to targeted interventions, These insights could inform mental health social support strategy to better addresses needs of adolescents in this population.

Table 18
Summary of One-Sample t-Test Results DASS-21 Classifications

Variable	Mean (M)	Std, Deviation (SD)	Test Value (μ)	t-value	df	p-value	Interpretation
Perceived Social Support	3.1345	0.73023	3.00	3.665	395	0.000	higher than neutral midpoint
Self efficacy	3.1442	0.62672	3.00	4.579	395	0.000	higher than neutral midpoint
Stress	1.8985	0.67483	—	—	—	—	Mild severity (based in DASS-21 classification)
Anxiety	2.0335	0.70137	—	—	—	—	Moderate severity (based in DASS-21 classification)
Depression	2.1277	0.71568	—	—	—	—	Moderate severity (based in DASS-21 classification)

The results presented in Table X demonstrate which adolescents in 1948 areas of Palestine reported higher levels of perceived social support self efficacy compared to neutral midpoint of Likert scale, confirmed by one-sample t-tests ($p < .001$), Finding suggest which participants generally perceive themselves moderately supported capable of coping with challenges, In contrast, symptom of psychological disorders—namely stress, anxiety, depression—were interpreted using DASS-21 severity classification, results indicated moderate levels of anxiety depression, mild level of stress, highlighting noticeable presence of psychological distress in participants, though not at clinical extremes, Collectively, findings reflect mixed profile: while adolescents report relatively strong personal social resources, emotional distress remains concern which warrants targeted mental health interventions.

3.2 Results related to study second question:

What is mediating role of Perceived Self efficacy in relationship between Perceived Social Support symptom of psychological disorders (Anxiety, Depression, Stress) in adolescents in Palestine 1948?

The question "What is mediating role of Perceived Self efficacy in relationship between Perceived Social Support symptom of psychological disorders (Anxiety, Depression, Stress) in adolescents in Palestine 1948?" was addressed using path analysis, analysis included direct effects of Perceived Social Support in Self efficacy symptom of psychological disorders, well indirect effects mediated through Self efficacy, Model summary metrics such R^2 , Adjusted R^2 , effect sizes (f^2) were used to evaluate explanatory power impact of these constructs, Additionally, Goodness of Fit (GoF) Average Variance Extracted (AVE) were calculated to ensure model's validity reliability, This comprehensive approach allowed to assessment of direct mediated pathways, providing insights to interconnected relationships in Perceived Social Support, Self efficacy, mental health outcomes, findings highlight dual role of social support in directly reducing symptom indirectly enhancing mental health through its influence in self efficacy.

Table 19
Goodness of Fit (GoF) Calculation to All Constructs

Construct	AVE	R^2	GoF
Anxiety	0.503	0.122	0.346
Depression	0.510	0.262	0.346
Perceived Social Support	0.507	N/A	N/A
Self efficacy	0.530	0.303	0.346
Stress	0.490	0.251	0.346

The Goodness of Fit (GoF) metric was calculated to evaluate overall model fit performance across constructs of Anxiety, Depression, Stress, Perceived Social Support, Self efficacy, GoF score was consistent at 0.346 to all constructs, indicating moderate model fit based in established thresholds to GoF interpretation (small = 0.1, moderate = 0.25, large = 0.36).

The Average Variance Extracted (AVE) values were above 0.490 to all constructs, with Self efficacy showing highest AVE (0.530) Stress lowest (0.490), reflecting acceptable level of convergent validity, to R^2 values, which measure explained variance, Self efficacy demonstrated highest variance explained ($R^2 = 0.303$), followed by Depression ($R^2 = 0.262$) Stress ($R^2 = 0.251$), Anxiety had lowest explained variance ($R^2 = 0.122$).

These results suggest which model demonstrates good explanatory power to constructs such Self efficacy, Depression, Stress, while maintaining moderate overall Goodness of Fit, indicating reliable model performance.

Figure 1

Structural Model Depicting Mediating Role of Perceived Self efficacy Between Perceived Social Support Psychological Disorders

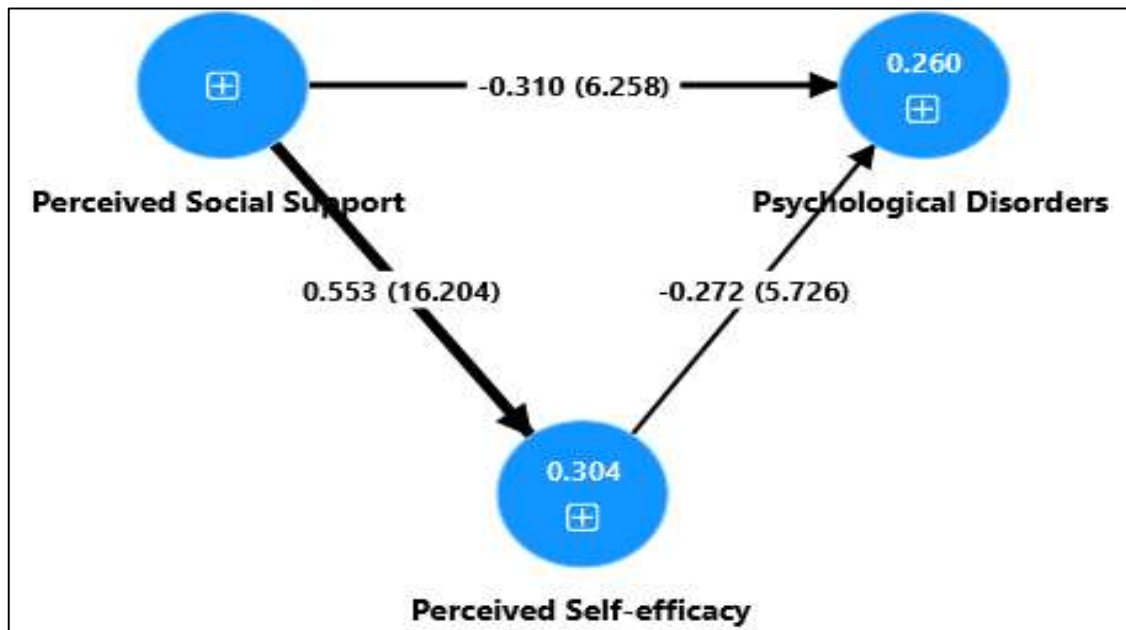


Table 20

Path Analysis Results Model Summary to Perceived Social Support, Perceived Self efficacy, Psychological Disorders

Path	Effect Type	B (Original Sample)	SE	t	p	95% CI to B
Perceived Social Support → Perceived Self efficacy	Direct Effect	0.553	0.034	16.204	<0.001	[0.488, 0.623]
Perceived Self efficacy → Symptom of Psychological Disorders	Direct Effect	-0.272	0.047	5.726	<0.001	[-0.368, -0.183]
Perceived Social Support → Symptom of Psychological Disorders	Direct Effect	-0.310	0.050	6.258	<0.001	[-0.409, -0.212]
Perceived Social Support → Perceived Self efficacy → Symptom of Psychological Disorders	Indirect Effect	-0.150	0.029	5.210	<0.001	[-0.213, -0.100]
Perceived Social Support → Perceived Self efficacy	Total Effect	0.553	0.034	16.204	<0.001	[0.488, 0.623]
Perceived Self efficacy → Symptom of Psychological Disorders	Total Effect	-0.272	0.047	5.726	<0.001	[-0.368, -0.183]
Perceived Social Support → Symptom of Psychological Disorders	Total Effect	-0.460	0.034	13.695	<0.001	[-0.532, -0.402]
Model summary						
Perceived Self efficacy		R-Square(O)				0.306
Symptom of Psychological Disorders		R-Square(O)				0.263
Perceived Self efficacy		R-Square Adjusted				0.304
Symptom of Psychological Disorders		R-Square Adjusted				0.260
Perceived Self efficacy → Symptom of Psychological Disorders		f-Square				0.070
Perceived Social Support → Perceived Self efficacy		f-Square				0.441
Perceived Social Support → Symptom of Psychological Disorders						

The results of path analysis indicate which Perceived Social Support Perceived Self efficacy have significant direct indirect effects in Symptom of Psychological Disorders (Anxiety, Depression, Stress).

Direct Effects

Perceived Social Support demonstrated significant positive direct effect in Perceived Self efficacy (B = 0.553, SE = 0.034, t = 16.204, p < .001), with 95% confidence interval of [0.488, 0.623], indicating which higher level of social support were associated with increased self efficacy, Perceived Self efficacy, in turn, showed significant negative direct effect in Symptom of Psychological Disorders (B = -0.272, SE = 0.047, t = 5.726, p <

.001), with 95% confidence interval of [-0.368, -0.183], suggesting which higher self efficacy reduces psychological symptom, Additionally, Perceived Social Support had significant negative direct effect in Symptom of Psychological Disorders ($B = -0.310$, $SE = 0.050$, $t = 6.258$, $p < .001$), with confidence interval of [-0.409, -0.212].

Indirect Total Effects

An indirect effect of Perceived Social Support in Symptom of Psychological Disorders through Perceived Self efficacy was also observed ($B = -0.150$, $SE = 0.029$, $t = 5.210$, $p < .001$), with 95% confidence interval of [-0.213, -0.100], This highlights mediating role of self efficacy in relationship between social support psychological symptom, total effect of Perceived Social Support in Symptom of Psychological Disorders was $B = -0.460$, $SE = 0.034$, $t = 13.695$, $p < .001$, with confidence interval of [-0.532, -0.402], indicating which social support substantially influences psychological outcomes directly indirectly.

The model explained 30.6% of variance in Perceived Self efficacy ($R^2 = 0.306$, Adjusted $R^2 = 0.304$) 26.3% of variance in Symptom of Psychological Disorders ($R^2 = 0.263$, Adjusted $R^2 = 0.260$), Effect sizes were substantial to Perceived Social Support's impact in Perceived Self efficacy ($f^2 = 0.441$) moderate to impact of Perceived Self efficacy in Symptom of Psychological Disorders ($f^2 = 0.070$).

Finding highlight dual role of Perceived Social Support in directly reducing psychological symptom indirectly enhancing mental health through its positive effect in self efficacy, this highlight importance of fostering social networks self efficacy to mitigate mental health challenges.

Figure 2

Structural Model Depicting Mediating Role of Self efficacy in Relationship Between Perceived Social Support Psychological Disorders (Depression, Stress, Anxiety)

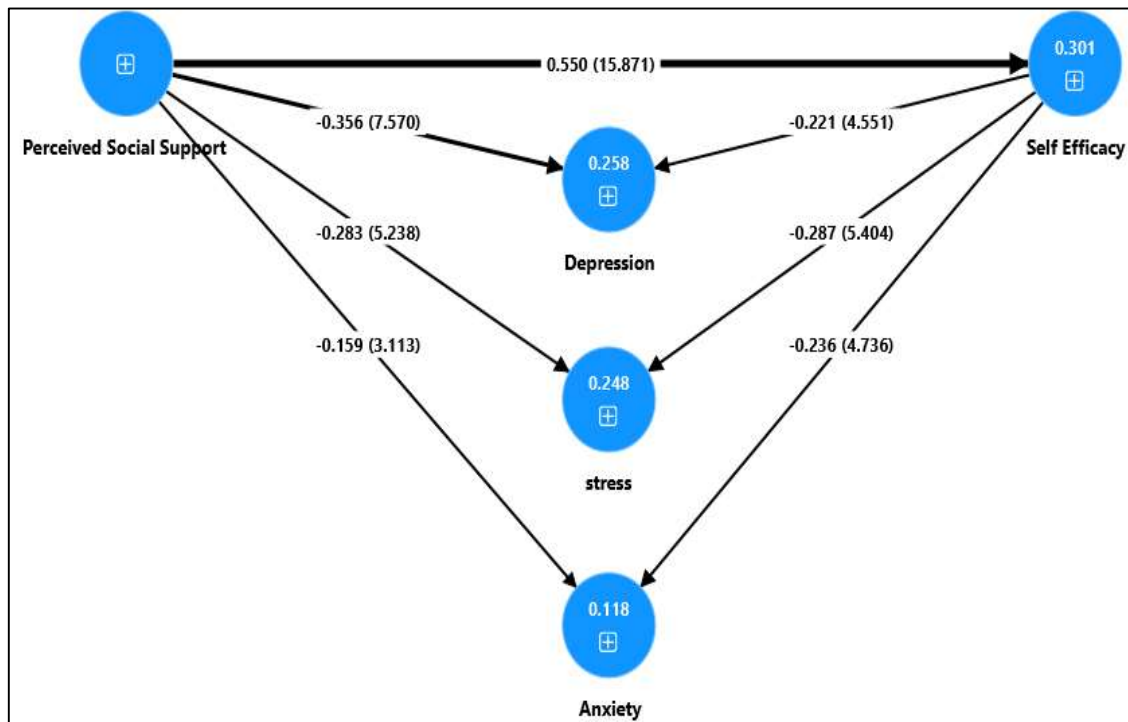


Table 21

Path Analysis Model Summary to Perceived Social Support, Self efficacy, Mental Health Outcomes

Path	Effect Type	B	SE	t	p	95% CI to B
Perceived Social Support → Anxiety	Direct Effect	-0.159	0.051	3.113	0.002	[-0.259, -0.058]
Perceived Social Support → Depression	Direct Effect	-0.356	0.047	7.570	< 0.001	[-0.449, -0.264]
Perceived Social Support → Stress	Direct Effect	-0.283	0.054	5.238	< 0.001	[-0.386, -0.177]
Perceived Social Support → Self efficacy	Direct Effect	0.550	0.035	15.871	< 0.001	[0.484, 0.619]
Self efficacy → Anxiety	Direct Effect	-0.236	0.050	4.736	< 0.001	[-0.340, -0.145]
Self efficacy → Depression	Direct Effect	-0.221	0.048	4.551	< 0.001	[-0.321, -0.129]
Self efficacy → Stress	Direct Effect	-0.287	0.053	5.404	< 0.001	[-0.393, -0.185]
Perceived Social Support → Self efficacy → Anxiety	Indirect Effect	-0.130	0.029	4.507	< 0.001	[-0.192, -0.080]
Perceived Social Support → Self efficacy → Depression	Indirect Effect	-0.121	0.028	4.329	< 0.001	[-0.181, -0.071]
Perceived Social Support → Self efficacy → Stress	Indirect Effect	-0.158	0.033	4.844	< 0.001	[-0.226, -0.099]
Perceived Social Support → Anxiety	Total Effect	-0.289	0.042	6.834	< 0.001	[-0.379, -0.214]
Perceived Social Support → Depression	Total Effect	-0.478	0.033	14.621	< 0.001	[-0.547, -0.420]
Perceived Social Support → Stress	Total Effect	-0.441	0.039	11.422	< 0.001	[-0.520, -0.370]
Perceived Social Support → Self efficacy	Total Effect	0.550	0.035	15.871	< 0.001	[0.484, 0.619]
Model summary:						
R ² (Anxiety)		0.118				
Adjusted R ² (Anxiety)		0.115				
R ² (Depression)		0.258				
Adjusted R ² (Depression)		0.254				
R ² (Stress)		0.248				
Adjusted R ² (Stress)		0.244				
Q ² (Predictive Relevance to Anxiety)		0.118				
Q ² (Predictive Relevance to Depression)		0.248				
Q ² (Predictive Relevance to Stress)		0.240				

Path analysis results provide comprehensive understanding relationships between Perceived Social Support, Self efficacy, symptom of Anxiety, Depression, Stress, finding reveal significant direct indirect effects, highlighting critical role of self efficacy mediator in relationship between social support mental health outcomes.

Direct Effects

Perceived Social Support demonstrated significant direct negative effects in symptom of psychological disorders, specifically:

Anxiety: Higher Perceived Social Support was associated with reduced anxiety symptom ($B = -0.159$, $SE = 0.051$, $t = 3.113$, $p = 0.002$), with 95% confidence interval of $[-0.259, -0.058]$.

Depression: Social support had stronger negative effect in depression symptom ($B = -0.356$, $SE = 0.047$, $t = 7.570$, $p < 0.001$), with confidence interval of $[-0.449, -0.264]$.

Stress: Similarly, social support reduced stress level ($B = -0.283$, $SE = 0.054$, $t = 5.238$, $p < 0.001$), with confidence interval of $[-0.386, -0.177]$.

In addition, Perceived Social Support had strong positive direct effect in Self efficacy ($B = 0.550$, $SE = 0.035$, $t = 15.871$, $p < 0.001$), indicating which social support enhances individuals' confidence in their ability to handle challenges.

Self efficacy, in turn, had significant direct negative effects in psychological symptom:

Anxiety ($B = -0.236$, $SE = 0.050$, $t = 4.736$, $p < 0.001$), confidence interval $[-0.340, -0.145]$.

Depression ($B = -0.221$, $SE = 0.048$, $t = 4.551$, $p < 0.001$), confidence interval $[-0.321, -0.129]$.

Stress ($B = -0.287$, $SE = 0.053$, $t = 5.404$, $p < 0.001$), confidence interval $[-0.393, -0.185]$.

These results show which Perceived Social Support Self efficacy independently reduce symptom of anxiety, depression, stress.

Indirect Effects

The indirect effects of Perceived Social Support in psychological outcomes via Self efficacy were also significant, underscoring mediating role of self efficacy:

Anxiety: Indirect effect of $B = -0.130$, $SE = 0.029$, $t = 4.507$, $p < 0.001$, confidence interval $[-0.192, -0.080]$.

Depression: Indirect effect of $B = -0.121$, $SE = 0.028$, $t = 4.329$, $p < 0.001$, confidence interval $[-0.181, -0.071]$.

Stress: Indirect effect of $B = -0.158$, $SE = 0.033$, $t = 4.844$, $p < 0.001$, confidence interval $[-0.226, -0.099]$.

Finding highlight which social support not only directly alleviates psychological symptom but also enhances self efficacy, which in turn contributes to better mental health outcomes.

Total Effects

The total effects of Perceived Social Support in mental health symptom were substantial:

Anxiety ($B = -0.289$, $SE = 0.042$, $t = 6.834$, $p < 0.001$, confidence interval $[-0.379, -0.214]$),

Depression ($B = -0.478$, $SE = 0.033$, $t = 14.621$, $p < 0.001$, confidence interval $[-0.547, -0.420]$),

Stress ($B = -0.441$, $SE = 0.039$, $t = 11.422$, $p < 0.001$, confidence interval $[-0.520, -0.370]$).

The total effects emphasize which Perceived Social Support substantially influences psychological well being, directly indirectly through self efficacy.

The model explained 30.4% of variance in Self efficacy ($R^2 = 0.304$) 26.0% of variance in Symptom of Psychological Disorders ($R^2 = 0.260$), These results suggest which Perceived Social Support Self efficacy together account to meaningful proportion of variability in mental health outcomes.

Effect size analysis further supports robustness of model, direct effect of Perceived Social Support in Self efficacy demonstrated large effect size ($f^2 = 0.441$), indicating which social support is key predictor of self efficacy, Meanwhile, effect of Self efficacy in psychological disorders had moderate effect size ($f^2 = 0.070$), reflecting important role of self efficacy in reducing mental health symptom.

Finding provide critical insights to protective roles of social psychological resources in mitigating symptom of anxiety, depression, stress, Perceived Social Support directly reduces psychological symptom while also enhancing self efficacy, which acts mediating factor, This dual pathway suggests which interventions aimed at improving social support networks fostering self efficacy could improve mental health outcomes, results underscore interconnectedness of social psychological factors in promoting adolescent well being, particularly in contexts of heightened mental health vulnerability.

Chapter Four

Discussions Conclusions

4.1 Discussion of study first question

The researcher examined level of perceived social support, perceived self efficacy, psychological disorders, including anxiety, depression, stress, in adolescents in Palestine 1948, findings indicated moderate symptom of anxiety depression, with stress symptom generally mild, Anxiety was characterized by overreacting agitation, while depressive symptom included sadness difficulty experiencing positive emotions, Stress symptom, such trembling difficulty calming down, were less severe, These results align with studies by Wu, Mohd Khir, Ma'rof (2024) Yan, Yu, Lin (2024), which also identified anxiety depression key challenges to adolescents in stressful environments, However, milder stress level diverge from findings by Hua & Ma (2022), who noted stress primary concern in youth in unstable contexts, reflecting how chronic instability in Palestine 1948 may amplify anxiety depression over stress.

Adolescentes reported moderately high level of perceived social support, with strongest support coming from family close non-family relationships, while peer support was notably weaker, Finding align with Yan, Yu, Lin (2024) Martínez et al, (2024), who emphaveized protective role of familial connections, Similarly, Wu, Mohd Khir, Ma'rof (2024) highlighted family support key factor in reducing psychological distress, in contrast, weaker peer support diverges from Aune et al, (2020) Yang et al, (2023), which found friendships to be significant emotional practical resources, This cultural reliance in family in Palestine 1948 suggests need for interventions aimed at strengthening peer support networks to complement existing familial community-based support systems.

Study also found moderately high level of perceived self efficacy in adolescentes, with strengths in achieving goals solving problems, However, stress management staying calm under pressure were identified weaker areas, Finding align with Bandura's Social Cognitive Theory (1997) studies by Guzman Villegas-Frei et al. (2024) Martínez et al, (2024), which emphaveize self efficacy critical factor in confidence problem-solving, Yet, observed stress management challenges differ from Havesan et al. (2023), which reported more balanced self efficacy across domains, This discrepancy may reflect sociopolitical realities of Palestine 1948, where external stressors undermine adolescentes' ability to maintain calm despite their problem-solving capabilities.

The interplay between perceived social support, self efficacy, psychological symptom mirrors findings from Wu, Mohd Khir, Ma'rof (2024) Yan, Yu, Lin (2024), where strong familial support higher self efficacy were associated with better emotional regulation reduced anxiety depression, However, centrality of family support relative lack of peer reliance were culturally specific patterns unique to this population, study reaffirms critical role of perceived social support self efficacy in mitigating psychological disorders, while highlighting need for tailored interventions which addresses weaker peer networks stress management challenges, These culturally sensitive interventions could provide deeper understanding adolescent well being promote mental health in complex sociopolitical environments like Palestine 1948.

The researcher found which adolescents in Palestine 1948 experience moderate level of anxiety depression, with stress symptom being generally mild, In most common symptom reported were difficulty calming down, trembling, sadness, overreacting, indicating which anxiety depression were more significant concerns than stress within this population, researcher also identified moderately high level of perceived social support, with family close non-family relationships being strongest sources, while peer support was notably weaker, reflecting reliance in familial close connections to emotional practical support.

Additionally, researcher observed which adolescents demonstrated moderately high level of perceived self efficacy, particularly in achieving goals solving problems, but noted challenges in managing stress staying calm under pressure, Finding suggest which while adolescents were confident problem-solvers, their stress-coping skills may require further development, results emphaveize need for targeted interventions to strengthen peer networks enhance stress-management abilities, ultimately improving psychological well being of adolescents in this sociopolitical cultural context.

4.2 Discussion of study second question

Study explored mediating role of perceived self efficacy in relationship between perceived social support psychological symptom, including anxiety, depression, stress, in adolescents in Palestine 1948, findings revealed which social support directly reduced psychological symptom indirectly alleviated them by enhancing self efficacy, Social support had strongest protective effect in depressive symptom, addressessing feeling to

worthlessness hopelessness, aligning with findings from Wu, Mohd Khir, Ma'rof (2024) Yan, Yu, Lin (2024), which emphasized importance of familial community support in fostering resilience, However, weaker impact of social support in anxiety compared to depression stress aligns with Ioannou et al, (2019), suggesting which additional interventions, such mindfulness, may be necessary.

Self efficacy emerged critical mediator, reducing symptom to stress, depression, anxiety, Its strongest effect was observed in stress, supporting Bandura's Social Cognitive Theory (1997) findings from Zhao et al. (2023), which highlight role of self efficacy in supporting adolescents to manage challenges effectively, slightly weaker effect of self efficacy in anxiety aligns with Guzman Villegas-Frei et al. (2024), who suggested which anxiety may require combination of interventions beyond self efficacy alone.

The mediating role of self efficacy demonstrated dual pathway, where social support directly indirectly alleviated psychological symptom, particularly stress, by enhancing adolescents' confidence in coping with difficulties, dual mechanism aligns with Zhang et al. (2024), who demonstrated which social support enhances self efficacy, improving stress management, When considering direct indirect effects, social support have greatest impact in depressive symptom, followed by stress, least in anxiety.

The findings highlight importance of dual intervention approach which strengthens social networks to provide emotional security practical assistance while enhancing self efficacy through skill-building problem-solving strategy, this integrated approach addresses emotional practical aspects of coping, providing comprehensive framework to improve mental health outcomes to adolescents in conflict-affected environments like Palestine 1948.

The researcher explain perceived self efficacy play mediating role in relationship between perceived social support psychological symptom, including anxiety, depression, stress, in adolescents in Palestine 1948, findings reveal which social support directly reduce psychological symptom while also enhancing self efficacy, which further contributes to better mental health outcomes, strongest effects were observed in stress, where higher self efficacy helped adolescents manage stressors effectively, while depressive symptom were also reduced through combined influence of social support self efficacy, Although effect in anxiety was slightly weaker, it remained meaningful, indicating which self

efficacy enhances adolescents' ability to cope with excessive worry agitation, researcher highlights which self efficacy amplifies protective effects of social support, creating dual pathway which is particularly effective to stress management, Finding euphemize importance of fostering social networks enhancing self efficacy through skill-building problem-solving interventions to comprehensively addresses adolescents' psychological challenges promote better mental health outcomes.

The researcher explains which perceived social support reduces psychological symptom, including anxiety, depression, stress, in adolescents in Palestine 1948, findings revealed which social support had strongest impact in depression, mitigating feeling to worthlessness sadness, aligning with studies by Wu, Mohd Khir, Ma'rof (2024) Yan, Yu, Lin (2024), which highlighted protective role of family community support, Similarly, Hua & Ma (2022) emphaveized critical role of social networks in preventing depressive tendencies, However, unique sociopolitical stressors in Palestine 1948, such chronic instability cultural pressures, amplify importance of family close non-peer relationships primary sources of support, diverging from global findings which also stress peer support.

Social support also reduced stress, second only to depression, Adolescents with strong social connections managed stressors more effectively, supporting Lazarus Folkman's (1984) buffering hypothesis, This aligns with findings from Guzman Villegas-Frei et al. (2024), Zhang et al. (2024), Aune et al. (2020), which demonstrated which social support enhances resilience emotional regulation, However, study's emphaveis in family community support to stress management contrasts with global literature which highlights peer relationships, underscoring need for culturally sensitive interventions to strengthen familial community networks in this context.

Although relationship between social support anxiety was weaker compared to depression stress, it was still significant, Social support helped reduce excessive worry nervousness, aligning with Ioannou et al. (2019) Havesan et al. (2023), who found moderate effects of social support in anxiety in academic social contexts, However, studies such Zhao et al. (2023) Yang et al. (2023) suggest which combining social support with cognitive-behavioral techniques or mindfulness may be more effective to addresssing anxiety symptom, its persistent nature requires multifaceted interventions.

The model explained highest variance in depressive symptom, followed by stress anxiety, consistent with findings by Wu, Mohd Khir, Ma'rof (2024) Hua & Ma (2022), These results emphasize critical role of social resources in alleviating emotional physiological challenges, particularly in contexts like Palestine 1948, where familial community support networks play central role, findings align with Martínez et al. (2024) Gariépy et al. (2016), advocating to holistic mental health interventions which addresses emotional, social, cultural dynamics.

The researcher explains which perceived social support impacts psychological disorders, with higher level of support associated with lower symptom of anxiety, depression, stress in adolescents in Palestine 1948, researcher highlights which social support have strongest effect in depression, helping alleviate feeling to sadness worthlessness, followed by stress, where it aids in managing daily challenges, Anxiety showed weaker, yet still notable, association, indicating which while social support reduces worry, additional interventions may be needed, researcher emphasizes importance of family close non-family relationships primary sources of support, while peer support was less influential, reflecting cultural tendencies in this context, Finding lead researcher to stress need for culturally sensitive interventions which strengthen social networks, enhance resilience, addresses psychological challenges unique to adolescents in this population.

The researcher explains which perceived self efficacy impacts psychological disorders, including stress, depression, anxiety, in adolescents in Palestine 1948, findings revealed which self efficacy had strongest effect in stress, with adolescents who exhibited higher confidence in managing challenges experiencing lower stress level, This aligns with studies such Guzman Villegas-Frei et al. (2024), Hua & Ma (2022), Yan, Yu, & Lin (2024), which demonstrated which self efficacy play pivotal role in stress management through effective coping strategy, However, emphasis in stress most impacted domain diverges slightly from global studies, such Wu, Mohd Khir, & Ma'rof (2024), which prioritize depression, reflecting unique sociopolitical stressors in Palestine 1948.

Self efficacy had substantial negative influence in depressive symptom, reducing feeling to worthlessness hopelessness, finding align with Bandura's Social Cognitive Theory (1997) studies like Hua & Ma (2022) Martínez et al. (2024), which highlight self efficacy role on enhancing resilience adaptive coping strategy, adolescents with higher self

efficacy may leverage available social resources more effectively, amplifying its protective effects against depression.

While effect of self efficacy in anxiety was weaker compared to stress depression, it was still meaningful, This is consistent with findings from Ioannou et al. (2019) Zhao et al, (2023), which identified self efficacy moderate protective factor against anxiety, particularly in reducing excessive worry nervousness, However, suggested by Guzman Villegas-Frei et al. (2024), anxiety may require combination of self efficacy training additional interventions like mindfulness or cognitive-behavioral therapy (CBT) to addresses its more persistent symptom effectively.

Study also highlighted which self efficacy explained highest variance in stress, followed by depression anxiety, aligning with findings from Zhang et al. (2024) Wu, Mohd Khir, & Ma'rof (2024), which emphaveize significant role of self efficacy in alleviating emotional physiological challenges, These results underscore importance of fostering self efficacy through targeted interventions, such skill-building, problem-solving, stress management programs, to enhance adolescents' resilience ability to cope with psychological challenges.

The researcher explains which perceived self efficacy have significant protective effect in psychological disorders, including stress, depression, anxiety, in adolescents in Palestine 1948, findings revealed which self efficacy had strongest impact in stress, where higher level of confidence in handling challenges were associated with reduced stress symptom, Similarly, self efficacy showed substantial negative influence in depression, helping adolescents overcome feeling to worthlessness hopelessness, Although its impact in anxiety was slightly weaker, it remained meaningful, demonstrating self efficacy's role in alleviating excessive worry agitation, researcher highlights which self efficacy explained highest variance in stress, followed by depression anxiety, indicating its critical role in helping adolescents manage psychological distress, Finding emphaveize importance of fostering self efficacy through interventions focused in skill-building, problem-solving, stress management, which could support adolescents to navigate their challenges effectively improve mental health outcomes in this unique sociopolitical context.

4.3 Conclusion

Study revealed which adolescents experience moderate level of anxiety depression, with stress symptom being relatively mild, Anxiety was characterized by symptom such overreacting agitation, while depression presented persistent sadness difficulty experiencing positive emotions, Stress symptom, although less severe, included trembling difficulty calming down, Finding underscore prevalence of mental health challenges in adolescents in Palestine 1948, emphasizing need for accessible culturally sensitive mental health resources.

Perceived social support emerged significant protective factor against psychological symptom, Adolescents reported moderately high level of support, with family close non-family members providing strongest sources, However, weaker role of peer support suggests gap which could be addressed through interventions aimed at strengthening friendships peer networks, Finding align with previous studies, such those by Wu, Mohd Khir, & Ma'rof (2024), which highlighted buffering effects of social support against depressive tendencies, Guzman Villegas-Frei et al. (2024), which emphasized its role in mitigating stress.

Perceived self efficacy was another critical factor, demonstrating substantial negative effect in psychological symptom, Adolescents with higher self efficacy reported lower level of stress, depression, anxiety, with strongest influence observed in stress management, This finding aligns with Bandura's Social Cognitive Theory (1997), which posits which belief in one's capabilities enhances resilience problem-solving skills, relatively weaker effect in anxiety suggests need for additional interventions which combine self efficacy training with other psychological strategy, such mindfulness or cognitive-behavioral approaches.

The mediating role of self efficacy was particularly noteworthy, Social support not only directly alleviated psychological symptom but also enhanced self efficacy, which further contributed to better mental health outcomes, This dual pathway was most significant to stress, highlighting interconnectedness of social psychological resources, Finding support prior research, such Zhang et al. (2024), which demonstrated mediating effect of self efficacy in relationship between social support stress management.

Study contributes to existing literature by emphasizing differentiated roles of perceived social support self efficacy in addressing psychological symptom, While social support provide emotional security practical assistance, self efficacy supports adolescents to approach challenges with confidence, fostering resilience adaptive coping mechanisms, This integrated understanding highlight importance of addressing external internal resources in mental health interventions.

The findings also highlight unique sociocultural context of adolescents in Palestine 1948, where chronic instability, identity struggles, limited access to mental health resources exacerbate psychological challenges, by examining these dynamics within this specific population, study offers valuable insights to interplay between social psychological factors in conflict-affected regions, adding new dimension to global understanding adolescent mental health.

study highlight critical roles of perceived social support self efficacy in mitigating psychological symptom in adolescents in Palestine 1948, By addressing emotional practical aspects of coping, these resources provide foundation to resilience well being in face of significant challenges, findings emphasize need for targeted, culturally sensitive interventions which leverage social networks enhance self efficacy in promote better mental health outcomes, Through such efforts, it is possible to support adolescent to navigate their circumstances with confidence emotional stability, fostering healthier more resilient generation.

4.4 Recommendations

Based in findings, several recommendations emerge to improving mental health outcomes in adolescents:

- Interventions should focus in strengthening family bonds fostering peer support networks to provide robust foundation of emotional practical resources, Community-based programs school initiatives could play vital role in promoting social connectedness.
- Programs targeting skill building, problem-solving, stress management could enhance adolescents' confidence in their abilities, those initiatives should incorporate culturally relevant practices to ensure effectiveness within Palestinian context.

- Holistic mental health intervention which addresses social psychological resources were essential, Combining social support enhancement with self efficacy training could provide comprehensive support to adolescents facing psychological challenges.
- Given unique challenges faced by adolescents in Palestine 1948, mental health services should be tailored to addresses specific sociopolitical & cultural factors influencing their well being, This includes addressing issues of identity, displacement, chronic stress.

4.5 Future Research Directions

While study provide valuable insights, further research was needed to deepen understanding these dynamics, Longitudinal studies could explore how perceived social support self efficacy evolve over time their long-term impact in mental health outcomes, examining role of psychological resources, such mindfulness emotional regulation, provide comprehensive understanding factors influencing adolescent mental health.

References

- Acoba, E. (2024). Social support mental health: mediating role of perceived stress, *Frontiers in Psychology*, 15. doi: <https://doi.org/10.3389/fpsyg.2024.1330720>
- Aune, T., Juul, E., Beidel, D., Nordahl, H., & Dvorak, R. (2021). Mitigating adolescent social anxiety symptom: effects of social support social self efficacy in findings from Young-HUNT 3 study, *European Child & Adolescent Psychiatry*, 30(3). 441-449.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. W H Freeman/Times Books/Henry Holt & Co.
- Gariépy, G., Honkaniemi, H., & Quesnel-Vallée, A. (2016). Social support protection from depression: Systematic review of current findings in Western countries, *British Journal of Psychiatry*, 209(4). 284-293.
- Havesan, M., Fang, S., Malik, A. A., Lak, T. A., & Rizwan, M. (2023). Impact of perceived social support psychological capital in university students' academic success: testing role of academic adjustment moderator, *BMC Psychology*, 11. 340. doi:<https://doi.org/10.1186/s40359-023-01385-y>
- Hua, Z., & Ma, D. (2022). Depression perceived social support in unemployed youths in China: investigating roles of emotion-regulation difficulties self efficacy, *International journal of environmental research public health*, 19(8). 4676.
- Ioannou, M., Kassianos, A. P., & Symeou, M. (2019). Coping with depressive symptom in young adults: Perceived social support protects against depressive symptom only under moderate level of stress, *Frontiers in Psychology*, 9. 2780. doi:<https://doi.org/10.3389/fpsyg.2018.02780>
- Jun, W., Khir, A., & Ma'rof, A. A. (2024). How is social support associated with depressive tendencies? mediating role of self efficacy, *International Journal of Academic Research in Business Social Sciences*, 14(2). 1020-1031.
- Martínez, B. M., Pérez-Fuentes, M. D., & Jurado, M. D. (2024). influence of perceived social support in academic engagement in adolescents: mediating role of self efficacy, *Anales de Psicología/Annals of Psychology*, 40(3). 409-420.

- Ozer, S. (2024). Social support, self-efficacy, self-esteem, well-being during COVID-19 lockdown: two-wave study of Danish students, *Scandinavian Journal of Psychology*, 65(1). 42-52.
- Villegas-Frei, M. G., Jubin, J., Bucher, C. O., & Bachmann, A. O. (2024). Self efficacy, mindfulness, perceived social support resources to maintain mental health of students in Switzerland's universities of applied sciences: cross-sectional study, *BMC public health*, 24(1). 335. doi:<https://doi.org/10.1186/s12889-024-17692-x>
- Wang, D. F., Zhou, Y. H., Liu, Y. H., Hao, Y. Z., Zhang, J. H., Liu, T. Q., & Ma, Y. J. (2022). Social support depressive symptom: exploring stigma self efficacy in moderated mediation model, *BMC Psychiatry*, 22. 117. doi:<https://doi.org/10.1186/s12888-022-03740-6>
- Wang, X., Cai, L., Qian, J., & Peng, J. (2014). Social support moderates stress effects in depression, *International Journal of Mental Health Systems*, 8(41). 41. doi:<https://doi.org/10.1186/1752-4458-8-41>
- Wang, X., Wang, Y., & Ye, Y. (2024). Subjective socioeconomic status predicts e-learning engagement in college students: mediating role of perceived social support self efficacy, *European Journal of Psychology of Education*, 39(2). 1119-1134.
- Yan, Z., Yu, S., & Lin, W. (2024). Parents' perceived social support children's mental health: chain mediating role of parental marital quality parent-child relationships, *Current Psychology*, 43. 4198-4210. doi:<https://doi.org/10.1007/s12144-023-04625-x>
- Yang, Q., Xie, R., Li, J., Zhang, R., Ding, W., & Li, W. (2023). mutual relationship between self-compassion, perceived social support, adolescent NSSI: three-wave longitudinal study, *Mindfulness*, 14. 1940-1950. doi:<https://doi.org/10.1007/s12671-023-02169-6>
- Yuan, Z., Li, W., Ding, W., Song, S., Qian, L., & Xie, R. (2023). Your support is my healing: impact of perceived social support in adolescent NSSI — sequential mediation analysis, *Current Psychology*, 43. 261-271. doi:<https://doi.org/10.1007/s12144-023-04286-w>

Zhang, Y., Cao, X., Lei, G., & Wu, H. (2023). Relationship between perceived social support and postgraduate students' general self-efficacy: a mediated model with moderation, *Current Psychology*, 43. 14567-14580. doi:<https://doi.org/10.1007/s12144-023-05444-w>

Zhao, Z. H., Guo, J. Y., Zhou, J., Qiao, J., Yue, S. W., Ouyang, Y. Q., . . . Cai, Z. X. (2023). Perceived social support professional identity in nursing students during COVID-19 pandemic era: mediating effects of self efficacy moderating role of anxiety, *BMC Medical Education*, 23. 117. doi:<https://doi.org/10.1186/s12909-022-03968-6>

Appendices

Appendix A Scales in English

Dear Participant,

Thank you to taking time to complete this questionnaire, purpose of this survey is to better understand Relationship of Perceived Social Support & Perceived Self efficacy to Symptom of Some Psychological Disorders in Adolescents in Palestine 1948, Your responses will contribute to valuable research aimed at identifying factors which support mental health in adolescents improving intervention strategy.

Demographic Information

demographic Information

Variable	Category
Gender	Male
	Female
	Total
Age	13-14
	15-16
	17-18
	Total
Place of Residence	City
	Village
	Total

no	Question	Never (أبدا)	Rarely (أحيانا)	(غالبا)	Always
	Section 1: Psychological Symptom Scale				
1.	It was difficult to me to calm myself down.				
2.	I felt very scared to point where my mouth felt dry.				
3.	It was difficult to feel any positive emotions.				
4.	I experienced difficulty breathing, such breathing too fast or feeling like I couldn't breathe.				
5.	It was hard to me to get started in any task.				
6.	I overreacted to many situations.				
7.	I felt trembling or shaking (e.g., in my hands).				
8.	I felt like I was acting nervously.				
9.	I was worried in many situations to point where I could have panic attack or look foolish.				
10.	I felt like there was nothing worth striving for.				
11.	I found myself feeling agitated worried.				
12.	It was difficult to me to relax.				
13.	I felt sad.				
14.	I was unable to feel excited about anything.				
15.	As individual, I no longer felt valuable.				
16.	I felt more sensitive than usual.				
17.	I could feel my heartbeat even without exerting myself.				
18.	I felt scared to no apparent reason.				
19.	I felt which life had no meaning.				
	Section 2: Perceived Social Support Scale				
1.	There is special person who is there when I need them.				
2.	There is special person with whom I could share my joys sorrows.				
3.	My family really tries to help me.				
4.	I get emotional help support I need from my family.				
5.	I have special person who is real source of comfort to me.				
6.	My friends really try to help me.				
7.	I could count in my friends when things go wrong.				
8.	I could talk about my problems with my family.				
9.	I have friends with whom I could share my joys sorrows.				
10.	I have special person who cares about my feeling .				
11.	My family is willing to help me make decisions.				
12.	I could talk about my problems with my friends.				
	Section 3: Perceived General Self efficacy Scale				
1.	I could always solve difficult problems if I try hard enough.				
2.	If someone opposes me, I could find means ways to get what I want.				
3.	I am confident which I could achieve my goals.				
4.	I am confident in my ability to handle unexpected events efficiently.				

5.	Thanks to my resourcefulness, I could handle unforeseen situations.				
6.	I could solve most problems if I put in necessary effort.				
7.	I could stay calm when facing difficulties because I could rely in my coping skills.				
8.	When confronted with problem, I could find several solutions.				
9.	If I am in trouble, I could come up with good solution.				
10.	I could handle whatever comes my way.				

Appendix B Scales in Arabic

عزيزي/عزيزتي المشارك/ة،

شكراً لك على تخصيص الوقت لإكمال هذا الاستبيان، يهدف هذا الاستبيان إلى فهم علاقة الدعم الاجتماعي المدرك والفعالية الذاتية المدركة بأعراض بعض الاضطرابات النفسية لدى المراهقين في فلسطين 1948، ستساهم إجاباتك في بحث قيم يهدف إلى تحديد العوامل التي تدعم الصحة النفسية للمراهقين وتحسين استراتيجيات التدخل.

المعلومات الديموغرافية

المتغير	الفئة
الجنس	ذكر
	أنثى
	الإجمالي
الفئة العمرية	13-14
	15-16
	17-18
	الإجمالي
مكان السكن	مدينة
	قرية
	الإجمالي

القسم الاول

عزيزي ا عزيزتي

الرجاء قراءة كل فقرة من فقرات المقياس التالية ، ومن ثم ضع اشارة حول الرقم المناسب والذي يعبر

عنك خلال الايام الاخيرة

ابدا	احيانا	غالبا	دائما	
				القسم الاول
				1. كان من الصعب ان اقوم بتهديئة نفسي
				2. كنت اشعر بخوف شديد لدرجة انني شعرت بجفاف فمي
				3. كان من الصعب الشعور باي مشاعر ايجابية
				4. واجهت صعوبة بالتنفس على سبيل المثال (كنت انتفخ بسرعة كبيرة ، او واجهت صعوبة في التنفس دون بذل اي مجهود
				5. كان من الصعب علي البدء بأي عمل
				6. كنت ابالغ في ردة فعلي تجاه العديد من المواقف
				7. شعرت بانني ارتجف او ارتعش على سبيل المثال (اليدين)
				8. شعرت انني اتصرف بعصبية
				9. كنت قلقا في كثير من المواقف لدرجة انني قد اصاب بنوبة هلع او ابدو كالأحمق
				10. شعرت بأنه ليس هناك ما اسعى او اطمح لفعله
				11. وجدت نفسي مرتبكاً وقلقاً
				12. كان من الصعب علي الاسترخاء
				13. شعرت بانني حزين
				14. لم اكن قادراً على الشعور بالحماس تجاه اي شيء
				15. كفرد لم اعد اشعر بقيمتي
				16. شعرت بانني حساس اكثر عما قبل
				17. كنت قادراً على الاحساس بنبضات قلبي وذلك دون بذل اي جهد
				18. شعرت بالخوف دون وجود سبب مقنع لذلك
				19. شعرت بأنه لا يوجد قيمة للحياة
				القسم الثاني: مقياس الدعم الاجتماعي المدرك
				20. هناك شخص مميز يكون موجوداً عندما اكون بحاجة اليه
				21. هناك شخص مميز استطيع ان اشاركه أفراحي وأحزاني
				22. عائلتي تحاول فعلاً مساعدتي
				23. احصل على المساعدة العاطفية والدعم الذي احتاجه من عائلتي
				24. لدي شخص مميز يعتبر مصدر عون لي
				25. أصدقائي فعلاً يحاولون مساعدتي
				26. استطيع الاعتماد على اصدقائي عندما تسوء الامور

				27. أستطيع التحدث عن مشاكلي مع عائلتي
				28. لدي اصدقاء يمكنني مشاركتهم افراحي واحزاني
				29. لدي شخص مميز يحرص على مشاعري
				30. عائلتي مستعدة لمساعدتي في اتخاذ القرارات
				31. يمكنني التحدث حول مشاكلي مع أصدقائي
				القسم الثالث والأخير: مقياس الكفاءة الذاتية العامة المدركة
				32. يمكنني دائما حل المشكلات الصعبة اذا بذلت قصارى جهدي
				33. اذا عارضني احد، أستطيع ان اجد الوسائل والطرق للحصول على ما اريد
				34. انا متأكد انني أستطيع تحقيق اهدافي
				35. انا واثق من قدرتي على التعامل بكفاءة مع الاحداث غير المتوقعة
				36. بفضل سعة حيلتي، يمكنني التعامل مع المواقف غير المتوقعة
				37. يمكنني حل معظم المشاكل إذا استثمرت الجهد اللازم
				38. يمكنني أن أبقى هادئاً عند مواجهة الصعوبات لأنني أستطيع الاعتماد على قدراتي على التأقلم
				39. عندما أواجه مشكلة ما، أستطيع أن أجد عدة حلول
				40. إذا كنت في ورطة، يمكنني التفكير في حل جيد
				41. يمكنني التعامل مع كل ما يأتي في طريقي

Appendix C

Measurement Model, Convergent Validity, Descriptive Statistics

Table 2

Outer Loadings of Measurement Indicators Based in Confirmatory Factor Analysis (CFA) Using PLS-SEM

Indicator	Construct	Outer Loading
a1	Anxiety	0.651
a2	Anxiety	0.678
a4	Anxiety	0.763
a5	Anxiety	0.666
a6	Anxiety	0.646
a7	Anxiety	0.761
a8	Anxiety	0.787
d1	Depression	0.726
d3	Depression	0.607
d4	Depression	0.755
d5	Depression	0.710
d6	Depression	0.755
d7	Depression	0.721
d8	Depression	0.715
s1	Stress	0.696
s2	Stress	0.708
s3	Stress	0.734
s4	Stress	0.593
s5	Stress	0.759
family1	Perceived Social Support	0.699
family2	Perceived Social Support	0.760
family3	Perceived Social Support	0.644
family4	Perceived Social Support	0.770
friends1	Perceived Social Support	0.763
friends2	Perceived Social Support	0.641
friends3	Perceived Social Support	0.744
friends4	Perceived Social Support	0.596
sig_other1	Perceived Social Support	0.653
sig_other2	Perceived Social Support	0.733
sig_other3	Perceived Social Support	0.784
sig_other4	Perceived Social Support	0.707
self_efficacy1	Self Efficacy	0.718
self_efficacy10	Self Efficacy	0.690
self_efficacy2	Self Efficacy	0.761
self_efficacy3	Self Efficacy	0.673
self_efficacy4	Self Efficacy	0.744
self_efficacy5	Self Efficacy	0.815
self_efficacy6	Self Efficacy	0.785
self_efficacy7	Self Efficacy	0.626
self_efficacy8	Self Efficacy	0.702
self_efficacy9	Self Efficacy	0.733

Table 3*Correlations of Self efficacy Items with Main Construct(n=396)*

No	Item	Self efficacy
1.	I could always solve difficult problems if I try hard enough.	.719
2.	If someone opposes me, I could find means ways to get what I want.	.775
3.	I am confident which I could achieve my goals.	.637
4.	I am confident in my ability to handle unexpected events efficiently.	.741
5.	Thanks to my resourcefulness, I could handle unforeseen situations.	.820
6.	I could solve most problems if I put in necessary effort.	.795
7.	I could stay calm when facing difficulties because I could rely in my coping skills.	.604
8.	When confronted with problem, I could find several solutions.	.711
9.	If I am in trouble, I could come up with good solution.	.752
10.	I could handle whatever comes my way.	.703

Table 4*Correlations of Perceived Social Support Items with Main Construct*

		Perceived Social Support
11.	There is special person who is there when I need them.	.664
12.	There is special person with whom I could share my joys sorrows.	.737
13.	My family really tries to help me.	.667
14.	I get emotional help support I need from my family.	.714
15.	I have special person who is real source of comfort to me.	.778
16.	My friends really try to help me.	.791
17.	I could count in my friends when things go wrong.	.685
18.	I could talk about my problems with my family.	.611
19.	I have friends with whom I could share my joys sorrows.	.764
20.	I have special person who cares about my feeling .	.725
21.	My family is willing to help me make decisions.	.723
22.	I could talk about my problems with my friends.	.644

Table 5*Correlations of Stress Items with Main Construct*

No	Item	stress
1.	It was hard to me to calm myself down.	.682
2.	I experienced breathing difficulty (e.g., excessively fast breathing or breathing effort).	.693
3.	I found it difficult to get started in tasks.	.713
4.	I felt which I was trembling (e.g., in hands).	.696
5.	I was worried to point which I could have panic attack or look foolish.	.756

Table 6*Correlations of Anxiety Items with Main Construct*

No	Item	anxiety
1.	I felt very scared to point which my mouth felt dry.	.627
2.	I overreacted to many situations.	.718
3.	I found myself feeling agitated worried.	.755
4.	I couldn't feel enthusiastic about anything.	.693
5.	I felt more sensitive than usual.	.701
6.	I could feel my heart beating even when not exerting myself.	.760
7.	I felt scared to no apparent reason.	.775

Table 7
Correlations of Depression Items with Main Construct

No	Item	depression
1.	I found it hard to experience any positive feeling .	.687
2.	I felt which I was acting nervously.	.657
3.	I felt there was nothing worth striving for.	.730
4.	I found it difficult to relax.	.751
5.	I felt sad.	.727
6.	I felt which I was no longer valuable person.	.689
7.	I felt which life had no meaning.	.755

Table 11
Mean Standard Deviation of Stress Items Overall Subscale

No	Item	Mean	Std, Deviation
1.	It was hard to me to calm myself down.	2.1742	.92637
2.	I experienced breathing difficulty (e.g., excessively fast breathing or breathing effort).	1.6894	.92339
3.	I found it difficult to get started in tasks.	2.0758	.97530
4.	I felt which I was trembling (e.g., in hands).	1.8409	.94531
5.	I was worried to point which I could have panic attack or look foolish.	1.7121	.99005
	Stress	1.8985	.67483

Table 12
Mean Standard Deviation of Anxiety Items Overall Subscale

No	Item	Mean	Std, Deviation
1.	I felt very scared to point which my mouth felt dry.	1.5758	.86380
2.	I overreacted to many situations.	2.5076	1.03481
3.	I found myself feeling agitated worried.	2.1439	.95572
4.	I couldn't feel enthusiastic about anything.	2.1061	.95672
5.	I felt more sensitive than usual.	2.2121	1.09566
6.	I could feel my heart beating even when not exerting myself.	1.8864	.94385
7.	I felt scared to no apparent reason.	1.8030	.97388
	anxiety	2.0335	.70137

Table 13
Mean Standard Deviation of Depression Items Overall Subscale

No	Item	Mean	Std, Deviation
1.	I found it hard to experience any positive feeling .	2.1212	.97069
2.	I felt which I was acting nervously.	2.5909	.98563
3.	I felt there was nothing worth striving for.	1.9470	1.04080
4.	I found it difficult to relax.	2.1288	.99674
5.	I felt sad.	2.3409	.92089
6.	I felt which I was no longer valuable person.	1.6515	.93037
7.	I felt which life had no meaning.	2.1136	1.16041
	depression	2.1277	.71568

Table 15
Descriptive Statistics to Perceived Social Support

No	Item	Mean	Std, Deviation
8.	There is special person who is there when I need them.	3.3333	.93576
9.	There is special person with whom I could share my joys sorrows.	3.3256	1.01412
10.	My family really tries to help me.	3.4016	.95084
11.	I get emotional help support I need from my family.	3.2403	1.06359
12.	I have special person who is real source of comfort to me.	3.3101	1.01898
13.	My friends really try to help me.	3.0156	1.02438
14.	I could count in my friends when things go wrong.	2.8140	1.13426
15.	I could talk about my problems with my family.	2.8295	1.17701
16.	I have friends with whom I could share my joys sorrows.	3.1395	1.00319
17.	I have special person who cares about my feeling .	3.1628	1.05637
18.	My family is willing to help me make decisions.	3.3798	.94288
19.	I could talk about my problems with my friends.	2.8062	1.04369
20.	I could always solve difficult problems if I try hard enough.	3.2326	.84109
21.	If someone opposes me, I could find means ways to get what I want.	3.1240	.85480
22.	I am confident which I could achieve my goals.	3.3953	.79263
23.	I am confident in my ability to handle unexpected events efficiently.	3.1705	.84673
24.	Thanks to my resourcefulness, I could handle unforeseen situations.	3.0853	.86406
25.	I could solve most problems if I put in necessary effort.	3.2326	.79355
26.	I could stay calm when facing difficulties because I could rely in my coping skills.	2.8915	.91821
27.	When confronted with problem, I could find several solutions.	3.0388	.89387
28.	If I am in trouble, I could come up with good solution.	3.0775	.94632
29.	I could handle whatever comes my way.	3.1938	.89104
	Perceived Social Support	3.1345	.73023

Table 17
Descriptive Statistics to Self efficacy Items Overall Subscale

	Mean	Std, Deviation
I could always solve difficult problems if I try hard enough.	3.2326	.84109
If someone opposes me, I could find means ways to get what I want.	3.1240	.85480
I am confident which I could achieve my goals.	3.3953	.79263
I am confident in my ability to handle unexpected events efficiently.	3.1705	.84673
Thanks to my resourcefulness, I could handle unforeseen situations.	3.0853	.86406
I could solve most problems if I put in necessary effort.	3.2326	.79355
I could stay calm when facing difficulties because I could rely in my coping skills.	2.8915	.91821
When confronted with problem, I could find several solutions.	3.0388	.89387
If I am in trouble, I could come up with good solution.	3.0775	.94632
I could handle whatever comes my way.	3.1938	.89104
Self efficacy	3.1442	.62672



جامعة النجاح الوطنية
كلية الدراسات العليا

الاثر الوسيط للكفاءة الذاتية المدركة في العلاقة بين الدعم الاجتماعي
المدرك واعراض الاضطرابات النفسية لدى المراهقين في فلسطين 1948

إعداد

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قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الاكلينيكي، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2025

الأثر الوسيط للكفاءة الذاتية المدركة في العلاقة بين الدعم الاجتماعي المدرك وأعراض الاضطرابات النفسية لدى المراهقين في فلسطين (1948)

إعداد

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الملخص

تهدف هذه الدراسة إلى استكشاف العلاقة بين الدعم الاجتماعي المدرك، والكفاءة الذاتية المدركة، وأعراض
الاضطرابات النفسية (القلق، الاكتئاب، والتوتر) لدى المراهقين في مناطق فلسطين 1948.

تم إجراء دراسة ارتباطية مقطعية لفحص العلاقات بين الدعم الاجتماعي المدرك، والكفاءة الذاتية، والأعراض
النفسية لدى عينة مكونة من 396 مشاركًا تتراوح أعمارهم بين 13 و18 عامًا، باستخدام أسلوب العينة
القصدية من المدارس في مناطق مختلفة داخل الخط الأخضر. وقد كانت غالبية العينة من الإناث
(71.2%)، موزعة على ثلاث فئات عمرية: 13-14 سنة (28.8%)، 15-16 سنة (43.2%)،
و17-18 سنة (28.0%)، وكان معظم المشاركين يقيمون في مناطق حضرية (76.5%).

أظهرت النتائج أن المراهقين يعانون من مستويات متوسطة من القلق (المتوسط = 2.03، الانحراف المعياري
= 0.70) والاكتئاب (المتوسط = 2.13، الانحراف المعياري = 0.72)، بينما كانت أعراض التوتر أقل
حدة (المتوسط = 1.90، الانحراف المعياري = 0.67)، وسجل الدعم الاجتماعي المدرك مستوى مرتفعًا
نسبيًا (المتوسط = 3.13، الانحراف المعياري = 0.73)، حيث كان الدعم المقدم من الأسرة والأشخاص
المقربين أقوى من دعم الأصدقاء، كما أظهرت الكفاءة الذاتية المدركة مستوى مرتفعًا نسبيًا أيضًا (المتوسط
= 3.14، الانحراف المعياري = 0.63)، خاصة في مجال حل المشكلات، في حين بقي التعامل مع التوتر
نقطة ضعف.

أظهر تحليل المسار أن كلاً من الدعم الاجتماعي المدرك والكفاءة الذاتية يسهمان بشكل ملحوظ في تقليل الأعراض النفسية، حيث كان للدعم الاجتماعي التأثير الأكبر على الاكتئاب ($\beta = -0.481, p < .001, R^2 = 0.231$)، بينما أظهرت الكفاءة الذاتية التأثير الأكبر على التوتر ($\beta = -0.449, p < .001, R^2 = 0.202$).

أكد تحليل الوساطة أن الكفاءة الذاتية تؤدي دوراً وسيطاً جزئياً في العلاقة بين الدعم الاجتماعي المدرك والأعراض النفسية، موضحاً أن الدعم الاجتماعي يفسر (30.6%) من التباين في الكفاءة الذاتي ($R^2 = 0.306$)، و(26.3%) من التباين في الأعراض النفسية ($R^2 = 0.263$)، كما تبين أن "الأثر غير المباشر للدعم الاجتماعي المدرك على أعراض الاضطرابات النفسية عبر الكفاءة الذاتية كان سالباً وداًلاً إحصائياً" ($B = -0.150, p < .001$)، مما يدل على أن زيادة الدعم تعزز الكفاءة الذاتية، والتي بدورها تُسهم في تقليل شدة الأعراض النفسية.

تؤكد هذه النتائج الدور الوسيط للكفاءة الذاتية في تقليل الضغوط النفسية، وتبرز الأثر الحاسم لكل من الدعم الاجتماعي والكفاءة الذاتية في تعزيز الصحة النفسية لدى المراهقين، مما يستدعي تطوير تدخلات تستهدف تقوية الشبكات الاجتماعية وتعزيز آليات التكيف للحد من الاضطرابات النفسية، كما تساهم هذه النتائج في إرساء استراتيجيات صحية نفسية فعالة تستند إلى تعزيز الترابط الاجتماعي والمرونة النفسية لدى المراهقين.

الكلمات المفتاحية: الدعم الاجتماعي المدرك، الكفاءة الذاتية المدركة، المراهقون، القلق، الاكتئاب، التوتر،

فلسطين 1948.