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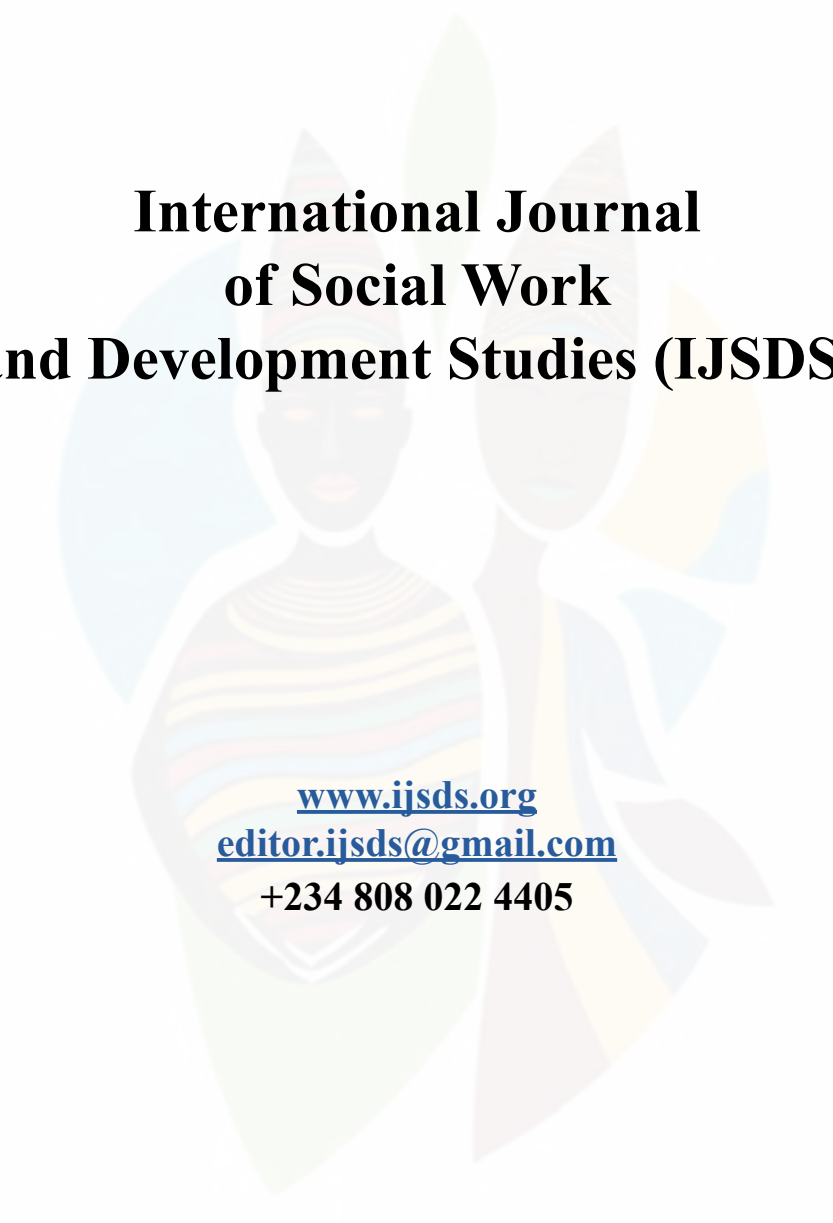


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**INFLUENCE OF FAMILY SUPPORT ON
MENTAL HEALTH OF SENIOR SECONDARY SCHOOL ADOLESCENTS
IN IBADAN SOUTH-WEST, NIGERIA**

ABSTRACT

Adolescent mental health is an emerging concern in Nigeria, as it negatively impacts academic performance, social relationships, and development, particularly among senior secondary school adolescents. This study examined the influence of family support on the mental health of senior secondary school adolescents in Ibadan South-West Local Government, Oyo State. Quantitative descriptive design was adopted, and 382 students were selected from six schools using multistage sampling. Data were collected with a structured questionnaire incorporating the Depression, Anxiety, and Stress Scale (DASS-10) and the Family Support Scale (FSS). Descriptive and inferential analyses, including linear regression, were conducted. Results indicated that 42.4% of respondents were at risk of poor mental health. Family support was significantly associated with mental health outcomes ($R = 0.321$, $p < 0.001$), accounting for 10.3% of the variance. Adolescents with stronger family support reported better mental health outcomes. Based on the findings, it was recommended that strengthening family bonds and integrating social work services into schools and communities are essential for promoting adolescent mental health.

Keywords: Family support, Mental health, Adolescents, Depression

1.0 INTRODUCTION

Globally, an estimated 10–20% of adolescents experience mental health conditions such as depression, anxiety, and behavioural disorders, which can negatively impact academic performance, social relationships, and development (World Health Organisation [WHO], 2025). These challenges are more pronounced in low- and middle-income countries (LMICs) like Nigeria, where poverty, social stigma, and limited access to mental health care are common (Fadele et al., 2024). Adolescence, marked by developmental transitions and psychosocial stressors, is particularly vulnerable to mental health problems due to significant physical, emotional, and social changes like identity formation and growing independence (Orben et al., 2020).

Adolescent mental health issues often manifest as emotional disorders (stress, anxiety, depression), conduct problems, eating disorders, psychosis, self-harm, substance use, and emotional outbursts (WHO, 2024), severely impairing well-being and development. Mental health influences self-worth, emotional regulation, and relationship-building, making it essential for academic success, peer interaction, resilience, and long-term productivity. WHO (2024) emphasises that mental health is central to individual health and essential for lifelong social and economic inclusion. With increasing concern about adolescent mental health, global focus has shifted to prevention, promotion, and early intervention as treatment alone has proven insufficient for reducing the mental health burden or improving well-being at scale (Barry et al., 2019). Early intervention prevents entrenched negative behaviours, reduces long-term costs, and relieves psychological stress for adolescents and families.

In Nigeria, adolescent mental health is shaped by socio-economic and cultural factors like poverty, unemployment, inadequate education, and stigma. Economic hardship strains families, impacting ado-

lescents' emotional stability (Viner et al., 2012), while widespread stigma portrays mental illness as weakness or spiritual affliction, discouraging help-seeking and promoting silence. Nigerian schools often lack trained mental health staff, limiting support for students in distress. Family support is a key buffer, as stable and emotionally supportive homes enhance adolescent coping, boost self-esteem, and reduce anxiety and depression, whereas neglect, conflict, or lack of guidance worsens psychological vulnerability (Wang et al., 2023). Adolescents in developing countries like Nigeria face additional pressures—academic, financial, and cultural, that undermine mental health when family support is lacking.

Estimates show 10–37% of Nigerian senior secondary students face mental health challenges (Viner et al., 2012), often seen in behavioural changes such as withdrawal, academic disconnection, pessimism, poor concentration, and incomplete tasks. Common conditions include depression, anxiety, ADHD, and substance use, with risks of long-term outcomes like isolation and chronic illness if left unaddressed (Viner et al., 2012). This study, therefore, examines the influence of family support in promoting mental health among senior secondary school students in Ibadan South-West Local Government Area, Oyo State—a diverse area in terms of income, education, and service access (Obimakinde et al., 2019). Adolescents here may face psychosocial stressors shaped by family and broader environmental conditions, which this research seeks to explore in relation to their mental health outcomes.

2.0 LITERATURE REVIEW

Adolescence is a critical period for mental health, with one in seven adolescents globally experiencing disorders like anxiety and depression, often impairing school performance and social relationships (WHO, 2025). Senior secondary school students are

particularly vulnerable due to academic stress, peer pressure, and family expectations. In the U.S., 36% of high-achieving students reported significant anxiety, while limited mental health resources exacerbate similar issues in low- and middle-income countries (Klasen & Crombag, 2013). Globally, adolescent mental disorder prevalence is estimated at 13.4%, with higher rates in lower-income settings. In the U.S., 31.9% of adolescents experience anxiety and 12.8% depression annually, while 12.8% of U.K. youth have at least one emotional disorder (Bunting et al., 2022). Across Africa, prevalence ranges from 10% to 25%, influenced by poverty, violence, and trauma. In South Africa, 16.5% reported depression and 9.8% anxiety. Similarly, school-based studies in Ethiopia and Kenya found depressive symptoms in 25.2% and 23.6% of adolescents, respectively, linked to academic stress and family conflict (Bakesia et al., 2023).

In Nigeria, adolescent mental health concerns are well-documented. Adewuya et al. (2007) found a 13% depression rate among Lagos students, while Fatiregun & Kumapayi (2014) reported 18.3% in Ibadan. Female students often report higher rates due to biological and societal pressures. Substance use is also prevalent, with 12.7% using alcohol and 7.8% cannabis among mentally distressed adolescents (Gureje et al., 2021). These disorders significantly affect academic outcomes, as anxiety, depression, and ADHD impair focus, attendance, and performance. In Ghana, depressed adolescents were twice as likely to experience loneliness and underachieve academically. Stigma remains a key barrier in African contexts, where mental illness is often misunderstood, delaying support and worsening outcomes (Pederson et al., 2020). Addressing adolescent mental health within schools is essential for academic success and long-term well-being.

Family support, emotional, instrumental, and informational, plays a pivotal role in adolescent mental health. Strong support systems foster resilience, while

their absence increases vulnerability to depression, anxiety, and risky behaviours. Emotional support marked by warmth and empathy is linked to significantly reduced anxiety and depression, with studies reporting a 25% lower risk of anxiety (Suarez-Morales & 2023), 30% fewer depressive symptoms with parental warmth, and a 17% drop in distress in families with open communication. Emotional neglect doubled the risk of severe anxiety, and adolescents lacking emotional support were 40% more prone to isolation and depression (Watson et al., 2021). These effects often extend into adulthood, leading to chronic conditions, substance use, or interpersonal violence.

Instrumental support, including financial and practical assistance, predicts lower emotional distress. Adolescents in supportive households show stronger resilience (Ye et al., 2023), and those in joint custody arrangements report improved mood and peer relationships. Informational support, such as guidance and advice, also influences long-term outcomes. Lack of stable parental figures raises the odds of poor health by 1.6 times (Schilke et al., 2025), while consistent guidance reduces substance use risk by 20%. During transitional phases, such as entering senior secondary school, parental support can reduce stress disorders by 22%, and support from extended family reduces depression and anxiety by 18% (Taylor et al., 2022). Conversely, neglect, abuse, and family conflict greatly increase mental health risks. Neglected adolescents are three times more likely to develop depression, and those experiencing abuse have double the risk of anxiety disorders. Parental conflict raises the likelihood of adolescent substance use by 45%, while poor family cohesion is associated with higher rates of drug use and eating disorders (Ackard et al., 2006).

This study is underpinned by the Socio-Cognitive Theory (SCT) by Bandura. SCT explains how adolescent mental health is shaped by the interaction of personal, behavioural, and environmental factors (Islam et al., 2023). Key components include Observa-

tional learning (Gautam et al., 2023), Self-efficacy (Li and Song, 2024), Reciprocal determinism (Fakhrou et al., 2023), and Outcome expectations (Rodriguez et al., 2023). SCT emphasises that family support enhances coping, resilience, and emotional well-being in adolescents.

3.0 METHODOLOGY

This study investigated (i) the level of mental health among senior secondary school students in Ibadan South-West Local Government Area (LGA), and (ii) the influence of family support on their mental health. A quantitative descriptive research design was adopted to identify patterns and relationships between family support and adolescent mental health without manipulating variables. The target population consisted of all students in SSS1 to SSS3 across the 27 public secondary schools in Ibadan South-West LGA, with a total enrolment of 12,614 students. A multistage sampling method was used. At stage 1, the LGA was purposively selected based on observed psychosocial issues. Then, for stage 2, four wards were randomly selected from the twelve, followed by six schools randomly selected from these wards. A final sample of 382 students was proportionally and randomly selected across SSS 1 to SSS 3.

Sample size was calculated using Yamane's formula:

Where $N = 12,614$ and $e = 0.05$, giving a target sample size of approximately 390.

A structured questionnaire comprising three sections- demographics, mental health, and family support- was used for data collection. The DASS-10 (Lovibond & Lovibond, 1995) was used to measure depression, anxiety, and stress symptoms across 10 items. A pilot test conducted among 38 students in Ibadan North LGA produced a Cronbach's alpha of 0.67, indicating acceptable reliability. The FSS (Uddin & Bhuiyan, 2019) assessed perceived family support across 20

items using a 4-point Likert scale (0–3), with scores ranging from 0 to 60. Higher scores indicated stronger support. Pilot testing outside the study area yielded a Cronbach's alpha of 0.94.

Face and content validity were established through expert reviews. Instrument reliability was assessed using Cronbach's alpha for both scales, demonstrating internal consistency (Tavakol & Dennick, 2011). Access to schools was secured via a letter of introduction from the university. Informed consent was obtained from school authorities, parents, and students. Questionnaires were self-administered under the researcher's supervision to ensure clarity and completeness.

4.0 RESULTS

Table 1: Socio-Demographic Characteristics of the Respondents

VARIABLES	FREQUENCY (N=382)	PERCENTAGES
Class		
SSS 1	116	30.4
SSS 2	213	55.8
SSS 3	53	13.9
Gender		
Male	189	40.7
Female	193	50.3
Religion		
Christianity	249	65.0
Islam	129	34.0
Others	4	1.0
Age		
Fourteen	82	21.5
Fifteen	116	30.4
Sixteen	94	24.6
Seventeen	60	15.7
Eighteen	18	4.7
Nineteen	12	3.2
Ethnicity		
Yoruba	333	87.2
Igbo	35	9.2
Hausa/Fulani	8	2.1
Benue	1	0.3
Calabar	1	0.3
Delta	1	0.3
Edo	1	0.3
Egbira	1	0.3
Togo	1	0.3
<i>Researcher's Field Survey, 2025</i>		

Table 1 presents the socio-demographic characteristics of the 382 respondents. The majority were in SSS 2 (55.8%), followed by SSS 1 (30.4%) and SSS 3 (13.9%), revealing a concentration of students in their penultimate year. Gender distribution was nearly equal, with a slight male majority. Most respondents were identified as Christians (64.9%), followed by Muslims (34%), while 1% reported other religions. The age distribution showed that the largest groups were 15-year-olds (30.4%), 16-year-olds (24.6%), and 14-year-olds (21.5%), with a mean age of 15.6 years (range: 14–19). Ethnically, most students (87.2%) were Yoruba, followed by Igbo (9.2%).

4.1 Mental Health of the Respondents

This section presents the findings on the various indicators employed to measure the mental health of the

sampled adolescents.

Table 2: Mental Health of Senior Secondary School Adolescents

Statements	Never N (%)	Sometimes N (%)	Often N (%)	Almost Always N (%)
I feel like losing my mind	229 (59.9)	143 (37.4)	5 (1.3)	7 (1.3)
I find it hard to do things	138 (36.1)	208 (54.5)	24 (6.3)	12 (3.1)
I feel sad (I am not happy at all)	152 (39.8)	173 (45.3)	34 (8.9)	23 (6.0)
I am not okay with anything that affects whatever things I want to do	133 (34.8)	140 (36.6)	54 (14.1)	55 (14.4)
I feel I do not have anything good coming for me	284 (74.3)	69 (18.1)	10 (2.6)	19 (5.0)
I am afraid for no reason	217 (56.8)	128 (33.5)	11 (2.9)	26 (6.8)
I react to things anyhow	147 (38.5)	162 (42.4)	40 (10.5)	33 (8.6)
I am afraid of situations that will make me foolish	156 (40.8)	141 (36.9)	43 (11.3)	42 (11.0)
I found it hard to rest and relax	203 (53.1)	122 (31.9)	23 (6.0)	34 (8.9)
I do not feel good or happy about myself	231 (60.5)	99 (25.9)	18 (4.7)	34 (8.9)
<i>Source: Researcher's field survey, 2025</i>				

Table 2 presents data on the mental health status of adolescents using the DASS-10 scale. While 59.9% reported never feeling like losing their minds, 37.4% indicated such feelings sometimes. Over half (54.5%) sometimes struggled with task initiation, and 45.3% reported occasional sadness. About 34.8% never felt hindered by emotional issues, and 74.3% did not feel a lack of positive prospects. Additionally, 56.8% had never experienced fear without reason, and 42.4% sometimes reacted impulsively. A majority (53.1%) never found it hard to relax, though 31.9% did at times. Interestingly, 60.5% had never felt truly happy with themselves. These findings indicate that a considerable portion of respondents showed symptoms suggestive of poor mental health.

4.2 Family Support Received by the Respondents

This section presents the findings on the various indicators employed to measure family support of the sampled adolescents.

Table 3: Family Support of the Respondents

Statements	No N (%)	Little N (%)	Some N (%)	Much N (%)
My family loves me	5 (1.3)	16 (4.2)	21 (5.5)	340 (89)
I get respect from my family	5 (1.3)	32 (8.4)	53 (13.9)	292 (76.4)
My family helps me with some daily activities	17 (4.5)	55 (14.4)	103 (27)	207 (54.2)
My family helps me with religious activities	21 (5.5)	30(7.9)	61 (16)	270 (70.7)
My family gives me useful information	16 (4.2)	26 (6.8)	65 (17)	275 (72)
My family gives me emotional support	23 (6)	38 (9.9)	65 (17)	256 (67)
My family shares important decisions with me	17 (4.5)	34 (8.9)	86 (22.5)	245 (64.1)
My family understands my desires	41 (10.7)	63 (16.5)	76 (19.9)	202 (52.9)
My family helps me to participate in social events	52 (13.6)	75 (19.6)	87 (22.8)	168 (44)
My family listens to my problems	30 (7.9)	55 (14.4)	79 (20.7)	218 (57.1)
My family helps to solve my problems	19 (5)	44 (11.5)	75 (19.6)	244 (63.9)
My family is aware of my health	17 (4.5)	32 (8.4)	48 (12.6)	285 (74.6)
My family helps in my treatment	10 (2.6)	33 (8.6)	54 (14.1)	285 (74.6)
My family treats me as an important person	15 (3.9)	26 (6.8)	71 (18.6)	270 (70.7)
My family gives me money when I need it	17 (4.5)	43 (11.3)	91 (23.8)	231 (60.5)
My family is careful about my food	13 (3.4)	33 (8.6)	69 (18.1)	267 (69.9)
My family is careful about my sleep	34 (8.9)	43 (11.3)	73 (19.1)	232 (60.7)

Statements	No N (%)	Little N (%)	Some N (%)	Much N (%)
My family gives me companionship	18 (4.7)	29 (7.6)	62 (16.2)	273 (71.5)
My family help me to stay happy	14 (3.7)	32 (8.4)	65 (17)	271 (70.9)
I am satisfied with my family's support	21 (5.5)	27 (7.1)	42 (11)	292 (76.4)
<i>Source: Researcher's field survey, 2025</i>				

Table 3 presents responses on family support received by adolescents. The majority reported strong familial support across various dimensions. Most respondents (89%) felt loved, 76.4% reported receiving respect, and 54.2% were assisted with daily tasks. Additionally, 70.7% received support with religious activities, while 72% affirmed receiving useful information from family members. Emotional support was noted by 67%, and 57.1% said their problems were actively listened to. Significantly, 63.9% received help with problem-solving, and over 70% felt treated as important and adequately supported regarding their health and well-being. Financial, nutritional, and emotional needs were largely met, with many expressing satisfaction and happiness with the level of support received. These findings suggest that most adolescents in the study experienced considerable family support.

4.3 Family Support and Mental Health of the Adolescents in Senior Secondary School Adolescents

This section presents the relationship between family support and mental health of the surveyed adolescents in senior secondary schools, South West Ibadan, Oyo State.

Table 4: Model Summary: Relationship between Family Support and Mental Health of Senior Secondary School Adolescents in Ibadan South-West Local Government Area, Oyo State

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.321a	0.103	0.101	4.44575
<i>Source: Researcher's field survey, 2025</i>				

Predictors: (Constant), family support

Dependent variable: mental health scores of the adolescents in senior secondary schools

Table 4 presents the model summary examining the relationship between family support and mental health among adolescents. The correlation coefficient ($R = 0.321$) indicates a moderate positive relationship, revealing that higher family support is associated with better mental health. The R^2 value of 0.103 shows that family support accounts for 10.3% of the variance in mental health scores. The adjusted R^2 (0.101) affirms the model's reliability, and the standard error of 4.446 reflects moderate prediction accuracy.

Table 5: Influence of Family Support on Mental Health of Senior Secondary School Adolescents in Ibadan South-West Local Government Area

Model	Unstandardized B	Std. Error	β (Beta)	t	p-value
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Constant	16.117	1.034	-	15.591	<0.001
Family Support	0.135	0.029	0.321	6.608	<0.001
<i>Source: Researcher's field survey, 2025</i>					

Table 5 reveals that family support significantly predicts adolescent mental health. The unstandardized coefficient ($B = 0.135$, $SE = 0.029$) indicates that each unit increase in perceived family support results in a 0.135 unit increase in mental health scores. The standardised beta ($\beta = 0.321$) confirms a moderate positive relationship. With a t-value of 6.608 and a p-value < 0.001 , the result is statistically significant. The constant value (16.117) suggests that in the absence of family support, adolescents' mental health scores are notably lower. These findings affirm that stronger family support contributes positively to better mental health among senior secondary school students in Ibadan South-West LGA.



5.0 DISCUSSIONS

This study found that a considerable number of adolescents in senior secondary schools in Ibadan South-West LGA exhibit poor mental health, echoing global and national trends of rising adolescent mental health issues such as anxiety, depression, and stress (Barrow and Thomas, 2022). Factors such as academic pressure, family strain, and socio-economic challenges likely contribute to this vulnerability. About 42% of respondents reported symptoms of mental distress, consistent with previous findings in Lagos (13%) (Adewuya et al., 2007), South Africa (17%), Kenya (22%), the U.S. (32%) (Nakie et al., 2022), and a prior study in Ibadan (18%) (Fatiregun and Kumapayo, 2014)

Furthermore, family support was found to significantly influence adolescent mental health ($R^2 = 0.103$, $\beta = 0.321$, $B = 16.117$, $p < 0.001$). Approximately 10.3% of the variation in mental health was linked to perceived family support. Adolescents with weaker family support showed a greater risk of emotional distress, behavioural issues, academic decline, and physical symptoms. These results align with existing literature showing that low family connectedness is associated with higher risks of depression, suicidal ideation, and anxiety (Suarez-Morales and Harris, 2023). The findings also support Bronfenbrenner's ecological systems theory, which highlights the family's pivotal role in shaping adolescent well-being. Implications point to the need for family-based mental health interventions in schools and communities, such as parent-adolescent communication programs, family counselling, and support workshops.

6.0 CONCLUSION AND RECOMMENDATION

This study assessed the level of mental health among senior secondary school students and examined the influence of family support in Ibadan South-West Local

Government Area, Oyo State. Findings showed that a significant number of students exhibited symptoms of poor mental health, including anxiety, depression, and stress. The study also revealed that family support significantly influences adolescent mental health; students who reported higher levels of family support demonstrated better psychological well-being. These results affirm that strong family involvement serves as a protective factor, while a lack of support increases adolescents' vulnerability to mental health challenges. The study thereby recommended the following:

- **Strengthen Family-Based Interventions:** Parents should be supported through community-based programs that teach effective communication, emotional responsiveness, and adolescent mental health awareness.
- **School-Level Mental Health Support:** Secondary schools should routinely screen for mental health concerns and provide access to trained school social workers who can offer timely support to affected students. Social health services can be sourced.
- **Policy and Curriculum Integration:** Mental health education should be embedded in the secondary school curriculum through collaboration between education and health ministries, to build resilience and promote early help-seeking behaviour.

REFERENCES

- Ackard, D. M., Neumark-Sztainer, D., Story, M., & Perry, C. (2006). Parent-child connectedness and behavioural and emotional health among adolescents. *American Journal of Preventive Medicine*, 30(1), 59–66.
- Adewuya, A. O., Ola, B. A., & Aloba, O. O. (2007). Prevalence of major depressive disorders and a validation of the Beck Depression Inventory among Nigerian adolescents. *European Child & Adolescent Psychiatry*, 16(5), 287–292. <https://doi.org/10.1007/s00787-006-0557-0>
- Bakesia, G. B., Rose, O. N., Mengich, G. J., & Opiyo, R. A. (2023). Risk factors for depression among adolescents in secondary schools in Kakamega County, Kenya. *American Journal of Applied Psychology*, 8(1), 96–102.
- Barrow, E., & Thomas, G. (2022). Exploring perceived barriers and facilitators to mental health help-seeking in adolescents: A systematic literature review. *Educational Psychology in Practice*, 38(2), 173–193. <https://doi.org/10.1080/02667363.2022.2051441>
- Barry, M. M., Clarke, A. M., Petersen, I., & Jenkins, R. (2019). *Implementing mental health promotion*. Springer.
- Blakemore, S. J. (2019). Adolescence and mental health. *The Lancet*, 393(10185), 2030–2031.
- Bunting, L., Nolan, E., McCartan, C., Davidson, G., Grant, A., Mulholland, C., Schubotz, D., McBride, O., Murphy, J., & Shevlin, M. (2022). Prevalence and risk factors of mood and anxiety disorders in children and young people: Findings from the Northern Ireland Youth Wellbeing Survey. *Clinical Child Psychology and Psychiatry*, 27(3), 686–700. <https://doi.org/10.1177/13591045221089841>
- Fadele, K. P., Igwe, S. C., Toluwalogo, N. O., Udokang, E. I., Ogaya, J. B., & Lucero-Prisno, D. E. (2024). Mental health challenges in Nigeria: Bridging the gap between demand and resources. *Global Mental Health (Cambridge)*, 11. <https://doi.org/10.1017/gmh.2024.19>
- Fakhrou, A. A., Adawi, T. R., Ghareeb, S. A., Elsherbiny, A. M., & AlFalasi, M. M. (2023). Role of family in supporting children with mental disorders in Qatar. *Heliyon*, 9(4), e14685.
- Fatiregun, A. A., & Kumapayi, T. E. (2014). Prevalence and correlates of depressive symptoms among in-school adolescents in a rural district in southwest Nigeria. *Journal of Adolescence*, 37(2), 197–203.
- Gautam, N., Dessie, G., Rahman, M. M., & Khanam, R. (2023). Socioeconomic status and health behavior in children and adolescents: A systematic literature review. *Frontiers in Public Health*, 11, 1228632.
- Gureje, O., Ogunsemi, O. O., & Olugbile, O. I. (2021). Substance use and mental health among adolescents in Nigeria: Findings from a national survey. *BMC Psychiatry*, 21(1), 1–9.
- Harris, B. (2018). Half of all mental illness begins by the age of 14. *World Economic Forum*. <https://www.weforum.org/agenda>
- Institute of Health Metrics and Evaluation. (2019). *Global Health Data Exchange (GHDx): Global Burden of Disease 2019*. <https://www.vizhub.healthdata.org/gbd-results>

- Islam, K. F., Awal, A., Mazumder, H., Munni, U. R., Majumder, K., Afroz, K., ... & Hossain, M. M. (2023). Social cognitive theory-based health promotion in primary care practice: A scoping review. *Helvion*, 9(4), e14213.
- Klasen, H., & Crombag, A. C. (2013). What works where? A systematic review of child and adolescent mental health interventions for low and middle-income countries. *Social Psychiatry and Psychiatric Epidemiology*, 48(4), 595–611. <https://doi.org/10.1007/s00127-012-0566-x>
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation.
- Nakie, G., Segon, T., Melkam, M., Desalegn, G. T., & Zeleke, T. A. (2022). Prevalence and associated factors of depression, anxiety, and stress among high school students in Northwest Ethiopia, 2021. *BMC Psychiatry*, 22(1), 739.
- Orben, A., Tomova, L., & Blakemore, S. J. (2020). The effects of social deprivation on adolescent development and mental health. *The Lancet Child & Adolescent Health*, 4(8), 634–640. [https://doi.org/10.1016/S2352-4642\(20\)30186-3](https://doi.org/10.1016/S2352-4642(20)30186-3)
- Pederson, A. B., Burnett-Zeigler, I., Fokuo, J. K., Wisner, K. L., Zumpf, K., & Oshodi, Y. (2020). Mental health stigma among university health care students in Nigeria: A cross-sectional observational study. *Pan African Medical Journal*, 37, 5. <https://doi.org/10.11604/pamj.2020.37.5.24898>
- Rodriguez, E. M., Donenberg, G. R., Emerson, E., Wilson, H. W., Brown, L. K., & Houck, C. (2014). Family environment, coping, and mental health in adolescents attending therapeutic day schools. *Journal of Adolescence*, 37(7), 1133–1142.
- Schilke, M. K., Baiden, P., & Fuller-Thomson, E. (2025). Parental divorce's long shadow: Elevated stroke risk among older Americans. *PLOS ONE*, 20(1), e0316580.
- Suarez-Morales, L., & Harris, A. P. (2023). Relationship of parent cultural stress, overprotective parenting practices, and Hispanic children's anxiety. *Journal of Child and Family Studies*, 32(10), 3253–3262.
- Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education*, 2, 53.
- Taylor, S. J., Martin, E., & Hernandez, T. (2022). Emotional interactions within extended families: Impacts on adolescent mental health. *Family Process*, 61(3), 498–512.
- Uddin, M. A., & Bhuiyan, A. J. (2019). Development of the family support scale (FSS) for elderly people. *MOJ Gerontology & Geriatrics*, 4(1), 17–20.
- Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet*, 379(9826), 1641–1652.
- Wang, D., Adedokun, O. A., Millogo, O., Madzorera, I., Hemler, E. C., Workneh, F., ... & Fawzi, W. W. (2023). The continued impacts of the COVID-19 pandemic on education and mental health among

sub-Saharan African adolescents. *Journal of Adolescent Health*, 72(4), 535–543.

Watson, J., McNeil, L., & Conway, P. (2019). Self-esteem as a mediator of parental emotional support and adolescent mental health outcomes. *Journal of Youth and Adolescence*, 48(4), 623–635.

World Health Organization. (2025). Adolescent mental health: Data and statistics. Geneva: World Health Organization.

Ye, B., Lau, J. T. F., Lee, H. H., Yeung, J. C. H., & Mo, P. K. H. (2023). The mediating role of resilience on the association between family satisfaction and lower levels of depression and anxiety among Chinese adolescents. *PLOS ONE*, 18(5), e0283662. <https://doi.org/10.1371/journal.pone.0283662>





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