

# Mental Health as a Catalyst for Social Intelligence: A Psychosocial Perspective

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## Abstract

*This study explores the relationship between mental health and social intelligence among higher secondary school students in Mizoram, India, a region characterized by strong communal values and emerging psychosocial challenges. A cross-sectional correlational research design was employed with a stratified random sample of 450 students across multiple districts. Descriptive statistics and linear regression analyses were employed to evaluate the predictive relationship. Findings revealed that while students exhibited above average level of social intelligence, their mental health scores fell within the average range. However, regression analysis indicated that mental health did not significantly predict social intelligence outcomes ( $R^2 = 0.002$ ,  $p = 0.304$ ). The results are interpreted in light of Mizoram's unique socio-cultural milieu, where collective support systems such as the young Mizo association and church-based community networks may elevate baseline social intelligence, reducing variability and its observable predictive power. Nonetheless, broader stressors especially economic precarity and youth unemployment appear to exert greater influence on mental health outcomes. This study highlights the necessity of adopting a multidimensional framework for mental health interventions in culturally distinct settings. It contributes to the under-researched field of psychosocial development in Northeast India and calls for future research that integrates both individual and structural determinants of psychological well-being.*

**Keywords:** Mental health, social intelligence, higher secondary school students, Mizoram.

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## INTRODUCTION

The intricate nexus between social intelligence and mental health constitutes a pivotal paradigm within contemporary psychosocial research, underpinning adaptive functioning in increasingly complex socio-cultural milieus. Social intelligence, conceptualized as the multidimensional construct encompassing cognitive-affective competencies such as interpersonal perception, social information processing, and affective regulation, has been posited to exert profound modulatory effects on psychological well-being. Despite proliferating empirical inquiry, the mechanistic underpinnings delineating how social intelligence interfaces with mental health indices remain equivocal, warranting nuanced dissection.

This study endeavours to elucidate the dyadic interplay between social intelligence and mental health, interrogating the extent to which variations in the former predicate psychological resilience operationalized as the capacity for sustained adaptive psychosocial functioning amidst adversity. Grounded in integrative theoretical frameworks synthesizing social-cognitive neuroscience and resilience theory, the inquiry situates social intelligence not merely as a static trait but as a dynamic, context-sensitive catalyst influencing affective and cognitive regulatory processes central to mental health trajectories.

While extant literature predominantly employs correlational designs to map associative patterns, this research adopts a rigorous quantitative paradigm leveraging regression analytics to unravel predictive pathways, thereby advancing beyond superficial bivariate associations. The empirical stratification of social intelligence's subcomponents facilitates granular analysis, enabling identification of discrete cognitive-emotional synergies that potentiate mental well-being. Ultimately, this investigation aspires to contribute to psychometric refinement and psychosocial intervention stratagems, enhancing mental health outcomes through targeted augmentation of social cognitive faculties

## LITERATURE REVIEW

Social intelligence, first introduced by Edward Thorndike (1920), refers to the ability to understand and manage people and to act wisely in human relationships. Goleman (2006) expanded this concept by emphasizing social awareness, empathy, and social facility as core components. It plays a significant role in managing interpersonal interactions, adjusting to social environments, and resolving conflicts, making it a key component of adaptive functioning, especially among youth.

### ***Social Intelligence and Mental Health***

Several studies have established a strong association between social intelligence and mental health outcomes. Socially intelligent individuals tend to have better emotional regulation, stronger peer relationships, and greater resilience against stress (Gini, 2006; Kaur & Kaur, 2017). Enhanced social intelligence can reduce symptoms of anxiety, depression, and loneliness by enabling individuals to build supportive social networks and engage in constructive communication. It also helps in reducing behavioural problems by promoting empathy and pro-social behaviour.

### ***College Students and Mental Health***

Mental health issues are increasingly prevalent among college students globally, including India. Academic pressure, peer expectations, career uncertainty, and lack of coping skills often contribute to psychological distress (Kumar & Singh, 2020). Studies have shown that youth with higher levels of social competence and interpersonal skills are better equipped to deal with these stressors (Pillay & James, 2019). Moreover, social intelligence contributes to greater self-esteem, improved academic performance, and overall psychological well-being.

### ***Regional Context: Mizoram and the Northeast***

Although mental health among youth in Northeast India is an emerging area of concern, empirical research remains limited. In Mizoram, cultural factors such as community bonding, extended family systems, and traditional values influence social interactions, but modernization and academic stress have introduced new psychological challenges. Very few studies have explored the role of social intelligence in this region, highlighting a significant research gap. Addressing this void can lead to culturally sensitive mental health strategies tailored to the Mizo youth context.

### **Research Gap and Rationale of the study**

While global literature supports the role of social intelligence in enhancing mental health, there is a lack of focused research in the Indian and Northeast Indian context, particularly Mizoram. Most studies have concentrated on emotional intelligence, ignoring the distinct role of social intelligence as a preventive and protective factor. Hence, the present study seeks to examine how social intelligence acts as a catalyst for promoting mental health among college students in Mizoram, addressing both an empirical and regional gap.

The contemporary psychosocial landscape necessitates a profound understanding of the determinants that underpin mental health resilience amid multifactorial stressors. Social intelligence, as an integrative construct encapsulating cognitive, affective, and behavioural competencies requisite for effective social navigation, has garnered substantive theoretical and empirical attention. However, extant research exhibits a fragmented understanding of the directional and functional dynamics linking social intelligence to mental health outcomes, particularly in diverse socio-cultural contexts where normative stressors and adaptive demands vary significantly. By systematically investigating the predictive capacity of social intelligence both globally and via its discrete cognitive-emotional facets this study seeks to augment the empirical corpus with nuanced insights that bridge theoretical constructs and clinical praxis. Such elucidation holds potential to refine conceptual models of mental health, inform resilience-building frameworks, and catalyze efficacious intervention paradigms tailored to fortify social cognitive resources, ultimately enhancing psychological well-being across varied populations.

### **Objectives of the Study**

1. To find out the level of social intelligence of higher secondary school students in Mizoram
2. To find out the level of mental health of higher secondary school students in Mizoram
3. To determine the predictive effect of social intelligence on mental health among higher secondary school students in Mizoram

### **Hypothesis**

H<sub>0</sub>: Social intelligence do not significantly predict mental health among higher secondary school students in Mizoram

## **METHODOLOGY**

A cross-sectional correlational design was employed within a positivist quantitative framework to interrogate the predictive association between mental health and social intelligence. The accessible population encompassed higher secondary school students across the state of Mizoram, from which a stratified random sample (n = 450) was drawn based on district level administrative demarcations to ensure representational fidelity. Data were collected via psychometrically validated instruments, the social intelligence scale and the mental health inventory developed by the investigators for contextual and cultural congruence. Subsequent data analysis was conducted using a combination of descriptive statistical indices (M, SD) and inferential modelling, specifically employing linear regression analysis to elucidate the extent to which dimensions of social intelligence predict variations in mental health outcomes.

## FINDINGS AND DISCUSSION

Empirical results obtained through descriptive and inferential analyses are presented below, highlighting the predictive dynamics between social intelligence and mental health.

**Table 1: Descriptive overview of participants' mental health and social intelligence**

Variables	Mean	SD	z-Score Range/ Score Range	Classification Interpretation
Mental Health	140.6	7.05	-0.50 to +0.50 (138 - 144)	Average
Social Intelligence	101.04	8.83	+0.51 to +1.25 (98 - 108)	Above Average

As reflected in the descriptive metrics (Table 1), the respondents' mental health scores yielded a mean of 140.46 with a standard deviation of 7.05, indicative of a central tendency aligned with normative benchmarks, thereby denoting an aggregate mental health status of average functional adequacy.

As shown in Table 1 the computed central tendency and dispersion parameters for social intelligence (M = 101.04, SD = 8.83) suggest that the respondents' scores coalesce around the normative midpoint, thereby positioning the respondents within the median spectrum of the scale's normative distribution and indicative of a collectively above average level of socio-cognitive functioning.

**Table 2: Categorical segmentation of respondents based on mental health**

Range of z-Score	Range of actual score	Classification	<i>f</i>
+2.01 and above	155 and above	Extremely High	10 (2.22%)
+1.26 to 2.00	150 - 154	High	38 (8.45%)
+0.51 to + 1.25	145 - 149	Above Average	64 (14.22%)
-0.50 to +0.50	138 - 144	Average	191 (42.44%)
-1.25 to -0.51	132 - 137	Below Average	104 (23.11%)
-2.00 to -1.26	127 - 131	Low	25 (5.56%)
-2.01 and below	126 and below	Extremely Low	18 (4.00%)

Table 2 presents the distribution of 450 respondents across seven mental health categories, classified using z-score ranges and corresponding raw scores. The distribution reflects a predominantly normative mental health profile, with 56.66% of respondents classified as average (42.44%) and above average (14.22%), indicating generally stable emotional functioning and psychological resilience. 32.67% fall into below average to extremely low categories, suggesting elevated risk for psychological distress or compromised well-being. This segment may benefit from targeted mental health interventions. A minority (10.67%) exhibit high to extremely high mental health, reflecting robust emotional regulation and adaptive coping strategies. Overall, the data suggest that while most respondents maintain adequate mental health, a significant subset shows potential vulnerability.

**Table 3: Categorical segmentation of respondents based on social intelligence**

Range of z-Score	Range of actual score	Classification	<i>f</i>
+2.01 and above	120 and above	Extremely High	9 (2.00%)
+1.26 to 2.00	109 - 119	High	22 (4.89%)
+0.51 to + 1.25	98 - 108	Above Average	128 (28.44%)

-0.50 to +0.50	82 - 97	Average	160 (35.56%)
-1.25 to -0.51	71 - 81	Below Average	80 (17.78%)
-2.00 to -1.26	60 - 70	Low	35 (7.77%)
-2.01 and below	59 and below	Extremely Low	16 (3.56%)

As show in Table 3, a majority of respondents (64.07%) fall within the average (35.69%) and above average (28.38%) categories, reflecting normative to moderately elevated levels of social intelligence. Approximately 29.05% of the sample exhibit below-average social intelligence, with 17.74% falling in the below average range and 11.31% in the low to extremely low categories. Only 6.87% of participants are classified as high (4.88%) and extremely high (1.99%), indicating a small subset with notably advanced social-cognitive and interpersonal capacities.

The categorization of 450 respondents according to their social intelligence scores derived through z-score normalization and mapped to actual score ranges reveals a distribution moderately skewed profile, with a concentration of respondents in the mid-range and a minority populating the tails of the spectrum. While a majority demonstrates average or slightly above average social intelligence, a noteworthy proportion nearly one-third exhibit levels that may warrant targeted intervention or developmental support. The data also underscores the relative rarity of exceptional social intelligence within the population studied.

**Table 4**Result of regression analysis (Ref. Ho.)

Dependent Variable : Social Intelligence

Independent (Predictor):Mental Health

Model	Coefficients	t - Stat.	Sig. Level	R-square	F-Stat
Constant	109.589	13.197	.000	.002	1.061
Social Intelligence	0.061	1.030	.304		

A simple linear regression analysis was conducted to examine the predictive relationship between mental health and social intelligence among the participants. The results indicated that mental health was not a significant predictor of social intelligence.

The model summary revealed a very weak positive correlation between mental health and social intelligence ( $R = 0.049$ ), with an R square value of 0.002. This suggests that only 0.2% of the variance in social intelligence can be explained by mental health, indicating a negligible effect size.

Further, the ANOVA test showed that the overall regression model was not statistically significant,  $F(1, 448) = 1.061$ ,  $p = 0.304$ . This implies that the regression model does not significantly improve the prediction of social intelligence compared to the mean model.

In the coefficients table, the unstandardized regression coefficient for mental health was  $B = -0.061$  ( $p = 0.304$ ), indicating a very small and non-significant negative relationship. The standardized beta coefficient was also minimal ( $\beta = -0.049$ ), reinforcing the lack of predictive power.

These findings suggest that mental health, when considered in isolation, does not significantly influence social intelligence among the participants in this study. Therefore, it may be necessary to explore additional psychological, social, or contextual factors to better understand the determinants of social intelligence in this population.

## DISCUSSION

Findings revealed that while students exhibited above average level of social intelligence, their mental health scores fell within the average range. However, regression analysis indicated that mental health did not significantly predict social intelligence outcomes ( $R^2 = 0.002$ ,  $p = 0.304$ ). This challenges the widely held assumption of a direct positive linkage between the two constructs. This outcome prompts a deeper exploration into the unique socio-cultural dynamics of Mizoram that may influence this relationship. The results are interpreted in light of Mizoram’s unique socio-cultural milieu, where collective support systems such as the young Mizo association and church-based community networks may elevate baseline social intelligence, reducing

variability and its observable predictive power. Nonetheless, broader stressors especially economic precarity and youth unemployment appear to exert greater influence on mental health outcomes. This study highlights the necessity of adopting a multidimensional framework for mental health interventions in culturally distinct settings. It contributes to the under researched field of psychosocial development in Northeast India and calls for future research that integrates both individual and structural determinants of psychological well-being.

Mizoram is characterized by a closely-knit society where communal living and collective responsibility are deeply ingrained. Organizations such as the Young Mizo Association, established in 1935, play a pivotal role in fostering community cohesion through various social and charitable activities, including support during weddings, funerals, and times of crisis. Such communal practices are further reinforced by regular church services and community gatherings, which are integral to the Mizo way of life. This pervasive sense of community and mutual support may contribute to a baseline level of social intelligence that is uniformly high across the population. In such a context, variations in individual social intelligence may have a diminished impact on mental health outcomes, as the community provides a robust support system that buffers against psychological distress. This could explain the lack of a significant relationship between social intelligence and mental health observed in the study.

However, despite the strong community support structures, Mizoram faces challenges related to mental health. The state's high reliance on government employment, coupled with limited job opportunities, has led to increased stress and anxiety among the youth. Additionally, issues such as substance abuse have been identified as contributing factors to mental health problems in the region. These factors suggest that while social intelligence and community support are beneficial, they may not be sufficient to counteract the adverse effects of economic and social stressors on mental health.

Furthermore, the uniformity in social intelligence levels due to cultural homogeneity may limit its variability as a predictive factor for mental health outcomes. This underscores the need to consider other variables, such as economic stability, employment opportunities, and access to mental health services, when addressing mental health issues in Mizoram.

In conclusion, the findings highlight the complexity of the relationship between social intelligence and mental health within the unique socio-cultural context of Mizoram. While community support and social cohesion are strengths of the Mizo society, addressing mental health challenges requires a multifaceted approach that considers economic, social, and individual factors.

## CONCLUSION

The present study explored the relationship between social intelligence and mental health among individuals in Mizoram. The findings revealed that while the respondents exhibited above average level of social intelligence, their mental health was only average. Interestingly, the statistical analysis showed no significant predictive relationship between social intelligence and mental health.

This outcome may be better understood within the socio-cultural fabric of Mizoram, which is known for its strong community life, deep rooted social values, and collective practices facilitated by institutions such as the Young Mizo Association and various church organizations. These social structures promote widespread social engagement, which likely contributes to uniformly high social intelligence across the population. However, the average mental health status, despite this high level of social intelligence, points to the influence of other external stressors particularly economic challenges, such as the scarcity of government jobs and unemployment-related stress, which are prevalent concerns among the youth in Mizoram.

The findings underscore that while social intelligence is an important aspect of well-being, it alone may not be sufficient to safeguard mental health in contexts where structural and economic challenges persist. Therefore, future mental health interventions in Mizoram should adopt a holistic approach, addressing not only individual-level factors like emotional and social skills, but also broader economic and institutional issues affecting the population's mental well-being.

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