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**EFFECTS OF ANXIETY AND DEPRESSION ON THE PSYCHOSOCIAL WELLBEING OF ADOLESCENTS IN SELECTED SECONDARY SCHOOLS IN IBADAN NORTH LOCAL GOVERNMENT AREA, OYO STATE**

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**Abstract**

*This study examined the effects of anxiety and depression on the psychosocial well-being of adolescents in selected secondary schools in Ibadan North Local Government Area, Oyo State. Anxiety and depression, though distinct, often coexist and, if left untreated, can impair adolescents' mental health and lead to maladaptive behaviours. A quantitative approach was used to collect data from 271 students across five schools through a self-report questionnaire. The data were analysed using Chi-square, Pearson's product moment correlation, and ANOVA. Findings revealed that 143 students experienced average, 54 high and 74 low levels of anxiety and depression. A significant positive correlation was found between anxiety and depression ( $r=0.86$ ,  $p < 0.05$ ). The study also showed that anxiety and depression significantly affect psychosocial well-being, with poor family dynamics linked to higher symptoms. It was found that school-based mental health programmes effectively promote healthy coping mechanisms and enhance students' psychosocial well-being. The study recommends the implementation of school policies and interventions to support adolescents' mental health.*

**Keywords:** *Anxiety, Depression, Adolescents, Psychosocial, Well-being*

**Introduction**

Anxiety and depression are complex and multi-dimensional mental health challenges that influence various aspects of an individual's life. According to Woodward (2015), the psychosocial approach considers the combined influence of psychological factors and the social environment on an individual's physical and mental wellness and ability

to function. This approach is widely applied in health, social care, and research settings.

The term "psychosocial", which is the dependent variable for this study, integrates two key components: psychological and social. It refers to how social influences interact with individual thoughts and behaviours, impacting one's quality of life. Psychosocial well-being encompasses emotional stability, self-esteem, resilience, life satisfaction, emotional intelligence, and cognitive functioning (including memory, attention, problem-solving, and decision-making). It is also the ability to form and maintain healthy relationships. Emotional regulation and social support are critical to preserving psychosocial well-being. Psychosocial support refers to the psychological and social resources provided to individuals to help them cope with adversity (Cronister & Da Silva, 2009). These supports may come from family, friends, community organisations, peer groups, or faith-based networks. Life skills, such as adaptability, problem-solving, and emotional resilience, are also vital.

Anxiety and depression, which are the independent variables for this study, affect psychosocial well-being during adolescence, a critical developmental stage. Adolescents often struggle with emotion regulation, and unaddressed emotional challenges can lead to dysfunctions, including social withdrawal, aggressive behaviour, or bullying. These behaviours frequently elicit negative feedback from peers or authority figures, reinforcing emotional dysregulation in a cycle known as cumulative continuity (Cloitre et al., 2019). Anxiety, as defined by Bouras and Holt (2007), is a state of uneasiness or worry, often generalised and disproportionate to the actual threat. While anxiety can be a normal response to stressful situations, it becomes problematic when persistent, excessive, and uncontrollable, interfering with daily functioning. In such cases, it may develop into Generalised Anxiety Disorder (GAD). Adolescents with GAD may experience constant fear, restlessness, and difficulty concentrating.

Social Anxiety Disorder (SAD) is another common form of anxiety, particularly among students. It involves an intense fear of being judged or scrutinised in social settings. Individuals with SAD may avoid participation in class, social gatherings, or public speaking. This can result in low academic performance, limited peer interactions, and

reduced self-confidence. Despite its prevalence, SAD is often undiagnosed or misinterpreted as mere shyness.

Depression, on the other hand, is characterised by persistent sadness, hopelessness, and irritability. It may also be referred to as burnout, emotional breakdown, or nervous exhaustion. No demographic is immune to depression; children, adolescents, and adults are all susceptible. Adolescents experiencing depression may be overwhelmed by academic pressure, family issues, or peer conflict. The American Academy of Child and Adolescent Psychiatry (2024) notes that 75% of mental health conditions develop by age 24, emphasising the urgency of early intervention. Depression in adolescents is frequently linked to childhood trauma, low self-esteem, unresolved grief, or social comparison, particularly through social media.

Although anxiety and depression are distinct conditions, sharing common risk factors such as genetics, brain chemistry, personality traits, and life events, and often co-occur. Both may result in sleep disturbances, fatigue, and concentration difficulties. However, their emotional and cognitive expressions differ: depression involves negative self-talk and withdrawal, while anxiety is marked by worry, avoidance, and hypervigilance.

Family dynamics play a crucial role in adolescent mental health. A dysfunctional home environment, marked by neglect, domestic violence, or poor communication can lead to heightened anxiety and depression. Adolescents exposed to emotional or physical abuse may develop feelings of worthlessness and chronic fear, which significantly affect their psychosocial well-being. A retrospective cohort study of 24,047 U.S. adolescents with newly diagnosed depression (2017–2018) found that those who experienced violence in the prior year were nearly twice as likely (27.5% vs. 13.5%) to develop suicidal ideation within one year, corresponding to an adjusted risk ratio (aRR) of 1.7. Among types of violence, sexual abuse conferred the highest risk, with an aRR of 2.1 for suicidal ideation (95% CI, 1.6–2.8), while physical assault also significantly elevated risk (aRR = 1.7; 95% CI, 1.3–2.2) (Rideout, Ye, Ross, Armstrong and Mutter, 2023). The emotional scars often persist into adulthood if left untreated. Family dynamics as an intervening variable may either buffer or exacerbate the effects of anxiety and depression. Adolescents in supportive, communicative families tend to have better psychosocial outcomes, while those in toxic

environments often face heightened risks. Identifying and addressing these dynamics is essential in creating a safe and supportive school environment for students.

Adolescence is a critical developmental stage characterised by significant biological, psychological, and social changes, during which anxiety and depression are highly prevalent. Research indicates that the timing and context of assessment significantly affect reported prevalence levels. For example, mood assessments conducted after physical activity or social engagement often reveal lower anxiety and depression scores due to temporary increases in dopamine and serotonin, which enhance mood (Singh, Patterson and Brown, 2023; Brown and Fried, 2023). Academic stress also fluctuates around examinations, typically peaking beforehand and reducing afterwards, influencing self-reported anxiety levels (Jia, Ying, Zhou, Wu, and Lin, 2024). New cases of anxiety and depressive disorders among youth aged 5–24 have increased by over 11% annually in recent years, underscoring the growing burden of mental illness (Patel et al., 2024). These findings suggest that situational factors can temporarily modulate adolescent mental states, underlining the need for multi-dimensional and context-aware evaluations.

Social relationships play a crucial role in adolescent development, yet anxiety and depression often hinder the ability to forge and sustain meaningful connections. Adolescents experiencing anxiety frequently showed increased sensitivity to rejection, fear of negative judgment, and struggles to participate in group settings (Brown & Fried, 2023). Depression adds to these challenges by lowering self-esteem and causing emotional exhaustion, making social interaction feel burdensome or unfulfilling (Jia et al., 2024). Self-esteem acts as a protective factor in adolescent mental health. Lower self-esteem significantly predicts higher levels of depression, while strong peer relationships can mitigate this effect (Liu & Duan, 2023). Certain anxiety disorders, particularly social anxiety, are associated with negative self-esteem trajectories throughout adolescence into early adulthood (Schleider & Weisz, 2024). Moreover, grit, defined as perseverance and passion for long-term goals, has been found to mediate the adverse relationship between depression, social withdrawal, and self-esteem in adolescent girls (He Li, & Wang, 2023).

Empirical evidence demonstrates a strong association between socio-economic conditions, adverse childhood experiences, and social withdrawal tendencies. Kessler et al. (1994) found that socio-economic status and prior relational experiences significantly predicted the prevalence of social disengagement. More recent findings by Mohammed (2021) confirm that limited peer support and negative early-life experiences exacerbate long-term patterns of social isolation. Singh (2022) also notes that adolescents struggling with anxiety and depression often avoid peer interaction, which in turn limits the development of social competence and resilience.

Social withdrawal has far-reaching consequences. Tziner, Fein, and Shultz (2020) identified social support as a protective factor against further psychological deterioration, suggesting that adolescents with persistent social disengagement face heightened risks of emotional distress, reduced coping skills, and weakened interpersonal functioning over time.

Psychosocial well-being encompasses the ability to manage emotions, maintain healthy social interactions, and adapt to life's challenges. Anxiety and depression negatively impact each of these domains, compromising emotional stability and social trust. Brown and Fried (2023) observe that anxiety often erodes adolescents' confidence in peer relationships, while depression impairs their capacity for joy and meaningful engagement (Jia et al., 2024).

Bilal (2021) emphasises that unstable home environments, socioeconomic disadvantages, and academically demanding institutions exacerbate mental health struggles. Conversely, protective elements such as family support, peer engagement, and school-based interventions buffer against the detrimental effects of anxiety and depression (Mohammed, 2021). These findings underscore the interconnection between social environments and internal psychological states, indicating that addressing psychosocial well-being necessitates comprehensive, context-sensitive interventions.

Family environment plays a foundational role in adolescent mental health outcomes. Dysfunctional or unstable family settings, marked by neglect, conflict, poor communication, or economic hardship, have been strongly associated with increased vulnerability to anxiety and depression (Brown & Fried, 2023; Jia et al., 2024). Adolescents from such environments often struggle with self-esteem,

trust, and emotional regulation, resulting in long-term psychosocial challenges.

Bracic, McClung, and Kessler (2012) identified family and school environments as critical determinants in the development of social anxiety disorder, noting that supportive familial relationships enhance resilience and emotional stability. Hakami et al. (2017) similarly demonstrated that early relational experiences within the family shape anxiety prevalence in later stages of life. Mohsen and Sharif (2020) further confirm that inconsistent or abusive family dynamics hinder the development of emotional expression and trust, leading to social withdrawal and chronic distress.

Mental health literacy, defined as the knowledge and understanding necessary to prevent, identify, and manage mental health problems, significantly influences adolescent resilience and well-being. Low levels of mental health awareness have been identified as barriers to early intervention, contributing to prolonged distress (Jorm, 2012). Conversely, exposure to structured mental health education enhances adolescents' ability to recognise early signs of distress, adopt proactive coping strategies, and seek appropriate support (Kutcher, Wei, & Morgan, 2016).

School-based mental health programs have been shown to improve psychosocial well-being by increasing awareness, reducing stigma, and promoting help-seeking behaviours (Rickwood, Deane, Wilson, & Ciarrochi, 2007). Kutcher et al. (2016) further emphasise that mental health literacy interventions equip students with essential emotional regulation skills, enabling them to navigate personal and academic stressors more effectively. Programmes promoting social inclusion and peer belonging in schools have demonstrated reductions in depressive and anxiety symptoms among adolescents, albeit with small effect sizes (Martínez & Chen, 2023). A meta-analysis of 89 psychosocial interventions involving over 46,000 adolescents revealed small but sustained decreases in depressive symptoms ( $SMD \approx -0.10$ ), while effects on anxiety were limited and less durable (Grist et al., 2023). These findings underscore the importance of integrating mental health education into school curricula as a preventive and empowering approach.

**Statement of the Problem**

Anxiety and depression are prevalent among adolescents and have severe implications for emotional regulation, academic performance, and interpersonal relationships. Despite their frequency, these mental health issues are often undiagnosed or poorly managed in Nigerian schools. Adolescents may adopt maladaptive coping strategies such as aggression, withdrawal, or substance abuse if adequate support is unavailable. The adolescent stage is a sensitive period of emotional and psychological development, and failure to address mental health concerns during adolescence may result in enduring emotional and behavioural challenges. Therefore, this study investigates the effects of anxiety and depression on the psychosocial well-being of adolescents in secondary schools.

**Research question:**

1. What is the prevalence of depression among secondary school students in Ibadan North Local Government Area?

**Hypotheses**

**H02:** Anxiety and depression do not significantly affect social relationships among secondary school students

**H03:** There is no significant difference in psychosocial well-being between secondary school students with depression and those without

**H04:** There is no significant relationship between family dynamics and depression among secondary school students

**H05:** Participation in school-based mental health education programmes does not significantly improve secondary school students' healthy coping mechanisms and psychosocial well-being

**Methodology**

This study adopted a descriptive survey design, which involved the collection of data through the administration of a structured questionnaire. Measures of depression used in this study include, but are not limited to, the Beck Depression Inventory-II and the 9-item Depression Scale in the Patient Health Questionnaire (PHQ-9). The

questionnaire consisted of Likert scale items rated on a five-point scale (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree). The study population consisted of in-school adolescents aged 12 to 19 years in Ibadan. Students were selected from five randomly chosen secondary schools in Oyo State, specifically in Ibadan North Local Government Area, including both junior and senior levels (from Junior Secondary School One to Senior Secondary School Three, JSS1–SSS3), provided they fell within the defined age range. A systematic random sampling technique was employed, involving the selection of every *n*th student from a sequence within each school to ensure adequate representation. A total of 271 respondents (the sample size) were drawn from a population of 1,070 students in the selected schools. The questionnaire was validated with the help of lecturers from psychology and social work. It was suggested that the number of questions that addressed school-based interventions for adolescents be increased to capture its essence in the research topic, which was adapted. The questionnaire was subjected to pilot test for reliability and was found reliable at Cronbach's Alpha value of 0.76 which indicates a good level of reliability of internal consistency within the 34 items in the questionnaire since it is very close to 1. The closer Cronbach's alpha is to 1, the higher the internal consistency reliability of the research instrument used. The questionnaire was adapted from the (PHQ-9) by Kroenke and Spitzer (2002). Accordingly, 271 questionnaires were administered both personally and with the assistance of research assistants to ensure the collection of accurate and relevant data for the study. All questionnaires were retrieved on the same day they were administered, allowing for an efficient and comprehensive data collection process. The data collected were analysed using appropriate statistical tools. Chi-Square Goodness of Fit Test was used to test research question 1 as it tests for the level of prevalence of the independent variable (anxiety/depression), Chi-square was used to test hypothesis two, as both variables (Anxiety/depression and Social relationship) are categorical and can indicate either presence/absence or positive/negative outcomes. The observations between these variables are independent. Pearson Product-Moment Correlation [PPMC] was used to test hypothesis four as the data for both variables are normally distributed and exhibit a linear relationship. Hypotheses three and five were tested using

Analysis of Variance [ANOVA] because the data are normally distributed within each group and the observations between these variables are independent.

### Results

Research Question 1: What is the prevalence of depression among secondary school students in Ibadan North Local Government Area?

**Table 1: Prevalence of depression among secondary school students**

CATEGORY	FREQUENCY	PERCENT
High	54	19.9 %
Average	143	52.8 %
Low	74	27.3 %
<b>Total</b>	<b>271</b>	<b>100.0 %</b>

Field survey, December 2024

Table 1 reveals the prevalence of depression among secondary school adolescents. The result indicated that out of 271 students, 143 students exhibit an average level of depression, while 54 students show high levels of depression, and 74 students show low levels of depression. The results of Table 1 showed that most of the students exhibit average levels of depression, which implies that there is no significant prevalence of depression among secondary school students. Therefore, the hypothesis is accepted.

**Hypothesis 2:** Anxiety and depression do not significantly affect social relationships among secondary school students in selected secondary schools in Ibadan North Local Government Area, Oyo State

**Table 2: Effects of anxiety and depression on the social relationships of secondary school adolescents**

Chi-Square Tests			
	Value	d.f	Asymptotic Significance (2-sided)
Pearson Chi-Square	2080.878 <sup>a</sup>	360	
Likelihood Ratio	1053.413	360	.000
Linear-by-Linear Association	236.827	1	.000
No of Valid Cases	271		
a. 392 cells (98.2%) have an expected count of less than 5. The minimum expected count is .00.			

Level of Significance = 0.05

A Chi-square test revealed a statistically significant association between anxiety, depression, and students' social relationships,  $\chi^2 (360) = 2080.88$ ,  $p < .001$ . This suggests that students exhibiting symptoms of anxiety and depression are more likely to report impaired social interactions. Thus, the null hypothesis was rejected.

**Hypothesis 3:** There is no significant difference in psychosocial well-being between adolescents in secondary school with anxiety and depression and those without

**Table 3: Psychosocial well-being differences between students with and without anxiety and depression**

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
Students with anxiety and Depression	Between Groups	16613.980	29	572.896	1750.931	.000
	Within Groups	78.854	241	.327		
	Total	16692.834	270			
Students without Anxiety and depression	Between Groups	10981.208	29	378.662	967.388	.000
	Within Groups	94.334	241	.391		
	Total	11075.542	270			

Level of Significance = 0.05

One-way ANOVA results showed a statistically significant difference in psychosocial well-being between students experiencing anxiety and depression and those who were not,  $F(29; 241) = 1750.931$ ,  $p < .001$ . Similarly, psychosocial well-being differed significantly by group,  $F(29; 241) = 967.388$ ,  $p < .001$ . Thus, the null hypothesis was rejected. These findings suggested that students with anxiety and depression might experience significant impairments in their psychosocial well-being while students without might experience better psychosocial well-being. However the two groups highlighted the need for targeted interventions to support adolescents with anxiety and depression.

Hypothesis 4: There is no significant relationship between family dynamics and depression among adolescents in secondary schools

**Table 4: The relationship between family dynamics, anxiety, and depression among adolescents in secondary school**

Correlations			
		Family dynamics	Anxiety and depression
Family dynamics	Pearson Correlation	1	.856**
	Sig. (2-tailed)		.000
	N	271	271
Anxiety and depression	Pearson Correlation	.856**	1
	Sig. (2-tailed)	.000	
	N	271	271

Correlation is significant at the 0.01 level (2-tailed).

A Pearson correlation analysis revealed a strong, positive relationship between family dynamics and levels of anxiety and depression among students,  $r = .856$ ,  $p < .001$ . These findings indicate that adolescents from dysfunctional family environments are significantly more likely to experience symptoms of anxiety and depression. The null hypothesis was therefore rejected.

**Table 5: Effects of Participation in School-Based Mental Health Programmes on Coping Mechanisms and Psychosocial well-being**

ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
Coping Mechanisms	Between Groups	10881.314	18	604.517	990.920	.000
	Within Groups	153.734	252	.610		
	Total	11035.048	270			
Participation In School-Based Mental Health Education	Between Groups	16454.761	18	914.153	967.630	.000
	Within Groups	238.073	252	.945		
	Total	16692.834	270			

One-way ANOVA results showed a statistically significant difference in coping mechanisms based on students' participation in mental health education,  $F_{(18; 252)} = 990.92, p < .001$ . Similarly, psychosocial well-being differed significantly by group,  $F_{(18; 252)} = 967.63, p < .001$ . Thus, the fifth null hypothesis was rejected. These findings suggest that school-based mental health programmes are effective in enhancing healthy coping and overall psychosocial functioning among adolescents.

### **Discussion of Findings**

The findings from research question one established that there is an average level of prevalence of anxiety and depression among secondary school students in the selected schools within Ibadan North Local Government Area. The survey was conducted after first-term examinations, with students called directly from the playground, suggesting they were in a relaxed state at the time of assessment. Such contextual factor may have contributed to the reported moderate levels of anxiety and depression, as physical activity and social interaction can temporarily alleviate stress (Singh, Patterson, & Brown, 2023). Consequently, the observed anxiety levels may not fully reflect long-term trends but rather situational responses influenced by external conditions.

One of the notable considerations in interpreting these findings is the impact of extraneous variables, such as social engagement and temporary mood influences. This underscores the importance of context-based assessments, reinforcing the need for holistic, multi-dimensional psychological evaluations to capture accurate mental health trends among adolescents. The students had just completed outdoor play and social engagement, factors that are known to increase dopamine and serotonin levels, improving mood and reducing short-term stress (Brown & Fried, 2023). Additionally, post-exam relief could have influenced their responses, as academic anxiety tends to peak before assessments rather than afterwards (Jia, Ying, Zhou, Wu, & Lin, 2024). These variables suggest that the observed moderate levels of anxiety and depression may not indicate a consistent psychological state but rather a momentary emotional response. Future studies could address this by incorporating pre-exam, post-examination, and classroom-based assessments to provide a more comprehensive picture of student well-being.

Furthermore, research comparing urban and rural students suggests that social support systems play a role in anxiety prevalence, with rural students often reporting higher stress due to limited access to mental health resources (Mohammed, 2021). Since the selected schools belong to an urban setting, it is worth considering whether students in less developed educational environments would report different anxiety levels.

The results from the research question one confirm that while anxiety and depression are present among secondary school students, their prevalence may be moderated by external factors, since mood states and anxiety levels can be influenced by temporary factors, and future assessments should explore multi-dimensional psychological evaluations that integrate self-reports, clinical interviews, and behavioural observations. Standardised tools such as the Revised Children's Anxiety and Depression Scale (RCADS) or teacher-reported behavioural indicators can improve assessment accuracy. Furthermore, including parental perspectives in evaluations could reveal home-based stressors that impact adolescent well-being but are not immediately visible in school-based assessments (Singh, 2021).

The findings from Hypothesis Two support the assertion that students experiencing anxiety and depression are more likely to have poor social relationships. During data collection, it was observed that while many students actively participated in social and recreational activities, such as football or video games, others remained isolated from peer interactions. This behavioural pattern suggests that anxiety and depression can significantly influence social withdrawal, thereby impeding their ability to form and sustain peer relationships. The account of one of the students who avoided social activities further highlighted the emotional barriers associated with anxiety, revealing that past experiences, loneliness, and insecurity possibly contributed to her difficulty in forming relationships.

Research has consistently shown that students suffering from anxiety experience heightened sensitivity to social rejection, fear of negative judgment, and difficulties engaging in group settings (Brown & Fried, 2023). Moreover, depression is associated with low self-esteem and emotional exhaustion, making social interaction feel overwhelming or unrewarding (Jia et al., 2024). In this study, students who isolated themselves from peers demonstrated hallmark symptoms of social

disengagement, such as hesitation to initiate conversations, reluctance to join group activities, and signs of emotional distress.

The findings align with the research by Kessler, McGonagle, Zhao, Nelson, Hughes, Eshleman and Kendler (1994), which established a strong link between social status and anxiety prevalence, suggesting that socio-economic conditions and past experiences exacerbate social withdrawal tendencies. More recent studies confirm this connection, emphasising that students with low peer support and adverse childhood experiences are at greater risk of developing long-term social disengagement patterns (Mohammed, 2021). Additionally, studies examining adolescents' coping mechanisms suggest that those struggling with anxiety and depression frequently avoid interaction, limiting their ability to form meaningful relationships (Singh, 2022).

Poor social relationships caused by anxiety and depression can have long-term implications for emotional development, academic success, and psychological resilience. Social support is a protective factor against mental health deterioration, meaning that students who experience chronic isolation are at higher risk of long-term emotional distress and reduced coping abilities (Tziner, Fein, & Shultz, 2020). Without adequate social support, affected students may struggle with communication skills, confidence-building, and emotional regulation, potentially impacting their future social interactions beyond school.

The findings from Hypothesis Three indicated a significant difference in psychosocial well-being between students who experience anxiety and depression and those who do not. This outcome reinforces the negative impact of anxiety and depression on an individual's ability to maintain healthy social interactions, emotional stability, and overall psychological resilience. As illustrated in the case of the student who struggled to build friendships due to past experiences, the interplay between mental health challenges and psychosocial well-being is evident. Anxiety and depression not only affect an individual's internal emotional state but also extend to their external relationships, making it difficult for affected students to connect socially, seek support, and engage in school activities.

Psychosocial well-being encompasses an individual's ability to function socially, manage emotions effectively, and navigate interpersonal relationships. Research highlights that students with heightened anxiety tend to experience fear of social interactions,

rejection sensitivity, and reduced trust in peer relationships (Brown & Fried, 2023). Additionally, depression erodes an individual's ability to experience joy, emotional connection, and meaningful engagement, further compromising their social well-being (Jia et al., 2024). These findings affirm that students grappling with mental health challenges struggle to maintain a balanced psychosocial state, impacting both their academic experience and emotional development.

The study's findings align with the conclusions drawn by Bilal (2021), which emphasised the influence of environmental factors, including school environments and place of residence, on students' psychological well-being. The research suggests that students from unstable home environments, disadvantaged socioeconomic backgrounds, or academically demanding institutions are more susceptible to mental health challenges, which, in turn, affect their psychosocial functioning. Similarly, studies indicate that family support, peer engagement, and school-based interventions play a vital role in mitigating the adverse effects of anxiety and depression (Mohammed, 2021). These insights underscore the need to consider environmental influences in addressing adolescents' psychosocial health, ensuring interventions account for external stressors affecting students.

The findings from Hypothesis Four indicate a significant relationship between family dynamics and depression among adolescents in secondary schools. The results suggest that students from dysfunctional or unstable family environments are more likely to experience anxiety and depression, reinforcing the critical role of family structures in shaping adolescents' mental health. A supportive and stable home environment provides emotional security, helping adolescents develop healthy coping mechanisms in response to stressors. In contrast, family instability; characterised by conflict, neglect, poor communication, or financial hardship; has been linked to heightened emotional distress and psychosocial difficulties. The observed correlation in this study underscores the importance of familial influence, suggesting that mental health challenges in students may be deeply rooted in home-based stressors rather than solely originating from academic pressures or peer interactions.

Family relationships significantly shape an adolescent's ability to regulate emotions, build resilience, and develop social competence. Studies show that parental neglect, authoritarian parenting styles, or

frequent exposure to familial conflict increase susceptibility to anxiety and depression, as children raised in unstable households often struggle with self-esteem, emotional stability, and trust in relationships (Brown & Fried, 2023). The findings of this research align with broader literature, where emotional distress is observed more frequently among students from homes with high parental conflict, divorce, or economic instability (Jia et al., 2024). The student interview conducted during data collection further reinforces this conclusion; her reluctance to form friendships was rooted in negative past experiences, possibly originating from early-life relational struggles within the family.

The findings correspond with Bracic, McClung and Kessler's (2012) study on *The Impact of Family and School Environment on the Development of Social Anxiety Disorder*, which concluded that both family and school settings play a crucial role in adolescent emotional development. Similarly, Hakami, Mahfouz, Adawi, Mahha, Athathi, and Daghreeri (2017) explored the impact of social anxiety disorder in undergraduate students, demonstrating how early-life experiences with family structures influence anxiety prevalence later in life. Recent studies also affirm that children from inconsistent or abusive home environments struggle with trust, emotional expression, and relationship-building, increasing vulnerability to social withdrawal and psychological distress (Mohsen & Sharif, 2020).

The findings from Hypothesis Five indicated that participation in school-based mental health education programmes significantly improves psychosocial well-being and enhances coping skills among students. Mental health literacy, which encompasses understanding mental disorders, recognising symptoms, knowing available treatments, and reducing stigma, plays a crucial role in shaping help-seeking behaviours and overall mental well-being. The results of this study align with existing research indicating that low mental health awareness is a barrier to early intervention, leading to prolonged psychological distress. By fostering mental health education in schools, adolescents become more empowered to identify emotional difficulties, seek appropriate support, and develop resilience in navigating personal challenges.

Mental health literacy is a foundational factor in adolescent emotional resilience, coping strategies, and psychological awareness. Research suggests that students who lack knowledge of mental health

conditions are less likely to recognise the early signs of stress, anxiety, or depression, resulting in delayed intervention and worsening symptoms (Jorm, 2012). Conversely, those exposed to structured mental health education programmes demonstrate greater self-awareness, proactive coping strategies, and willingness to seek support (Kutcher, Wei, & Morgan, 2016). This study reinforces the argument that educating students about mental health enhances their ability to navigate emotional challenges, ultimately promoting better psychosocial well-being.

The findings correspond with Rickwood, Deane, Wilson and Ciarrochi's (2007) study, which concluded that increased mental health awareness leads to higher help-seeking behaviours among adolescents. By providing students with educational resources on mental well-being, schools can effectively reduce stigma associated with mental health conditions and encourage students to engage in self-care and professional support. Similarly, Kutcher et al. (2016) emphasise the role of early intervention, suggesting that students who receive mental health literacy training are better equipped to manage psychological stress, build emotional resilience, and access treatment before conditions worsen.

### **Conclusion**

The study investigated the effect of anxiety and depression on the psychosocial well-being of adolescents in secondary schools and concluded that anxiety and depression significantly influence how adolescents form social relationships. Though the students exhibited an average level of depression, it is important to note that research question one and the results agree, hence it was accepted. Furthermore, it was established that family dynamics and school-based mental health education programmes play significant roles in the psychosocial outcome of adolescents as they are effective in helping adolescents in secondary schools develop healthy coping mechanisms to manage anxiety and depression, thereby enhancing psychosocial well-being. By integrating these insights, the study offers a multidimensional framework for adolescent mental health interventions, ensuring educational stakeholders, policymakers, and mental health professionals prioritise early intervention and psychosocial support.

### **Recommendations**

Based on the findings; the following recommendations were made:

1. Teachers should be adequately trained to identify and provide support for adolescents' emotional and psychological needs and create safe spaces where students can express themselves, seek support, and learn stress management skills.
2. Collaboration with stakeholders to design and implement mental health policies may help prevent the escalation of anxiety into clinical depression among adolescents.
3. Family dynamics assessment and interventions should be incorporated by schools and mental health professionals into their social support services for secondary school students as a means of promoting healthier family relationships and enhanced mental outcomes.
4. Family support programmes that provide resources and services to families, such as counselling, support groups, educational workshops and resource-based interventions should be established. These programmes can help families build resilience and coping skills, reducing the risk of mental health problems and improving overall well-being.
5. Family therapy sessions that focus on enhancing communication, resolving conflicts, and providing emotional support within the family should be implemented. This can help reduce stress and anxiety in family members and promote a more supportive environment.
6. Mental health education that teaches students about mental health awareness, reduces stigma, and promotes help-seeking behaviours should be provided. This can help students develop a better understanding of mental health and improve their ability to cope with challenges
7. Social-Emotional Learning programmes that teach students skills such as self-awareness, self-regulation, and empathy should be implemented. These programmes can assist students in developing healthy relationships, managing stress and anxiety, and improving their overall psychosocial well-being.
8. School-based counselling services that provide students with a safe and supportive environment to discuss their concerns and receive support should be offered. This can help students

develop coping skills, improve their relationships, and enhance their overall psychosocial well-being.

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