
Prevalence of Mental Health Problems Among in School Adolescents

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Abstract: *Mental health is seen as a state of successful performance of mental function resulting in productive activities and fulfilling relationships with other people. This study tried to investigate the prevalence mental health problems among in school adolescents. Descriptive survey was adopted to conduct the study. The standardized General Health Questionnaire (GHQ - 28) was adopted for the study ($r=0.78 - 0.95$). The scale was used and analysed using the inferential statistics of *t*-test and Analysis of Variance (ANOVA) to test the hypotheses. Three hundred and forty-five (345) participants were drawn using stratified and purposive sampling techniques. The results revealed a significant gender difference in the prevalence of mental health problems among in-school adolescents in secondary schools ($t(343)=3.62$; $p=.005$) significant difference was also found in the prevalence of mental health problems among in – school adolescents based on their ages ($f(2, 344) = 5.854$; $p<.001$). Significant difference was found in the prevalence of mental health problems among in-school adolescents based on their family type ($f(2,344) = 2.824$; $p<.001$). Recommendations were offered on how to assist adolescents to live a healthy life.*

Keywords: mental health, in-school adolescents, early adult, age, gender, family type

INTRODUCTION

Mental state of a person signifies the lifestyle of the individual. It spells out whether a person would be able to contribute to meaningful development. The ability of a person to participate purposefully and objectively in the society and make quality contribution depends on the mental status of the person. For an individual to achieve life's objectives, desires, ambitions, visions and missions depends on the state of his mental health. Mental health is vital to personal well-being, family, relationships, and community and society. It fosters thinking, communication, learning, emotional growth, resilience, and self-esteem. These enable individuals to advance society (Zhang, Jin & Yu, 2022).

Health psychologists are tasked to understand and promote the patterns of behavior that are associated with good health. This task includes how people can reduce stress hereby achieving good mental health. A good mental health displays ability to live comfortably with oneself and others, to make mature appropriate emotional responses to situations and gain satisfaction from construction achievement (Lok, Bademli & Canbaz, 2017). A person's lifestyle is a pattern of such individuals' behavior, while anxiety on the other hand has become so frequent in psychology and psychiatric literatures and practice. This is because of its devastating effects on human life and health (Galdensi, Heinz, Kastrup, Beezhold & Sartorius, 2015). The incapacitating effect of anxiety lead to psychologists exploring ways of managing it. Its effect is one felt in human brain due to its emotional adaptation. It is seen as one of the major contributors to sexual dysfunction. It is an ambiguous, unsettling sensation that something adverse is occurring or imminent (Guo, Tomson, Keller & Soderqvist, 2018). Certain experts claim that it is a physiological defence mechanism that readies the body and mind for perilous or demanding situations. Furthermore, it is a pervasive, discomforting sensation accompanied by moderate to significant levels of worry or fear, or a reaction to an internal or external stimuli that is not genuinely hazardous but merely seems such inside the individual's emotionally skewed perception.

Life variables can influence mental health in several manners. Research identified critical mental health determinants. Examples include professional life, familial concerns, and community involvement (Yu, Zhang & Yu, 2022). Adverse experiences, such as a stringent supervisor or a chaotic family environment, may diminish well-being.

Stress adversely impacts mental health. When demands exceed resources, individuals experience stress. Significant life events such as divorce, bereavement, illness, and other challenges may induce stress in secondary school students (Basu & Banerjee, 2020). Adolescence being a period of transition and rapid changes in all ramifications most times catches them ill-prepared for the physiological, emotional, physical, social and spiritual changes. Against this backdrop, one can deduce that adolescence is a stage of life that is prone to crises mainly on identity. This identity crisis evolves from the behavioral and emotional transition from childhood to adulthood (Adeyemi, 2024).

Identity formation can be viewed from two perspectives. The first is when the developed values are re-examined and new decisions made. The second perspective of identity is commitment to some particular role in life (Zhang, Jin & Yu, 2025). While trying to get their bearing and trying to become independent from their parents, adolescents encounter a lot of mental health issues. In spite of all, adolescence is a period of self-examination, recognition and change, producing an increasingly clear sense of self.

Many research conducted on mental illness among youth population in China in recent years showed a worrying increase in the prevalence of mental illness (Elegbede & Abidogun, 2025). This increase showed significant challenges encountered by youth in maintaining good mental health. This can significantly affect adolescents to keep good mental health, which may invariably

affect their educational achievement (Dalsgaard, McGrath, Ostergaard, Wray, Pedersen, & Mortensen 2020) and even increase the risk of suicide (Coffman, & Swank, 2021). So it is necessary to prioritize the mental well-being of adolescents. This can be achieved through identifying positive psychology in individuals alongside addressing pathological issues (Tam, Yang, Huang, Lin & Gao, 2023).

Many researchers have identified various issues that can trigger mental health problems to students in secondary schools. These include interpersonal relationship, family problems, school issues and society in general. Some students are unable to relate well with others and cannot keep close relationship. Other issues bothering students in secondary schools are psychological in nature and relate to self-concept, emotional states, identity and decision making (Hyde & Mezulis, 2020). Some students are unable to understand themselves, feel inferior or superior, feel lonely or unhappy most of the time, feel disliked and disrespected by others, feel unlucky, are easily discouraged, are disturbed by family problems or worrying about how to get married (Aloba, Opakunle & Ayinde, 2020; Lindsey & Callear, 2020).

Moral issues are a source of concern to adolescents in secondary schools because of their inability to desist from illicit behaviors in line with the present economic situation and poverty, they cannot adequately satisfy their basic needs because of financial constraint (Adeyemi, 2024; Elegbede & Abidogun, 2025).

Statement of the Problem

Adolescents in Nigeria are encountering a lot of challenges such as psychological, social and environmental covering academic pressure, family instability, economic hardship and peer influence. These issues affect their mental health and overall well-being. Well-known studies have reported the effects of mental health issues on adolescents' age (Jing, 2022; Yu, Zhang & Yu, 2022; Zhang, Jin & Yu, 2022; Elegbede & Abidogun, 2025). Also, there is growing concern that the weakening family bonds may contribute to the decline in adolescents' mental health (Lindsey & Callear, 2020; Aloba, Opakunle & Ayinde, 2020; Onyishi, Okongwu & Ugwu, 2021; Adiukwu & George, 2023; Adeyemi, 2024). Gender also play significant role as reported in some studies that female adolescents expressed encountering more mental health issues than males (Lok, Bademli & Canbaz, 2017; Hyde & Mezulis, 2020; Ukeagbu & Okonkwor, 2021; Elegbede & Abidogun, 2025). The researchers found very few studies conducted in Nigeria, therefore justifying the present study especially in the southwestern part of the country.

Hypotheses

The following hypotheses were generated in conducting this research:

1. There is no significant difference between male and female in-school adolescents in the prevalence of mental health problems.
2. There is no significant difference in the prevalence of mental health problems among in-school adolescents in secondary schools based on age.

3. There is no significant difference in the prevalence of mental health problems among in-school adolescents in secondary schools based on family type.

Objectives

The objectives of the study are to:

- a. investigate the prevalence of mental health problems between male and female in-school adolescents.
- b. find out the difference in prevalence of mental health problems among age groups of in-school adolescents.
- c. find out the difference in prevalence of mental health problems among in-school adolescents family type and their parents socioeconomic status.

METHODOLOGY

Descriptive survey was adopted to direct the study. This research design was deemed to be the best especially when studies to be conducted is current or prevailing situation. Descriptive survey method was explained as the systematic facts and characteristics of a given population or area of interest or faculty accurately.

Sample and Sampling Technique

The study population comprised all male and female adolescents enrolled in secondary schools within the Ibadan metropolitan, encompassing the local governments of Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East, and Ibadan South West. There are one hundred sixty-five (165) public secondary schools in the Ibadan metropolitan. Two schools were randomly chosen from each of the five local governments, resulting in a total of ten schools. The stratified random sample technique was utilised to address all existing strata, while purposive sampling was employed to choose forty (40) participants from each school, consisting of 20 males and 20 females. In total, the number of participants was 400 hundred (400) comprising 200 males and 200 females. Out of this, 345 of the participants properly filled the questionnaire and returned them which represents 86.3% return rate. The study focused on schools within the Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East, and Ibadan South West local governments.

Instrument

The instrument utilised for the study was partitioned into two halves. Section A gathered biographical data of the participants, including gender, age, parental educational background, socioeconomic level, and family structure.

Section B comprises the General Health Questionnaire (GHQ-28), created by Goldberg in 1978 to evaluate the mental health state of adolescents. The instrument comprises 28 elements. The scale is a 4-point system ranging from 0 "Not at all" to 3 "Much more than usual", with intermediate values of 1 "No more than usual" and 2 "More than usual". The 28 elements are categorised into four subsections, each containing 7 items. The subsections include physical symptoms, anxiety

and sleeplessness, social dysfunction, and major depression. The highest score was 84. A score of 23 or lower signifies the absence of a mental health issue, whereas a number ranging from 24 to 45 denotes a moderate mental health problem. A score of 46 and higher indicated a significant mental health issue. The reliability coefficient varied from 0.78 to 0.95 for the scale. The scale demonstrated an internal consistency of 0.72.

Data Collection

To facilitate the administration of the questionnaires, the researchers employed two research assistants to assist with the distribution and collecting of the instruments in the ten (10) schools chosen in the Ibadan metropolitan for the study. The research assistants involved were adequately informed about the study's purpose and the instrument's content.

Data Analysis

Data collected were analysed using inferential statistics of t-test and Analysis of Variance (ANOVA) for the hypotheses.

RESULT AND DISCUSSION

Hypothesis 1: There is no significant gender difference in the prevalence of mental health problems among in-school adolescents in secondary schools.

Table 1: Summary table of gender difference in the prevalence of mental health problems of in school adolescents.

Gender	N	\bar{X}	SD	df	t-cal	t-cri
Male	167	28.71	9.86	343	3.62	.005
Female	178	32.32	9.24			

The results presented in Table 1 indicated a considerable difference in the prevalence of mental health issues between male and female in-school adolescents. The computed t-value ($t(343) = 3.62$; $p = .005$) was significant at the .05 alpha level. Females ($X=32.32$; $SD=9.24$) exhibited a higher prevalence of mental health issues compared to males ($X=28.71$; $SD=9.86$), indicating that females encountered more mental health difficulties than males. Consequently, the hypothesis was dismissed.

Hypothesis 2: There is no significant difference in the prevalence of mental health problems among in-school adolescents based on age.

Table 2: Age Comparison of Mental Health Problems and in-school adolescents in secondary schools.

Source	Sum of Squares	df	Mean Square	F-cal	Sign
Between Groups	435.535	2	217.768	5.854	.000
Within Groups	12722.157	342	37.199		
Total	13157.692	344			

The second hypothesis could not be supported due to a significant differential in the prevalence of mental health concerns among in-school adolescents according on age dichotomy, as demonstrated in Table 2. The calculated F-ratio ($F(2,344) = 5.854$; $p < .001$) was significant at the 0.05 alpha threshold. Mental health concerns tend to intensify with age, especially in the later phases of adolescence.

Hypothesis 3: There is no significant difference in the prevalence of mental health problems among in-school adolescents in secondary schools based on family type.

Table 3: Discrepancies in the Prevalence of Mental Health Problems among in-school adolescents on family type.

Source	Sum of Squares	df	Mean Square	F-cal	Sign
Between Groups	300.592	2	150.296	2.824	.000
Within Groups	18201.684	342	53.221		
Total	18502.476	344			

As revealed in Table 3 the F-ratio calculated ($F(2,344) = 2.824$; $p < .001$) was significant at .05 alpha level. Therefore, the hypothesis that predicted no significant difference is rejected as family type is discovered to affect the variation in the prevalence of mental health problems among in-school adolescents based on family types of monogamy, polygamy and single parents.

DISCUSSION

This study sought to investigate mental health challenges encountered by adolescents in secondary education institutions. The findings revealed a significant gender discrepancy in the prevalence of mental health concerns among secondary school adolescents. This result aligns with the findings of Siddiqui, Jahangir, and Hassan (2019); Alhabees, Alsaida, and Alhabees (2020); Hyde and Mezulis (2020); Ukaegbu and Okonkwo (2021); Huang, Zhang, and Yu (2022); Akanbi (2022); and Elegbede and Abidogun (2025). Nonetheless, this discovery does not align with that of & who found no substantial gender discrepancy in the frequency of mental health concerns among secondary school students. Elmer, Mephram, and Stadtfeld (2020) found in their research that female university students demonstrated a higher vulnerability to mental health issues compared to male students. This suggests that females are more vulnerable to emotional distress, intense familial disputes leading to self-denial and intensified sorrow. The probable cause may be because females are often encumbered with the responsibilities of homemaking, which can be more arduous.

This study revealed a significant variation in the prevalence of mental health disorders among in-school teenagers according on age. Mental health concerns are shown to intensify with age in adolescents and young adults. This result corresponds with the previous studies conducted by Yu, Zhang, and Yu (2022), Jing (2022), and Elegbede & Abidogun (2025), demonstrating that the incidence of mental health disorders, especially anxiety, increases with age. However, other prior investigations contradict the results of this study. Amawulu and Prosper (2018), Akanbi (2022),

and Zhang, Jin, and Yu (2022) found that mental health problems decrease with advancing age in teenagers.

The final conclusion demonstrated that familial composition affects the mental health of adolescents in educational settings. This corresponds with the research of Liu, Ge & Jiang (2020); Aloba, Opakunle & Ayinde (2020); Onyishi, Okongwu & Ugwu (2021); Adiukwu & George (2023); and Adeyemi (2024), which demonstrates that individuals from nuclear families possess better mental health than those from fractured families, whose mental health is comparatively more vulnerable.

CONCLUSION

The findings of this study indicate that an individual's mental health reflects their lifestyle. It delineates an individual's capacity to contribute to significant growth. Adolescents encounter several positive and negative experiences during their development that impact their mental health. The research identified a notable gender disparity in the incidence of mental health issues among adolescents, highlighting the susceptibility of females to emotional turmoil and severe familial discord. Age was identified as a factor of teenagers' mental health issues, as these difficulties escalate with increasing age. This study confirmed that family structure influences mental health status. In summary, teenagers from nuclear households exhibited superior mental health compared to those from disrupted polygamous or fractured families.

Implications of the Study

Mental health is sine qua non to the existence of prosperous individuals and societies. No one can thrive as a worthy human being without a healthy mind. The findings of this study have implications for educationists and specialists in Home Economics, Food Science, Nutrition and education.

Adolescents should be assisted to cope with the effects of mental health problems through teaching of life skills, nutrition, and stress management programmes. Adolescents from low-income families are likely to encounter higher risks of mental health issues because they may not be able to afford basic necessities for survival. This may lead to financial stress and material deprivation which may be strongly associated with behaviors like aggression, anxiety, depression etc.

Food insecurity should be addressed through education and making provision for nutritious meals, which is closely linked to mental health and assist to manage stress. Family Studies courses should be introduced in secondary schools to include human development, mental health and family relationships. This will boost adolescents' emotional intelligence and the accompanying coping strategies to deal with stresses and strains.

Adolescents should be encouraged to spend time with positive people who can enhance their lives. A strong system will protect them from the negative effects of stress that can lead to depression. Preventive measures should be taught to adolescents. Parents should live up to expectations by teaching acceptable moral values and drug education in schools. Also, recreational facilities should be provided in school and home.

Researchers should give much attention to abnormal behavior in children in order to become familiar with some psychological disorders which are believed to be spiritual cases in Africa. Adolescents should be trained to be conformers of their cultural values and beliefs. They should be helped to reduce deviant attitudes from their communities. They should make impacts in their communities, be recognized individuals, and get attached because detachment leads to mental imbalance.

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