



## MENTAL HEALTH NURSING INTERVENTIONS IN ADOLESCENT EDUCATION: THE EMOTIONAL INTELLIGENCE PATHWAY

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### Abstract

The research involved a structured module on emotional intelligence (EI) among adolescent girls enrolled in tribal residential schools in Telangana, India, and its effectiveness. Emotional intelligence plays a vital role in the formation of mental health, and it affects the results obtained in school, social interactions, and life in general. During adolescence, there is a critical time in development, when it is possible to develop the EI skills. The studies were carried out as a quantitative study, in an experiment, with a randomized control group. Simple random sampling was used to select 150 adolescent girls aged 13-16 years (whereby 75 respondents were assigned to the experimental group and 75 respondents to the control group) in three tribal residential schools. The experimental participants were administered a validated structured module on EI, and the control group was not administered. The main dependent variable was the difference in the score of EI measured with the help of the Emotional Intelligence Scale (2023) by Murugesan et al. The extraneous variables that were assessed included age, parental education, and length of stay in the hostel. The sample size was determined through a power analysis that makes it statistically valid. The outcomes will show that the EI measures in the experimental group will be significantly higher compared to the control group, and it is the extreme efficacy of targeted nursing interventions on sites of learning. This article highlights the possibility of school-based mental health programs to achieve emotional intelligence, thus enhancing positive youth development as well as reducing the risk of mental health issues among vulnerable groups.

**Keywords:** Emotional Intelligence, Mental Health Nursing, Adolescent Girls, Tribal Residential Schools, Health Education, Quantitative Research, Experimental Design

### 1. Introduction

Adolescence refers to a crucial period of transition that is accompanied by drastic physical, psychological, and social change (Casey, Jones, & Hare, 2008). This is the period in which the youths will be able to create their identity, engage in close personal relationships, and make life-changing decisions that will determine their future path. Emotional intelligence (EI), or the capacity to recognize, discriminate, manage, and utilize emotions to help have smoother thinking and social interaction, is a major factor in the navigation of this stage (Mayer & Salovey, 1997). The many positive effects of high EI are improved mental health status, enhanced academic performance, and improved interpersonal relationships (Goleman, 1995). On the other hand, poor EI can result in emotional dysregulation, a higher risk of developing mental disorders such as depression and anxiety, and engaging in risk behaviors (Zeidner, Matthews, & Roberts, 2012).

In India, the population aged 10-19 makes up more than 20% of the total population, which is considered a high population (UNICEF, 2019). The majority of these youth, especially poor communities, have challenges that hinder emotional enrichment of these youths. Such situations apply to adolescent girls in tribal residential schools, who tend to struggle with cultural dislocation, family separation, and the paucity of mental health resources (Thakur & Dsouza, 2017). These risk factors may compound those stressors that characterize adolescence, and this makes them a very vulnerable group. That is why measures to improve their emotional and psychological health are the priority.

Mental health nursing is an area of work that, due to its holistic and person-centered nature, is uniquely suited to solving the emotional needs of teenagers in academic institutions. Mental health nursing program schools are the ones that could offer a protective atmosphere to students where they could learn and also apply the necessary life skills that comprise emotional intelligence (Fazel, Hoagwood, Stephan, & Ford, 2014). Inserting into the educational system of the school the



evidence-based interventions, mental health nurses can contribute not only to positive youth development but also to the prevention of mental health issues.

In this study, the author intends to understand how to evaluate the effectiveness of a structured emotional intelligence educational module in adolescent girls in the tribal residential schools in Telangana, India. We assume that the problem can be improved exceptionally on the level of emotional intelligence with the help of a specific intervention, and this will lead to the participants attaining mental health and well-being. The results of this study will make contributions to the existing body of knowledge on school-related psychiatric processes and prescriptions and will help create culturally competent mental interventions among populations at risk among adolescent populations.

### 1.1. Problem Statement

Adolescent girls in tribal residential schools are exposed to a variety of stressors, such as academic pressure, social adjustment, and cultural dissonance, which are likely to affect their mental health negatively. The insufficiency of emotional intelligence may render such challenges more problematic, as it entails inadequate coping strategies and the likelihood of developing a psychological burden. The researchers should find the evidence-based interventions capable of improving emotional intelligence among this population category. This gap in the literature is filled by enforcing and testing a school-based intervention aimed at systematically educating about EI.

### 1.2. Objectives of the Study

1. To determine the pre-test emotional intelligence levels among adolescent girls in the experimental group and control group.
2. To compare the difference between the scores in the assessment of EI after the training of the experimental groups and the control group to determine the impact of the validated structured module on emotional intelligence.
3. To ascertain the relationship between the post-test emotional intelligence scores and the demographic variables characteristics chosen (e.g., age, grade, parental education) among the experimental group.

### 1.3. Hypotheses

**H1:** The difference between the pre- and post-emotional intelligence scores of adolescent girls in the experimental group will be statistically significant.

**H2:** The average experimental group of the adolescent girls' post-test emotional intelligence will be significantly higher in comparison to the control group.

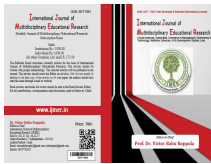
**H3:** The scores of the emotional intelligence of the post-test will be statistically significant to the selected demographic factors of the experiment group.

## 2. Review of Literature

The issue of emotional intelligence has been of huge interest since it was formally coined by Salovey and Mayer (1990). The concept was later popularized by Goleman (1995), who associated EI with success in different aspects of life, like work, relationships, and health. This literature review in this study will be arranged in three major aspects, consisting of the theoretical background of emotional intelligence, the significance of emotional intelligence within the development of adolescents, and the intervention school-based role in the need to create emotional intelligence.

### 2.1. Theoretical Framework of Emotional Intelligence

The four-branch model by Mayer and Salovey (1997) continues to be most acceptable in emotional intelligence. According to this model, EI is viewed as a set of abilities that are learnable. They are the four branches:



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1. **Perceiving Emotions:** The awareness to detect the feelings in the self and other people by recognizing their use of faces, voice tone, and body language.
2. **Emotion-based thinking:** Learning to use Emotions to support thinking; Being able to employ Emotions to give support to cognitive processes like problem-solving and Creativity.
3. **Emotional competence:** The capacity to learn to articulate and learn to understand intricate emotions and emotional lingo, and emotional relations.
4. **Emotional Intelligence:** The capacity to control their feelings and manipulate the feelings of others, so that they can get what they want.

This model of abilities contrasts with mixed models of EI, which take into consideration personality traits and other features of a person (Petrides & Furnham, 2001). The model of ability is a more suitable theoretical framework to apply in this study, where the topic under analysis is a set of skills that can be taught.

## 2.2. Emotional Intelligence in Adolescence

Hormonal shifts and the maturation of brain areas that control the emotion state aggravate adolescence to be a very emotional time (Steinberg, 2005). Studies have continued to demonstrate that adolescents who have a greater EI depict various positive effects. To illustrate, according to one of the meta-analyses conducted by MacCann et al. (2020), there was a significant positive correlation between EI and academic outcomes. Equally, higher EI has been associated with improved social dysfunction, reduced behavioural difficulties and depression and anxiety occurrence among adolescents (Schutte et al., 2007; Martins, Ramalho, & Morin, 2010).

In India, multiple researches have demonstrated that EI is vital to adolescents. Singh and Kumar (2018) documented that EI had a bearing on resilience in Indian adolescents. Sharma and Kaur (2016) conducted another study where they noted that a school-based interventional program had succeeded in increasing emotional intelligence of high school students in Punjab. The results indicate that, it is certainly a good and feasible aspect that, we have to work upon the concept of enhancement of EI to sort out the positive progression of any youths in India.

## 2.3. School-Based Interventions to Foster Emotional Intelligence

Mental health intervention in schools should be like a perfect place to administer because it avails a wide and heterogeneous population of young people to be reached by the intervention (Greenberg et al., 2003). Social and emotional learning (SEL) school-based programs are efficient in boosting the emotional competence, academic achievements, and pro-social conduct of students (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

The early explicit teaching of emotional intelligence skills is found to be a big part of effective SEL program. As an illustration, the RULER program created at the Yale Center of Emotional intelligence concentrates on the instruction of students on how to recognize, comprehend, Label, Express, and manage emotions (Brackett, Rivers, Reyes, & Salovey, 2012). Studies done on RULER have been able to show that it is effective in enhancing emotional skills of students, decrease problem behaviors and make the classroom climate more manageable.

Our study relies on this body of work and customizes and tests a structured EI module that has been made with tribal residential schools in Telangana in mind and adolescent girls. The module is culturally and socially specific in the sense it applies to the context of the participants and is presented by the professionals of mental health nursing, which has a high capacity to deal with an intricate interrelation of emotional, psychological, and physical health.

## 3. Research Methodology

In this study, the quantitative, experimental, randomized control group design was used to determine the effectiveness of a validated structured module on emotional intelligence. The methodology is described as follows.



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### 3.1. Research Approach and Design

The quantitative research methodology was selected to conduct the statistical way of analyzing numerical data and the objective measure of the impact of the intervention. It is believed that the experimental design based on a randomized control group is the gold standard regarding establishing causality (Shadish, Cook, & Campbell, 2002). This design will enable the researchers to be able to confidently know the difference in the emotional intelligence scores is as a result of intervention, and one should control the possibility of potential confounding factors.

### 3.2. Study Setting

The three tribal welfare residential schools in Telangana state, India, where the study was carried out are: TW Ashram School, Jadcherla, TWPS, Chenchupenta, and TWREIS (girls) Ashram School, Mohammadabad. These schools were chosen because they deal with the target population of adolescent girls who belong to tribal communities, and these provide the controlled environment where the intervention may be implemented.

### 3.3. Population and Sampling

The target population for this study was adolescent girls residing in tribal residential schools in Telangana. The accessible population consisted of all adolescent girls aged 13-16 in the three selected schools.

A probability method of sampling was applied, to be precise, simple random sampling was applied. A list of all the students who participated in the study was retrieved via the school administration and every nth student was selected to take part in this research. The students who were chosen were then randomly allocated to the experimental or control group.

The sample size was calculated using a power analysis so that the study will have effectiveness as far as the sample size is concerned, and it will be statistically significant. A sample size of 150 adolescent girls (75 in the experimental group and 75 in the control group) was deemed adequate to achieve a power of 0.80 with an alpha level of 0.05 and a medium effect size.

### 3.4. Inclusion and Exclusion Criteria

#### Inclusion Criteria:

- Adolescent girls aged between 13 and 16 years.
- Enrolled in and boarding at the selected tribal residential schools.
- Provided informed assent to participate, with informed consent from their legal guardians.

#### Exclusion Criteria:

- Adolescent girls above 16 years of age.
- Day scholars are not boarding at the tribal residential schools.
- Students with known severe psychiatric disorders or cognitive impairments that would prevent them from participating in the educational module.

### 3.5. Variables

- **Independent Variable:** The validated structured module on emotional intelligence. This module was the intervention that was manipulated by the researchers.



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- **Dependent Variable:** The emotional intelligence scores of the adolescent girls, as measured by the Emotional Intelligence Scale (2023). This was the outcome that was measured to assess the effect of the independent variable.
- **Extraneous Variables:** Several extraneous variables were identified and measured to control for their potential influence on the dependent variable. These included: age, grade, education of the mother, occupation of the mother, education of the father, occupation of the father, number of siblings, order of birth, duration of stay in the hostel, parental status, and previous information regarding emotional intelligence.

### 3.6. Data Collection Tools

Two main tools were used for data collection:

1. **Section 1: Demographic Data Sheet:** This was a self-report questionnaire designed by the researchers to collect data on the extraneous variables listed above.
2. **Section 2: Emotional Intelligence Scale (2023):** This standardized scale, developed by Dr. Suresh Kumar Murugesan, Dr. Srinivasan, Dr. Subasree, and Dr. Veenavani Pillai, was used to measure emotional intelligence. The scale consists of 30 items that assess the five domains of EI: self-awareness, self-regulation, motivation, empathy, and social skills. It uses a five-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree". The scale is self-administered and can be performed on an individual or a group and can take 15-20 minutes. Guttman split-half test used to calculate reliability measures proved the tool to be good internally consistent with a reliability of 0.89.

### 3.7. The Intervention: Validated Structured Module on Emotional Intelligence

The research team created a systematic learning program on emotional intelligence and this was with the instruction of specialists in the field of education, psychology, counseling, nursing, sociology, and clinical psychology. The module was interactive and more so engaging, as different teaching methods were involved, like lectures, a discussion in a group, role-playing, and activities in groups. The module delivery focused on the five domains of emotional intelligence that Goleman (1995) elaborates on, but was made culturally relevant to the participants.

The module was developed as six 60-minute sessions spread over three weeks. The issues that were discussed in the module were:

- **Session 1:** Introduction to Emotions and Emotional Intelligence
- **Session 2:** Developing Self-Awareness
- **Session 3:** Managing Your Emotions (Self-Regulation)
- **Session 4:** Motivating Yourself and Others
- **Session 5:** Understanding and Responding to Others' Emotions (Empathy)
- **Session 6:** Building Positive Relationships (Social Skills)

### 3.8. Data Collection Procedure

1. **Ethical Clearance:** We got ethical clearance for the study before the commencement of the study from the Institutional Review Board. The administrations of the selected schools and the relevant educational authorities were also sought to get permission.



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2. **Informed Consent and Assent:** We made the legal guardians of the potential participants aware of the purpose of the study and the way it was going to be conducted, and written informed consent was given. The students themselves were also provided with an explanation of the study, and their written assent was obtained.
3. **Pre-test:** Before the intervention, both the experimental and control groups were administered the demographic data sheet and the Emotional Intelligence Scale.
4. **Intervention:** The experimental group received the structured module on emotional intelligence as described above. The control group did not receive the module but continued with their regular school activities. To control for the potential effect of attention, the control group was offered a general health education program of similar duration after the post-test data collection was completed.
5. **Post-test:** Two weeks after the completion of the intervention, both groups were administered the Emotional Intelligence Scale again to assess the change in their EI scores.

### 3.9. Data Analysis Plan

The collected data were coded and entered into SPSS (Statistical Package for the Social Sciences) for analysis. The following statistical tests were planned:

- **Descriptive Statistics:** Frequencies, percentages, means, and standard deviations were used to describe the demographic characteristics of the sample and the EI scores.
- **Paired t-test:** To compare the pre-test and post-test EI scores within the experimental group (to test H1).
- **Independent t-test:** To compare the post-test EI scores between the experimental and control groups (to test H2).
- **Chi-square test and ANOVA:** To analyze the association between the post-test EI scores and the demographic variables (to test H3).

A p-value of less than 0.05 was considered statistically significant.

## 4. Results

This section presents the findings of the study, organized according to the research objectives and hypotheses.

### 4.1. Demographic Characteristics of the Sample

A total of 150 adolescent girls participated in the study, with 75 in the experimental group and 75 in the control group. The demographic characteristics of the participants are summarized in Table 1.

**Table 1: Demographic Characteristics of Participants**

Characteristic	Category	Experimental Group (n=75)	Control Group (n=75)	Total (N=150)
		f (%)	f (%)	f (%)
Age (years)	13-14	38 (50.7)	40 (53.3)	78 (52.0)
	15-16	37 (49.3)	35 (46.7)	72 (48.0)
Grade	8th	25 (33.3)	26 (34.7)	51 (34.0)
	9th	28 (37.3)	27 (36.0)	55 (36.7)



	10th	22 (29.3)	22 (29.3)	44 (29.3)
<b>Mother's Education</b>	Illiterate	30 (40.0)	32 (42.7)	62 (41.3)
	Primary	25 (33.3)	24 (32.0)	49 (32.7)
	Secondary	15 (20.0)	14 (18.7)	29 (19.3)
	Higher	5 (6.7)	5 (6.7)	10 (6.7)
<b>Father's Education</b>	Illiterate	20 (26.7)	22 (29.3)	42 (28.0)
	Primary	28 (37.3)	27 (36.0)	55 (36.7)
	Secondary	20 (26.7)	19 (25.3)	39 (26.0)
	Higher	7 (9.3)	7 (9.3)	14 (9.3)
<b>Number of Siblings</b>	0-1	15 (20.0)	16 (21.3)	31 (20.7)
	2-3	45 (60.0)	44 (58.7)	89 (59.3)
	>3	15 (20.0)	15 (20.0)	30 (20.0)
<b>Duration in Hostel</b>	< 1 year	10 (13.3)	11 (14.7)	21 (14.0)
	1-3 years	40 (53.3)	38 (50.7)	78 (52.0)
	> 3 years	25 (33.3)	26 (34.7)	51 (34.0)

Source: Field study

As shown in Table 1, the experimental and control groups were well-matched on key demographic variables. There were no statistically significant differences between the two groups at baseline, indicating that the randomization process was successful.

#### 4.2. Pre-test and Post-test Emotional Intelligence Scores

The emotional intelligence of the participants was assessed at two time points: before the intervention (pre-test) and after the intervention (post-test). The mean EI scores for both groups at both time points are presented in Table 2.

**Table 2: Comparison of Pre-test and Post-test Mean Emotional Intelligence Scores**

Group	Test	Mean	SD	t-value	p-value
<b>Experimental</b>	Pre-test	95.2	12.5	15.6	<0.001*
(n=75)	Post-test	120.8	10.2		
<b>Control</b>	Pre-test	94.8	13.1	1.2	0.234
(n=75)	Post-test	95.5	13.5		

Source: Field study, \*Statistically significant ( $p < 0.05$ )

A paired t-test was conducted to compare the pre-test and post-test EI scores for the experimental group. Statistically significant effects were indicated, which were on mean values of the EI between the pre-test (95.2, SD=12.5) and post-test



(120.8, SD=10.2) that indicated a change value of 25.4 (SD=12.5) ( $t(74) = 15.6, p < 0.001$ ). This ratifies the first hypothesis (H1).

For the control group, there was no significant difference between the pre-test and post-test EI scores ( $t(74) = 1.2, p = 0.234$ ).

#### 4.3. Comparison of Post-test Emotional Intelligence Scores between Groups

To evaluate the effectiveness of the intervention, the post-test EI scores of the experimental and control groups were compared using an independent t-test. The results are shown in Table 3.

**Table 3: Comparison of Post-test Mean Emotional Intelligence Scores between Experimental and Control Groups**

Group	N	Mean	SD	t-value	p-value
Experimental	75	120.8	10.2	16.2	<0.001*
Control	75	95.5	13.5		

Source: Field study \*Statistically significant ( $p < 0.05$ )

The independent t-test revealed a statistically significant difference in the post-test EI scores between the two groups ( $t(148) = 16.2, p < 0.001$ ). The experimental group had a significantly higher mean post-test EI score ( $M=120.8, SD=10.2$ ) than the control group ( $M=95.5, SD=13.5$ ). This supports the second hypothesis (H2).

#### 4.4. Association between Post-test EI Scores and Demographic Variables

To investigate the relationship between the post-test EI scores and the demographic variables in the experimental group, ANOVA and chi-square tests were performed. The results are presented in Table 4.

**Table 4: Association between Post-test EI Scores and Demographic Variables in the Experimental Group (n=75)**

Variable	Category	Mean EI Score (SD)	F-value/ $\chi^2$	p-value
Age (years)	13-14	121.5 (10.8)	0.45	0.504
	15-16	120.1 (9.6)		
Grade	8th	120.2 (11.1)	0.23	0.795
	9th	121.3 (9.8)		
	10th	120.9 (10.5)		
Mother's Education	Illiterate	119.8 (10.5)	0.67	0.574
	Primary	121.5 (9.9)		
	Secondary	122.1 (10.1)		
	Higher	123.4 (8.7)		
Father's Education	Illiterate	120.1 (10.8)	0.54	0.656
	Primary	121.2 (9.7)		



	Secondary	121.9 (10.3)		
	Higher	122.8 (9.2)		
<b>Duration in Hostel</b>	< 1 year	119.5 (11.2)	0.31	0.734
	1-3 years	121.1 (10.1)		
	> 3 years	121.4 (9.8)		

Source: Field study

The analysis showed no statistically significant association between the post-test emotional intelligence scores and any of the demographic variables measured (age, grade, parental education, duration in hostel). This suggests that the intervention was equally effective across all subgroups of the experimental group, and thus, the third hypothesis (H3) is not supported.

## 5. Discussion

The findings of this study provide strong evidence for the effectiveness of a structured educational module in enhancing the emotional intelligence of adolescent girls in tribal residential schools. The discussion of these findings is organized around the study's key results and their implications.

### 5.1. The Impact of the Intervention on Emotional Intelligence

The main result of the study is that there is a significant increase in the emotional intelligence scores of the participants that belong to the experimental group after the application of the intervention. With a rise of more than 25 points between pre-test and post-test, the average EI score of this group improved by a significant amount. Conversely, there was no marked difference in their EI scores, measured at the same intervals, in the control group. This observation agrees with an overwhelming amount of studies showing emotional intelligence can be changed and that specific education programs are effective at building it (Durlak et al., 2011; Brackett et al., 2012).

The intervention has been very successful because of a number of reasons. First, the module was founded on a sound theoretical model of emotional intelligence (Goleman, 1995; Mayer & Salovey, 1997); therefore, all major constructs outlining EI were covered. Second, it is also probable that the adoption of interactive and experiential based learning such as role-plays and group discussions produced a greater engagement and assisted on practical pedagogy of the notions encountered. Third, mental health nursing professionals were used to deliver the module because they have the knowledge to make a learning environment safe and supportive and to deal with emotional problems, which may interfere in the process of the sessions. Lastly, the module itself was also adapted in terms of cultural applicability in the context of the residential schools run by the tribes, which presumably added to its acceptability as well as its relevance to the participants.

### 5.2. Comparison with the Control Group

Another indicator of the effectiveness of the intervention is the comparison of the scores on the EI post-test obtained by the experimental and control groups to each other. The average pre-test measure of the experimental group was significantly higher than the average score of the control group, and the result shows that the improvement that was observed cannot be explained by maturation, test effects, or other confounding effects. A randomized controlled design contributes to the instance of causal inference as far as the rise in emotional intelligence is concerned, since the experiments have been taken as valid because of the high rate of internal validity.



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### 5.3. The Demographic Characteristics of the Role of Demographic Variables

Surprisingly, the post-test mood scores on emotional intelligence were not found to be significant in relation to any of the demographic variables assessed. This implies that the intervention had the same impact on the entire experimental group, the same regardless of age, grade, and parental education, as well as the term of residence at the hostel. This is a favorable result because it shows that the module is strong and is capable of successful application among a heterogeneous group of teenagers. It also implies that other influences, including socioeconomic background, could not form an obstacle in the development of emotional intelligence in a case where a proper educational intervention is done.

There is, however, the possibility that the absence of significant associations could be attributed to the fact that the sample was rather homogenous. The geographical distribution of all the participants belonged to the same culture and socioeconomic status, which could have constrained the diversity of demographic data. More diverse samples should be involved in future studies to continue to investigate the possible moderating role of these variables.

### 5.4. Mental Health Nursing Practice Implications

The results of the given research can have a potential effect on mental health nursing practice, especially in school health. They underline the importance of the role that mental health nurses can take to support the emotional well-being of adolescents. Through the creation and practice of evidence-based initiatives on emotional intelligence, nurses are in a position to impart the appropriate knowledge required amongst the young people to overcome the issue of adolescence and establish the precursors to establishing a life of mental health.

An active and preventative mental health has also been pointed out as an important observation in the study. Hoping that issues will not come out, mental health nurses can intervene and help develop resiliency and emotional competence among every student through the education system. This is of great significance to vulnerable groups like the adolescent girls, as in this study which may be unable to gain access to conventional mental health services.

### 5.5. Limitations of the Study

Despite its strengths, this study has several limitations that should be acknowledged. First, the study was conducted in a specific geographical and cultural context, which may limit the generalizability of the findings to other populations. Second, the study relied on self-report measures of emotional intelligence, which may be subject to social desirability bias. Future research could incorporate performance-based measures of EI to provide a more objective assessment. Third, the follow-up period was relatively short (two weeks). A longer-term follow-up would be necessary to determine the sustainability of the intervention's effects. Finally, the study did not measure specific mental health outcomes, such as symptoms of anxiety or depression. Future research should explore the link between improved emotional intelligence and a reduction in psychological distress.

## 6. Conclusion and Recommendations

### 6.1. Conclusion

This study successfully demonstrated that a validated structured module on emotional intelligence can significantly improve the EI scores of adolescent girls in tribal residential schools. The findings provide strong support for the implementation of school-based mental health programs led by nursing professionals. By fostering emotional intelligence, such programs can equip young people with essential life skills, promote their overall well-being, and contribute to the prevention of mental health problems. The lack of association with demographic variables suggests that this type of intervention can be broadly effective across different subgroups of adolescents.



## 6.2. Recommendations

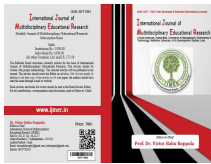
Based on the findings of this study, the following recommendations are made:

- **For Nursing Practice:** Mental health nurses should be encouraged to take a leading role in the development and implementation of school-based emotional intelligence programs. They should receive training in evidence-based SEL curricula and be supported in their efforts to integrate these programs into the school environment.
- **For Education Policy:** Policymakers should recognize the importance of emotional intelligence for students' academic success and overall well-being. They should support the inclusion of social and emotional learning in the school curriculum and provide the necessary resources for schools to implement these programs effectively.
- **Future Research:** In the future, studies need to be conducted that will seek to mirror these findings in other populations and settings. Longitudinal studies that have a follow-up period to determine the long-term effects of EI interventions are required. Studies ought to also determine how enhanced emotional intelligence gives rise to enhanced mental health, by examining the causal mechanisms of operative actions, and must involve a greater variety of outcome indicators, such as behavioral and academic data.

To sum up, the present study makes a strong argument as to why the practice of mental health nursing can be specifically helpful to the adolescent age group in the educational setting. An emotional intelligence track can emerge as an attractive way of enhancing positive youth development and a better and stronger generation.

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