

Factors Affecting Adolescent Mental Health

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Abstract

This study was conducted to evaluate mental health status of secondary school students. The study sample consisted of 176 senior high school students attending a secondary school. Socio-demographic information form and the General Health Questionnaire (GHQ-12) have been used to collect data. Chi square test has been used for evaluating the relationship between socio demographic characteristics and GHQ-12. The average age of the adolescents participating in the study is 16.34 ± 1.34 , 45.9% is female, 52.1% is not working mother, 48.7% is working father, 47.9% is mother and 38.0% is high school and higher. It was determined that 39.8% of the students lived in the core family. As a result of the General Health Questionnaire of the adolescents, it was seen that 41.47% of the adolescents scored below 2.58. 52% scored 2 or more, and the group was risky for mental health.

Keywords: Adolescent; Mental health; Factors affecting

Introduction

Approximately one-fifth of the general population worldwide, especially in developed countries is seen psychiatric disorders such as depression and anxiety [1]. The prevalence of psychiatric disorders is reported to be higher in the younger 16-24 year-old population than in other lifetime periods [2]. Mental health problems affect 10% to 20% of children and adolescents worldwide. Despite their relevance as a leading cause of health-related disability in this age group and their long lasting effects throughout life, the mental health needs of children and adolescents are neglected, especially in low-income and middle-income countries [3]. It is also stated that 14% of the 4 to 17-year-olds have psychotic disorder [4]. Adolescence is a sensitive developmental period when the personal identity is formed and the foundation created for later mental health. According to the psychoanalytic theory, the adolescence period, seen as a transition from childhood to adulthood, is a more problematic period than other periods of life. According to other developmental periods, the bio psychosocial changes that the adolescent individual has to deal with during this period are increasing. Some of the adolescents can cope effectively with these changes, while others cannot cope and some psychological problems can be seen [5].

Adolescents are confronted with various life stressors. Adolescents are confronted with a variety of life stressors from both school and home. Unmanaged stress is now believed to be a contributing and/or causal factor in the development of mental health and behavioral problems that are prevalent in adolescents, including anxiety, depression, and behavioral problems [6]. The most common mental health problems that emerged during this period are anxiety disorders such as depression and anxiety such as anxiety [7,8] reported that 7.5% of adolescents had mental health problems.

Psychiatric disorders seen in adolescents can cause deteriorate family and peer relations to and academic achievement to fall [9]. In a study conducted in our country, there was a significant relationship between the achievement level of adolescents and general mental health level, and student failure and general mental health status are factors affecting each other [10].

Several psychosomatic symptoms in the adolescent period indicate anxiety, depression and somatization symptoms in early adulthood [11]. Psychological events during adolescence affect the individual's mental health in adulthood. Mental health objectives include the promotion

of optimal functioning as well as the prevention and reduction of maladaptive functioning. Nurses have an important role in assessing the mental health status of adolescents. They can provide professional support to protect and improve the mental health of individuals. Nurses play an important role in assessing at-risk adolescents at an early stage and, if necessary, directing them to a psychiatrist. Collaboration between nurses and other health professionals and schools should be part of the maintenance and improvement of mental health. Taking necessary precautions to determine the mental health status of adolescents is important in terms of protecting and maintaining the community mental health.

Method

This research is cross-sectional. The sample of the study consisted of 176 senior high school students attending a secondary education institution affiliated to the Konya Provincial Education Directorate. Socio-demographic information form and the General Health Questionnaire (GHQ-12) were used to collect data.

General Health Questionnaire (GHQ-12)

GHQ-12 developed by Goldberg 1972 to determine the general mental health status and is established by the person himself/herself for the purpose of detecting psychiatric conditions in community and primary health care institutions. The validity and reliability studies of GHQ-12, validity and reliability studies of GSA-12 in Turkey were carried out by Kılıç and Cronbach's alpha value is 0.78 as a reliable test. For the answers given to the questionnaires, "a" and "b" are given as "0", "c" and "d" are given as "1" and participants can score between 0-12. Those who score "2 and above" in the survey were considered as risky groups in terms of psychological problems according to GSA-

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12 outcome. The GSA-12 used in this study has been validated and validated by adults in different languages in many countries and has been used by WHO as a screening test in a multicenter study [12].

Collection of data

Data from this study were collected from senior high school students. The investigation was initiated after obtaining ethical approval and institutional permission. This work was conducted in accordance with the Helsinki Declaration 2008 principles. The data were collected by the researchers in a classroom environment using face-to-face interview method. Careful attention has been paid to the students who agreed to participate in the survey during the data collection; the prospectus was read by the researcher, the purpose and scope of the research were understood, and the informed consent form was signed and that there was little stimulation during the application.

Evaluation of data

The data were analyzed in the SPSS 18.0 program. The number and percentage distributions of the demographic data were used in the evaluation of the study, and the Chi square test was used to evaluate the relationship between socio-demographic characteristics and GSA-12. The results were evaluated at $p < 0.05$ significance level.

Limitations of the study

This research was conducted with a high school affiliated to the Ministry of National Education located in the Selçuklu district of Konya. So that this research is limited to senior high school students who are open to communication and who agree to participate in the research.

Results

The average age of adolescents participating in the study is 16.34 ± 1.34 , 45.9% is female, 52.1% is not working, 48.7% is working father, 47.9% is mother and 38.0% is high school and over. The average monthly income of the family of the students was 1807.25 ± 46.12 , 39.8% of them living in the core family and 43.6% of them having any social security. As a result of the General Health Questionnaire of the adolescents, 41.47% were below 2 points, 58.52% were over 2 and above, and they were found to be risky group in terms of mental health (Table 1).

When socio-demographic characteristics and mental health status of adolescents are examined; It was found that the girls had higher risk of mental health than the boys and the mental health status of the boys was better than the girls and the difference was statistically significant ($p < 0.05$). When the mother is examined according to the working status; Mothers' health status was found to be more risky than those who did not work and that they had a better mental health status than those who did not work ($p < 0.05$). It was found that mothers of primary school graduates had a higher mental health status than those of upper secondary school graduates and higher, and that mothers of high school graduates and higher graduates had better mental health than those who graduated from primary schools ($p < 0.05$). When the father is examined according to his working condition; It was found that the mental health status of those who did not work was more risky than that of the employees and that the father had a better mental health

Ölçek Değerlendirmesi	n	%
GHQ < 2	73	41.4
GHQ ≥ 2	103	58.6
Total	176	100.00

Table 1: GHQ-12 Score distributions of adolescents.

	GHQ-12 Score		x ²	p
	GHQ < 2 (%)	GHQ ≥ 2 (%)		
Gender				
Female	19 (11.2)	62 (34.7)	x ² =62.012**	p=0.00*
Male	54 (30.2)	41 (23.9)		
Mother work				
Employees	50 (28.0)	43 (24.1)	x ² =24.123**	p=0.03*
Working	23 (13.4)	60 (34.5)		
Mother education				
Primary school	17 (9.5)	76 (42.6)	x ² =34.241**	p=0.00*
Secondary and upper	56 (31.9)	27 (16.0)		
Father work				
Nor working	29 (16.2)	61 (35.1)	x ² =14.245	p=0.03*
Employees	44 (25.2)	42 (23.5)		
Father education				
Primary school	33 (18.4)	78 (43.6)	x ² =64.286	p=0.00*
Secondary and upper	40 (23.0)	25 (15.0)		
Family type				
Nuclear	60 (33.6)	11 (6.2)	x ² =32.485**	p=0.01*
Shattered	13 (7.8)	92 (52.4)		
Social security				
Yes	26 (14.5)	52 (29.1)	x ² =12.075	p=0.12
No	47 (26.9)	51 (29.5)		

Table 2: Socio-demographic characteristics of adolescents and GHQ-12 score distributions.

than those who did not work ($p < 0.05$). His father was found to have a better mental health status than those who graduated from primary school ($p < 0.05$). His father had more mental health status than those who had graduated from high school or higher and his father had higher mental health than those who graduated from primary school. It was found that the nuclear family members had a better mental health status compared to the broken family members ($p < 0.05$), whereas the mental health status was more risky and the nuclear family members had better mental health than the shattered family members. The difference was statistically significant ($p > 0.05$) (Table 2). It was found that those with social security had a similar risk ratio in terms of mental health and those without social security had better mental health than those without social security.

Discussion

In this study, the factors affecting mental health status of adolescents are defined. According to the findings, adolescents appeared to be a risky group in terms of mental health problems. A similar result was obtained in the study conducted by Özfırat et al. [13] in our country and it was stated that mental health problems were reported in adolescent youth. Similar results have been obtained in studies conducted in different countries and the rate of mental health problems in the adolescence period is higher than in other periods [14] This is because poor mental health is strongly related to other health and development concerns in adolescent, notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health.

In terms of gender According to the findings obtained from the study of adolescent girls in terms of mental health than men it appeared to be more risky. This may be related to the different changes in the adolescent period in girls and boys and the adverse effects of body images. In a study conducted by Roberts et al. [15], female adolescents reported more depressive symptoms, self-consciousness, stressful recent events, feminine attributes, and negative body image and self-

esteem; no age effects were obtained. In another study adolescent girls felt worse about themselves and their bodies than adolescent boys: They reported more symptoms of depression, a lower level of self-esteem, and less satisfaction with their bodies [16].

This is an interesting finding from the study is that the mother of the mental health status of employees to be more risky than working. The parent's relationship to the adolescent contributes to the self-worth of the adolescent. Particularly parent support is an important factor for adolescents to perceive themselves as important and valuable. Mothers who do not work can spend more time with their children at home and work closely with them. Similar findings were obtained in a study and it was found that the adolescents who were next to the family were more hopeful [17].

The mental health status of adolescents whose mothers graduated from elementary education was found to be more risky than those who graduated from high school or higher. In a study conducted with adolescents, it was found that mental health status improved in the positive direction as the level of education of mother and father increased as the level of self-esteem increased [18]. This may be due to the fact that parents with higher education levels are more knowledgeable about approaching the child in adolescence.

The diversity of family support, family supportive attitudes and participation in school activities has significant impacts on the child's mental health and school performance [19]. The studies showed that parents are divorced or those separated in childhood early sexual activity, substance abuse, communication problems, mental disorders and has emerged that adolescent problem behavior, such as anxiety disorders. Accordingly exposed to familial separation of children, problems of risk in adolescence has increased; most of the relationship seems to be imitated and has emerged due to the existing social and contextual tie in the child's family before the family division. However, the results of childhood familial separation exposure and adolescent communication problems, behavioral disorders, it was found that mood disorders and substance relational increase in abuse [20]. In our work, the risk of mental health problems of adolescents found in shattered families emerged.

Conclusion

In terms of the results of the study, it is in the risk group in terms of mental health status, in the case of girls, mother graduated primary school graduates and those working at the same time, and father graduated primary school graduates and those who do not work and those who have broken families. In the scope of preventive health services, health workers provide information to the adolescents and their parents about these specific psychiatric changes and provide information sources, provide psychological help for children and adolescents by the guidance teachers working at the schools, establish positive, constructive and supportive relationships between the teachers. And it is suggested that adolescents should be evaluated more carefully in mental health

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