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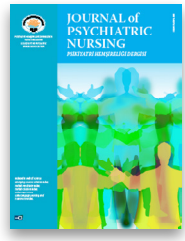

Original Article

Subjective well-being, mental health enhancing knowledge level, and related factors in adolescents

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Abstract

Objectives: The aim of the study is to investigate the relationship between adolescents' subjective well-being, their level of knowledge enhancing mental health, and related factors.

Methods: This cross-sectional study was conducted with 387 students between June 2021 and December 2021. Data were collected from the Sociodemographic Characteristics Collection Form, the Adolescent Subjective Well-Being Scale (ASWS), and the Mental Health Improvement Information Scale (MHIIS). Number, percentage, mean, standard deviation, minimum and maximum values in the descriptive analysis of the data; In comparative/relational analyses, Spearman correlation test, Mann–Whitney U and Kruskal–Wallis tests were used because the variables did not conform to normal distribution.

Results: The ages of the students participating in the study are between 14 and 21, 74.7% of them are girls and 68.7% of them are high school students. It was determined that there was a positive and significant relationship between the MHIIS score and the scores of ASWS and the sub-dimensions of the scale: Satisfaction in family relationships, satisfaction in relationships with important people, life satisfaction and positive emotions ($p<0.0001$). It was determined that there was a significant difference between the total score of ASWS and demographic data such as gender, education status, income status, being diagnosed with a mental illness, receiving mental support, and being diagnosed with a mental illness in the family. It was determined that there was a significant difference between the total score of MHIIS and the variables of educational status, educational status of parents, being diagnosed with a mental illness, receiving mental support, and being diagnosed with a mental illness in the family.

Conclusion: In the study, it was determined that there was a positive and significant relationship between the mental health-promoting knowledge level of adolescents and their subjective well-being.

Keywords: Adolescents; adolescent mental health; mental health enhancing knowledge level; subjective well-being.

Today, mental health problems have emerged as a public health problem that needs to be addressed among adolescents.[1] The rapid physical (e.g. sexual maturity), psychosocial (e.g. self-identity and independence) and environmental (e.g. relationship and academic environment) changes experienced during this period can disrupt the adolescent's current balance and lead to a wide variety of physical, psychological and behavioral problems due to stress.[2,3] Mental illnesses often begin in adolescence and negatively affect health and functionality in adulthood.[4] In addition, adolescents constitute an average of 20% of the world's population in terms of public health.[5] For many reasons like these, it is very important to protect and improve the mental health of adolescents. Adolescents need

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to gain the necessary knowledge and skills regarding mental health to have a healthy future during the transition to adulthood.[4,6] Although adolescence seems to be a period associated with difficulties, on the contrary, it is an important period for the promotion and development of mental health.[7] Promoting and strengthening adolescents' mental health involves the process of enabling them to increase and improve control over their mental health.[8]

Health literacy is the ability to access information that improves health during adolescence and to learn and adopt behaviors and make healthy decisions;[9] It is emphasized as an important social determinant for health equity and is seen as essential for participation in health promotion activities.[6] Health literacy is a multifaceted concept. Mental health literacy (RSOY) is a core part of health literacy. RSOY was initially conceptualized by Hurley et al.[7] and included six components of RSOY (1-ability to recognize mental disorders or different types of psychological distress, 2-risk factors and causes, 3-self-help interventions, 4-knowledge and beliefs about available professional help, 5-attitudes that promote appropriate help-seeking; and 6-knowledge on how to seek mental health information). Recently, mental health literacy has been defined as understanding how to maintain positive spiritual development. For this reason, the concepts of positive spiritual development were examined. These concepts examined were determined as competence, autonomy, and relationship. Competence refers to feeling successful with a sense of mastery and effectiveness, being able to perform the task well in areas where the person feels competent. It is also explained as being able to manage one's own individual and environmental resources and coping with difficulties in interpersonal relationships. Freedom means acting in line with one's own interests and values, aiming for the feeling of being free. It is also defined as the need to personally experience certain behaviors and to feel that one's own behavior is for a purpose.[10] The meaning of the relationship is that it is the desire to connect, interact, and care for other people. In a relationship, an adolescent, like every other person, wants to feel understood and valued.[11] The healthy development of these concepts in adolescents is very important for their positive spiritual development. When adequate positive spiritual development is not provided, adolescents may tend to engage in behaviors that negatively affect their health (substance abuse, violence, and criminal actions), and their mental and physical health may be negatively affected.[12,13] In this context, determining and increasing the well-being of adolescents is very important in terms of preventive mental health services. It is reported that when the mental health of adolescents increases positively, their well-being is also positively affected.[14]

Individuals make various judgments about their lives and explain the definition of a good life and the situations that affect life positively or negatively with subjective judgments.[5] "Good life" is evaluated in terms of subjective well-being and is defined as life satisfaction, high levels of positive affect, and low levels of negative impact.[15] Subjective well-being is the subjective state of satisfaction consisting of cognitive and emotional components and is defined as positive mental health.[16] Subjective well-being, which is related to how the individual evaluates life, consists of three headings: Positive affect, negative affect, and life satisfaction. Positive affect includes positive emotions such as joy, excitement, hope, and joy; negative affect includes negative emotions such as sadness, anger, hatred, and guilt. Life satisfaction constitutes the cognitive dimension of subjective well-being.[16,17] While life satisfaction may decrease with negative events experienced by the individual, it also increases with strategies such as developing relationships and coping positively with stress.[18] In addition, the importance of positively increasing the level of mental health in increasing life satisfaction is emphasized.[19,20] In this way, it is predicted that it will make a significant contribution to the subjective well-being of adolescents by protecting, strengthening, and improving mental health.

What is presently known on this subject?

- The total scores obtained from the subjective well-being and mental health-promoting knowledge levels scales were high in adolescents.

What does this article add to the existing knowledge?

- There is a positive significant relationship between subjective well-being and mental health-promoting knowledge levels scales in adolescents, and both scales affect each other positively.

What are the implications for practice?

- Determining the relationship between subjective well-being and mental health-promoting knowledge levels in adolescents will be effective in preventing any mental illnesses that may occur in the future and thus contribute to the formation of healthier generations.

The rapid and dramatic changes of adolescence affect the social and cultural transitions of adolescents. Going through this development in a healthy way and coping with problems requires them to gain subjective well-being. Although many concepts related to subjective well-being have been examined,[21,22] no studies have been found on the level of knowledge that improves mental health. From this perspective, it is thought that the results of this study can make a significant contribution to the field. Therefore, the study aimed to examine the subjective well-being and mental health-enhancing knowledge level and related factors in adolescents. The hypotheses of the research are as follows;

1. There is a statistically significant relationship between subjective well-being and mental health-promoting knowledge levels in adolescents.
2. There is a statistically significant difference between subjective well-being and sociodemographic characteristics in adolescents.

Materials and Method

The population of this descriptive and correlation-seeking cross-sectional study consisted of students studying at two high schools and one university in a province in Turkey between June and December 2021. G-power power analysis was used in the sample calculation. Considering the inclusion criteria for the study, it was calculated that at least n=255 students should be reached in this program with a margin of error of 0.05 and a confidence interval of 85%. Considering that the participants may have incomplete or incorrect data entries in the research, the research was completed by reaching 387 students. Inclusion criteria; Individuals between the ages of 14 and 24 were determined as adolescents between the ages of 14 and 18 who completed the data collection form completely, volunteered to participate in the research, and had parental permission. The understandability of the data collection form by the students was evaluated by conducting a pilot study with 10 students, and it was stated that there were no items that were incomprehensible. Students who participated in the pilot study were not included in the research. Data were collected outside training hours through Google Forms prepared online.

Data Measurement Tools

Demografik Data Form

This form consists of 10 questions created by the researchers as a result of the literature review; in addition to questions regarding sociodemographic characteristics (age, gender, mother, and father's education level), questions such as whether he or a relative has been diagnosed with a mental illness before, and sources of information about mental health are included.[12]

Adolescent Subjective Well-Being Scale (ASWS)

The scale was developed by Eryılmaz (2009) to measure the subjective well-being levels of adolescents. It consists of four sub-dimensions: Satisfaction in family relationships, satisfaction in relationships with important people, life satisfaction, and positive emotions. The Cronbach's alpha value of the scale is 0.86. The scale consists of a total of 15 items arranged on a 4-point Likert-type scale as (1) Strongly disagree, (2) Disagree, (3) Agree, (4) Completely agree. Four items of the scale are about satisfaction in family relationships, three items are about life satisfaction, and four items are about positive emotions. There are no items in the scale that need to be calculated in reverse. As the scores obtained from the sub-dimensions of the scale increase, it is stated that the individual has the characteristics of the relevant dimension to a higher degree. The total score can also be obtained from the scale. The lowest score from the scale is 15 and the highest score is 60. A high total score indicates an increase in the level of subjective well-being.[16]

Mental Health Improvement Information Scale (MHIIS)

Bjørnsen et al.[9] The Turkish validity and reliability study of the scale developed by Mercan and Coşkun in 2017 was conducted by Mercan and Coşkun in 2022.[12] Cronbach's alpha value of the scale was determined as 0.85. MHIIS addressed three concepts that affect good mental health: Competence, autonomy, and relationship. This scale consists of 10 items. The items in the scale are arranged using a 6-point Likert-type scaling method as "1=Completely false, 2=A little false, 3=Neither true nor false, 4=Somewhat true, 5=Completely true, 6=I do not know." The calculation of this one-dimensional scale is made by taking the average scores of each item. The point value for each item varies between 1 and 5, and the "I don't know" option is scored as "0". The average score range is 0–5. The lowest score from the scale is 0.20 and the highest score is 5.0. A high score obtained from the scale indicates that students have a high level of knowledge regarding mental health.

Ethical Responsibilities

Ethical approval for the study was obtained from Bilecik Şeyh Edebali University with the decision number E-54674167-050.01.04-41164. Necessary institutional permissions were obtained from the high school and university where the study was conducted. Students under the age of 18 were included in the study by obtaining permission from their parents, and students over the age of 18 were included in the study by obtaining voluntary consent. The purpose of the study was explained to the students participating in the study, and an informed consent form compatible with the World Medical Association's Declaration of Helsinki was obtained from each individual.

Data Analysis

SPSS Windows 27.0 package program was used to evaluate the research data. Number, percentage, mean, standard deviation, minimum, and maximum values were used in the analysis of descriptive statistics. The suitability of the data for normal distribution was evaluated with the Shapiro–Wilk W test. Mann–Whitney U and Kruskal–Wallis tests were used to compare variables that did not show normal distribution. Spearman correlation test was used to analyze the relationship between continuous variables that do not show normal distribution. In evaluating a statistically significant difference, the $p<0.05$ significance level was taken as basis.

Results

Table 1 includes the sociodemographic characteristics of the students participating in the research. It was determined that 74.7% of the students in the study were female, 66.9% were high school students, 56.1% of them had an income equal to their expenses, 42.4% had a mother's education level of sec-

Table 1. Sociodemographic characteristics of students

Variable	n	%
Gender		
Female	287	74.7
Male	98	25.3
Educational Status		
High school student	257	66.9
University Student	121	33.1
Income status		
Income less than expenses	101	26.1
Income equals expenditure	215	56.1
Income more than expenditure	69	17.8
Mother's educational status		
İlliterate	22	5.7
Literate	111	28.9
Secondary education	164	42.4
University and Above	88	23.0
Father's educational status		
İlliterate	7	1.8
Literate	88	23.0
Secondary education	171	44.2
University and above	119	31.0
Parents' partnership		
Mother and father in the same house	354	92.0
Divorced	21	5.4
Death of one of the parents	10	2.6

Table 2. Characteristics of student's variable mental health

Variable	n	%
Taking mental health classes		
Yes	58	15.2
No	327	84.8
Receiving a mental illness diagnosis		
Yes	31	8.0
No	309	80.4
I do not want to answer	45	11.6
Receiving mental support		
Yes	54	14.0
No	316	82.2
I do not want to answer	15	3.9
Getting diagnosed with mental illness in the family		
Yes	32	8.3
No	338	87.9
I do not want to answer	15	3.9

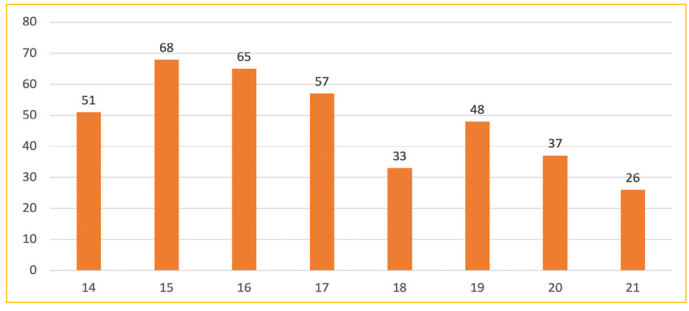

Figure 1. Age distribution of students.

ondary education, and 44.2% of them had a father's education level of secondary education. It was also determined that 92% of their parents lived in the same house.

Figure 1 shows the age distribution of the students participating in the research.

Table 2 shows that 84.8% of the students did not take courses on mental health, 8% were diagnosed with a mental illness, 14% received psychological support, and 8.3% were diagnosed with a mental illness in their family.

Table 3 shows the ASWS and its subscales and the MHIIS total score averages. Accordingly, the adolescents participating in the study had a total score of 48.8±7.3 on the ASWS, with sub-dimensions of satisfaction in family relationships (13.0±2.4), satisfaction in relationships with important people (12.6±2.3), life satisfaction (7.2±2.5), and positive emotions sub-dimension (11.8±6.2). points were determined. Since the lowest score from the scale is 15 and the highest score is 60, it can be said that the total score obtained from ASWS is high. It was determined that they received 3.8±0.81 points from MHIIS. Since a minimum score of 0.20 and a maximum of 5.00 were obtained from MHIIS, it can be said that the median value of the scale, which does not have a cutoff score, is 2.50. In line with this result, it can be stated that the total score of adolescents from MHIIS is high.

Table 4 shows the correlation values between ASWS and its sub-dimensions and MHIIS. Accordingly, it was determined

Table 3. Students' ASWS and MHIIS total score averages

Scales	Minimum-Maximum	Mean±SD
Adolescent subjective well-being scale (ASWS)	15.0–60.0	48.8±7.3
Satisfaction in family relationships	4.0–16.0	13.0±2.4
Satisfaction in relationships with important people	4.0–16.0	12.6±2.3
Life satisfaction	3.0–12.0	7.2±2.5
Positive emotions	4.0–16.0	11.8±6.2
Mental Health Improvement Information Scale (MHIIS)	0.20–5.00	3.82±0.81

Table 4. Correlation between students' ASWS and its sub-dimensions and MHIIS

Scales	ASWS relationships	Satisfaction in family relationships with important people	Satisfaction in satisfaction	Life emotions	Positive
MHIIS					
r	0.442**	0.290**	0.337**	0.391**	0.352**
p	0.000	0.000	0.000	0.000	0.000

**: Significant at 0.01 level, r value; 0.2–0.4 is a weak correlation, 0.4–0.6 is a medium correlation, and 0.6 and above is a strong correlation. r: Spearman rank correlation coefficient. ASWS: Adolescent subjective well-being scale; MHIIS: Mental Health Improvement Information Scale.

Table 5. Comparison of students' sociodemographic characteristics and ASWS and MHIIS total score averages

Variable	ASWS	MHIIS	Variable	ASWS	MHIIS
Gender			Mother's Educational status		
Female	44.3±9.5	3.7±0.9	Secondary education	45.3±7.4	3.9±0.7
Male	46.0±6.8	3.9±0.6	University and above	44.7±6.7	3.6±0.9
p	**0.038***	0.075	p	0.397	**0.034****
Age			Father's educational status		
14	45.0±7.1	3.8±0.8	Illiterate	45.1±6.6	3.2±1.4
15	43.3±7.4	3.9±0.7	Literate	43.2±7.8	3.7±0.9
16	44.6±7.6	3.6±0.6	Secondary education	45.1±7.1	3.9±0.8
17	43.2±7.3	3.6±0.4	University and above	45.3±7.2	3.7±0.8
18	44.4±8.7	3.7±0.8	p	0.191	**0.011****
19	46.0±6.2	3.7±0.6	Receiving a mental illness diagnosis		
20	46.2±7.3	3.8±0.4	Yes	40.3±6.1	3.2±1.0
21	46.7±6.5	3.9±0.7	No	45.5±7.2	3.9±0.7
p	0.183	0.174	I do not want to answer	44.0±7.2	3.1±0.9
Educational status			p	**0.003****	**0.000****
High school student	44.1±7.4	3.6±0.9	Receiving mental support		
University student	46.3±6.9	4.1±0.6	Yes	41.6±7.0	3.3±1.0
p	**0.007****	**0.000****	No	45.3±7.3	3.9±0.8
Income status			I do not want to answer	44.0±5.9	3.3±1.0
Income less than expenses	43.0±7.7	3.8±0.8	p	**0.003****	**0.000****
Income Equals Expenditure	44.8±7.3	3.7±0.9	Getting diagnosed with mental illness in the family		
Income more than expenditure	47.1±6.1	3.9±0.7	Yes	41.4±8.1	3.7±0.7
p	**0.002****	0.554	No	45.2 ±7.1	3.8±0.8
Mother's Educational status			I do not want to answer	40.2±6.9	3.0±1.0
Illiterate	43.5±7.4	3.9±0.1	p	**0.001****	**0.002****
Literate	44.0±7.6	3.7±0.9			

P<0.05. *: Mann–Whitney U; **: Kruskal–Wallis. ASWS: Adolescent subjective well-being scale; MHIIS: Mental Health Improvement Information Scale.

that there was a positive significant relationship between MHIIS and ASWS, satisfaction in family relationships, satisfaction in relationships with important people, life satisfaction, and positive emotions (p<0.0001). As the scores of the MHIIS, which deals with three concepts that affect good mental health: Competence, autonomy, and relationship, increase, satisfaction in family relationships, satisfaction in relationships with important people, life satisfaction, and positive emotions in the ASWS subgroup. Scores are also increasing.

Table 5 includes sociodemographic characteristics and comparisons of ASWS and MHIIS total scores. It was determined that there was a significant difference between the gender of the students and the ASWS, and the total score (46.0±6.8) received by the male students from the ASWS was higher than that of the female students (p<0.05). It was determined that there was no significant difference between genders in terms of MHIIS total score (p>0.05). Although there is no difference between male and female students in terms of MHIIS scores,

which deals with three concepts that affect good mental health: competence, autonomy, and relationship, the total scale scores of Subjective Well-Being, which is a concept related to how life is evaluated, increased.

It was determined that there was a significant difference between the educational status of the students and the ASWS total scores, and university students had higher scores (46.3±6.9) than other education groups (p<0.05). It was determined that there was a significant difference between the MHIIS total score and the educational status of the students, and university students had a higher score (4.1±0.6) (p<0.05).

It was determined that there was a significant difference between the income status of the students and the ASWS total scores, and those whose income was more than their expenses had a higher score (47.1±6.1) than the other cases (p<0.05). However, it was determined that there was no significant difference between the MHIIS total score and income status (p>0.05).

It was determined that there was no significant difference between the educational status of the students' mothers and the ASWS total scores (p>0.05). On the other hand, it was determined that there was a significant difference between the MHIIS total score and the educational status of the students' mothers, and mothers whose educational status was illiterate received higher scores (3.9±0.8) compared to mothers with other educational status (p<0.05).

It was found that there was no significant difference between the educational status of the students' fathers and the ASWS total scores (p>0.05). However, it was determined that there was a significant difference between the MHIIS total score and the education level of the students' fathers and that fathers whose education level was secondary education received higher scores (3.9±0.8) compared to other education levels (p<0.05).

It was determined that there was a significant difference between the students' diagnosis of mental illness and the ASWS, and those who were not diagnosed with a mental illness received higher scores (45.5±7.2) compared to other conditions (p<0.05).

It was determined that there was a significant difference between the students' receiving psychological support and their ASWS total scores and that the students who did not receive psychological support had a higher score (45.3±7.3) compared to other conditions (p<0.05). In addition, it was determined that there was a significant difference between the MHIIS total score and the students' status of receiving psychological support and that students who did not receive psychological support had a higher score (3.9±0.8) compared to other conditions (p<0.05).

It was determined that there was a significant difference between the students who participated in our study and their family history of a mental illness diagnosis and their total ASWS scores, and students who were not diagnosed with a mental illness in their family had a higher score (45.2±7.1) than other conditions (p<0.05). In addition, it was determined that there was a significant difference between the MHIIS total score and the students' diagnosis of mental illness in the family and that students who were not diagnosed with mental illness in the family received higher scores (3.8±0.8) compared to other conditions (p<0.05).

Discussion

Although the subjective well-being of children and adolescents is an important issue to consider, it should be known that this situation cannot be represented in a single indicator or field. It is important to determine subjective well-being by examining the areas that affect the well-being of adolescents' lives.[23] Considering that it is important to examine the relationship between the level of mental health promotion knowledge, which is one of these areas, and subjective well-being, this relationship was examined in the first part of the study. In the second part, the relationship between subjective well-being and students' sociodemographic characteristics is presented.

The study found that adolescents had a high level of Mental Health Improvement (MHI) knowledge. It is thought that this result is related to the fact that the study was conducted in a school environment. It is known that schools have a social-emotional learning environment and educational activities that improve mental health, and have a knowledge-enhancing effect.[4] In this study, the relationship between adolescents' MHI knowledge and subjective well-being was examined. It was determined that the relationship between MHI information and subjective well-being was positive and statistically significant. This finding shows that adolescents whose MHI knowledge increases have significant subjective well-being. This positive relationship suggests that MHI is an effective approach in providing adolescents with MHI information to ensure and increase their subjective well-being. Studies examining the effect of mental health literacy have reported the effect of knowledge about mental health on seeking and seeking help.[10,24] These results suggest that adolescents who have knowledge may similarly be competent in helping themselves and seeking help, thus improving their subjective well-being. This suggests that they can use this competence. It is stated that positive and preventive mental health activities have a positive effect on subjective well-being in adolescents.[25,26] Making more efforts to socialize, establishing and developing close relationships, strengthening the social personality, developing a healthy personality, and working to be a good friend are among the subjective well-being strategies. This information shows that these strategies are similar to information that improves mental health and supports the existing relationship.[18] The study showed that having a mental illness

negatively affects subjective well-being. Other studies support this finding.[2,20,27–30] It is known that poor health, especially mental health, negatively affects well-being.[31] It has been stated that the negative conditions caused by the disease may pose a risk in reducing subjective well-being.[4] In particular, the stigma and inability to get help caused by having a mental illness can increase negative conditions compared to physical illness.[32] In this process, it is inevitable that having a mental illness will negatively affect subjective well-being by reducing the state of well-being. In the study, the well-being of those receiving psychological support was found to be lower, which indicates that there is a need to increase the level of psychological support received due to mental illnesses. The study found that having someone in the family with a mental illness also negatively affects the subjective well-being of the adolescent. It is thought that family members' mental illness prevents adolescents from receiving the support they need. Studies have shown that parental support positively affects subjective well-being by increasing the well-being of adolescents.[20,28] It is stated that perceived social support supports well-being by making it easier for adolescents to cope.[3,33]

The second part of the current study focused on the possible role of demographic variables (age, gender, parental education, and income status) in predicting adolescents' subjective well-being abilities. It is known that demographic variables affect life satisfaction, which is a component that defines subjective well-being.[29] The study found that the age variable had no relationship with subjective well-being. It can be thought that this result emerged because the individuals in our sample did not encounter a level of stressor that could affect subjective well-being as they got older. Similarly, in a study conducted during the COVID-19 period, it was determined that the age variable did not affect subjective well-being in adolescents aged 10–16.[34] There are studies showing that subjective well-being decreases as adolescents get older.[35,36] When we look at the findings from research on adolescence, it shows that adolescents' subjective well-being is negatively affected as they get older. The underlying reasons for this negative effect can be said to be the failure to meet increasing expectations and demands with age.[36] In addition, incomplete brain development may lead to the brain not being ready.[37] It is observed that adolescents are exposed to the weight of responsibilities expected from adults while they have not yet completed their maturation process. It can be said that this situation negatively affects the subjective well-being of the adolescent, who cannot be satisfied as a result of increased expectations. There is also a study showing that subjective well-being increases as age increases.[38] The reason for the differences in these results can be thought to be the change in the qualities of the variables affecting the subjective well-being of adolescents.

In the study, it was determined that the well-being of adolescents studying at university was better than that of adolescents studying at high school. This result can be explained by both the effect of increasing age and the ease of obtaining information about well-being. It is also known that success has an impact on subjective well-being.[19,27,29] Considering that the university students in this study were 1st-year students, it can be thought that having proven success ensures well-being. In addition, it is known that positive emotions may arise as a result of meeting the desired demand and expectation and will increase well-being. The effect of gender on subjective well-being in adolescents has been examined in many studies.[39,40] In the study, it was determined that the subjective well-being of men was better than that of women. There are studies conducted abroad that are similar to our results,[41] and there are studies that are different.[20] As a result of a meta-analysis study conducted in Türkiye, it was determined that women's subjective well-being was better.[42] It is thought that cultural expectations have an impact on the gender variable affecting subjective well-being and the importance of the geography in which one lives should not be ignored. In addition, there are studies determining that gender is not a factor affecting subjective well-being.[34,36]

In this study, although there was no difference between male students and female students in terms of MHIIS scores, which deals with three concepts that affect good mental health: Competence, autonomy, and relationship, male students' total scores ASWS were higher than female students. detected.

In the study, it was determined that parental education level did not affect subjective well-being. One study showed that parental education level, especially the father's education level, was negatively associated with psychological well-being; found that as fathers' education increased, adolescents' psychological well-being decreased. They stated that the reason for this is an expectation that increases with the increase in education level.[40] In line with this information, it can be thought that the education level of the parents of the adolescents participating in our study does not create unrealistic expectations on the adolescents, and with realistic expectations, adolescents do not experience stress. The fact that the stress experienced negatively affects subjective well-being supports our idea.[3,33] In addition, subjective well-being occurs when different familial variables such as parenting style, parental involvement, and parent-adolescent relations are positive.[29]

In the study, it was observed that those whose income was more than their expenses had better subjective well-being compared to other situations. This situation can be explained by the increase in welfare caused by high income. This finding is similar to previous studies.[26,43]

Limitations of the Research

The limitation of this study is that the research was conducted in a single university and two high schools. In addition, since our results reflect the results of the volunteers who participated in the study, they can only be generalized to these adolescents. The findings of the research are limited only to the data provided by the measurement tools used. In addition, the research results are limited to analyses obtained only by the statistical methods used.

Conclusion

In this study, it was determined that there was a positive and significant relationship between adolescents' level of mental health promotion knowledge and subjective well-being. Accordingly, it was determined that the higher the mental health knowledge levelss of adolescents, the higher their subjective well-being level. In line with our results, to protect and improve mental health in adolescents, it can be recommended to determine the level of mental health-promoting knowledge and subjective well-being and to create and implement programs that address these issues. In addition, it may be suggested to conduct more detailed studies in the literature addressing mental health promoting knowledge level and subjective well-being and other concepts.

Ethics Committee Approval: The study was approved by the Bilecik Şeyh Edebali University Ethics Committee (No: E-54674167-050.01.04-41164, Date: 03/09/2021).

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