



PERSONAL PERCEPTION, PARENTAL AND PEER-GROUP INFLUENCES AS CORRELATES OF MENTAL HEALTH OUTCOMES AMONG IN-SCHOOL ADOLESCENTS IN SENIOR SECONDARY SCHOOLS IN IBADAN METROPOLIS

BY

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Abstract

This study examined personal perceptions, parental influences, and peer-group effects as correlates of mental health outcomes among adolescents still in school, specifically in senior secondary schools in Ibadan Metropolis, Nigeria. A descriptive correlational survey design was used. A multi-stage sampling method was applied to select 390 participants from 10 senior secondary schools within Ibadan Metropolis. The data were gathered with validated tools: Personal Perception Scale ($\alpha = 0.85$), Parental Influence Scale ($\alpha = 0.82$), Peer-Group Influence Scale ($\alpha = 0.87$), and Mental Health Outcomes Scale ($\alpha = 0.89$). Four research questions were addressed using independent samples t-tests, Pearson's Product-Moment Correlation, and multiple regression analysis, all at the .05 level of significance. From the findings, the male adolescents had significantly negative mental health outcomes compared with the female adolescents. There were also significant positive associations between mental health outcomes and personal perception ($r = .969$), peer-group influences ($r = .810$), and parental influences ($r = .290$). Together, the independent variables explained as much as 95.8% of the variance in mental health outcomes. Personal perception was the strongest predictor ($\beta = .946$), followed by peer-group influences ($\beta = .635$), and, lastly, parental influences ($\beta = .142$). The study concludes that personal perception is, to a greater or lesser extent, the most powerful correlate of adolescent mental health in Ibadan Metropolis. Recommendations, as in things to do, include school-based mental health programs, parent education initiatives, and peer support intervention(s).

Keywords: *Adolescent mental health, Personal perception, Parental influences, Peer-group influences and in-school adolescents*

Introduction

Adolescence feels like this crucial developmental phase, with big physiological, cognitive, and social shifts happening kind of all at once. During this stage, people tend to show greater self-awareness, their personal identity begins to change, and they become more sensitive to social and environmental triggers. Personal perception, which includes self-concept, self-esteem, and self-efficacy, has been reported to affect adolescents' mental health outcomes quite a lot. When personal perceptions are more positive, they seem to boost resilience, better coping strategies and overall psychosocial adjustment. But if it turns negative, then internalising difficulties show up more, like anxiety, depression, and social withdrawal (Adewuyi et al., 2024; Escobar et al., 2020). In senior secondary schools within the Ibadan Metropolis, students' personal perceptions are not just "there" on their own. It can be shaped by academic experiences, the quality of social relationships, and family dynamics, and these factors may quietly shift emotional well-being and even broader mental health. Also, Ibadan has a specific cultural and socioeconomic setup, think rapid urbanisation, religious diversity, and changing family structures, which continues to shape how adolescents see themselves. They are trying to balance older Yoruba expectations with modern peer influence and academic pressure, making the picture more complex (Omigbodun et al., 2021). Without really understanding how personal perception works in this kind of environment, mental health interventions might miss the key mediating mechanism, and the impact may be smaller than expected.

Research tends to show that adolescents with strong self-efficacy tend to have higher motivation, improved academic performance, and more effective problem-solving, which in turn is linked to better psychosocial outcomes (Ajani, 2021; Bandura, 1997; Harter, 2012). On the other hand, adolescents who carry a negative self-perception are more likely to get pulled by peer pressure, fall into social isolation, and show maladaptive behaviours like substance use, avoiding school, and even self-harm. Figuring out personal perceptions provides a



useful lens into how adolescents in Nigerian school settings read their academic and social experiences, and how those readings later shape mental health outcomes. For example, if an adolescent thinks they are academically unable, they might end up with nonstop anxiety linked to school. In contrast, another who believes they are socially awkward may slowly withdraw from peer contact, and over time, that can grow into loneliness and depression (Orth & Robins, 2022). So, in practice, personal perception works less like a clean mirror of what actually happened, and more like an active mental filter that shapes emotional reactions and everyday behavioural choices.

The dynamic interplay between personal perception and the broader social environment is especially noticeable among in-school adolescents in Ibadan Metropolis, where family and peer influences do exert some powerful, sometimes conflicting demands. When a student has a positive personal perception, it can act as a protective factor, helping to cushion against the harmful effects of parental conflict, economic hardship, or peer victimisation (Moksnes & Reidunsdatter, 2019). But when the self-concept is weak or just negative, it can end up raising the mental health risk that's linked with authoritarian parenting, family instability, or even bullying. Since senior secondary school students in Ibadan have quite a few transitional pressures, like preparing for high-stakes examinations, dealing with romantic relationships, and deciding what to do after school, their personal perception turns into a key determinant of whether these situations feel like manageable stressors or overwhelming threats to their well-being (Ogundele et al., 2022). Because of that, any detailed attempt to understand or improve adolescent mental health in Ibadan really should keep personal perception at the core of the discussion, looking at how it relates to and maybe even mediates the effects of parental and peer-group influences on psychological outcomes.

Parental influence really seems like a make-or-break thing when it comes to adolescent mental health. How parents behave, like offering emotional warmth, keeping an eye on things in a consistent way, and using an authoritative style for discipline, is often connected with better psychosocial growth... but when parenting is harsh, neglectful, or just all over the place, it can raise the odds of emotional and behavioural troubles (Adewuyi, 2021; Obimakinde et al., 2019; Obimakinde & Omigbodun, 2020). In Ibadan and other similar Nigerian settings, these roles don't happen in a vacuum; cultural expectations shape them. Mothers, more often than not, provide caregiving and everyday supervision, while fathers also handle financial support and discipline (Adeleye & John-Akinola, 2021). Basically, whether parents show up, how present they are, and the overall quality of that involvement matter a lot to adolescents; they affect emotional regulation, coping methods, and social ability, in one way or another. Family structure and socioeconomic resources also sort of moderate parental influence. Adolescents from stable two-parent households with adequate financial support tend to show lower psychological stress and often report better emotional well-being than youth from single-parent arrangements or low-resource settings (Lawrence & Adebowale, 2022; Adewuyi et al., 2024). When financial constraints show up, or there is ongoing family conflict, or parental absence, adolescents become more vulnerable, stress rises, depressive symptoms too, plus academic difficulties. Empirical evidence suggests that parental monitoring and genuine involvement, when paired with socioeconomic support, help build resilience and guard against mental health challenges (Obimakinde et al., 2019; Adeleye & John-Akinola, 2021).

Peer group influence is also really crucial in shaping adolescents' mental health outcomes. During adolescence, peers kinda become the main sources of social feedback, identity validation, and emotional backing. When relationships with peers are positive, and friendships feel supportive, this tends to be associated with less internalising and externalising behaviour, more helpful prosocial conduct, and lower levels of psychological distress (Oldfield et al., 2016; Ogunsanwo, 2020; Bobrowski & Ostaszewski, 2022). On the other hand, negative peer effects, like being around deviant peer groups, getting socially rejected, or dealing with bullying, can make stress worse, raise the likelihood of depression and anxiety, and push adolescents toward maladaptive coping patterns (Aboagye et al., 2022; Escobar et al., 2020). School connectedness and social integration further mediate the effects of peer influence, kind of, at the end. When adolescents have strong relationships with teachers, they



also tend to feel they belong and are protected from bullying. That combo buffers them against mental health challenges to a significant extent (Adewuya et al., 2026; Li et al., 2020; Cavioni et al., 2021). Adolescents who feel accepted and supported in their school setting often show fewer depressive symptoms, and they also get better social competence and more academic involvement, which together really help mental health outcomes turn out better.

The way personal perception, parental involvement, and peer-group dynamics mesh together is complex, and it really depends on the setting. Some studies show that when parents are supportive, it can lower the likelihood that negative peer influence wins out, and that a healthier self-view helps teens resist maladaptive behaviours (Steinberg & Morris, 2001; Prinstein & Giletta, 2016). Now, in Ibadan, cultural norms, the way families are set up, and what goes on in schools all come together at the same time and end up shaping how those dynamics play out. So it feels necessary to look at these elements as a whole rather than separately to make sense of how they affect adolescent mental health. However, even after extensive research, there remain gaps in how personal perception, parental involvement, and peer influence all work together, affecting adolescent mental health within Nigerian urban school spaces. Most existing studies tend to focus on one factor at a time or on Western populations, making it harder to generalise to local settings (Obimakinde & Omigbodun, 2020; Adewuyi et al., 2024). Also, not many studies have specifically examined these issues within senior secondary schools in Ibadan, because adolescents there seem to face their own kind of academic pressure, along with sociocultural expectations and family transitions that come and go. This study aims to reduce that gap by examining how personal perceptions, parental practices, and peer group dynamics jointly relate to mental health outcomes among adolescents in schools within Ibadan Metropolis.

Research Questions

The following research questions guided the study:

1. Does gender make a significant difference in mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis?
2. What relationship pattern exists between (personal perception, parental influences, peer-group influences) and mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis?
3. What is the joint contribution of (personal perception, parental influences, and peer-group influences) to mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis?
4. What is the relative effect of (personal perception, parental influences, and peer-group influences) on mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis?

Methodology

To answer the research questions, a descriptive correlational survey research design was used, kinda to, you know, look around. This type of design is suitable because it helps examine the links between the independent variables, personal perception, parental influences, and peer-group influences and then the dependent variable, mental health outcomes. In other words, we did not touch or control any variables; no manipulation was done, we just observed the relationships as they already are, without rearranging anything. A multi-stage sampling procedure was used to pick the sample from the study population. The population comprises all in-school adolescents registered in senior secondary schools (SSS I–III) within Ibadan Metropolis, Oyo State, Nigeria. For the selection, random sampling was applied. The researcher chose ten (10) senior secondary schools across the five local government areas inside Ibadan Metropolis. From those selected schools, three hundred and ninety (390) students were picked at random among the senior secondary school learners at each school, while thirty-nine (39) students were taken per school. Both male and female participants were included, so the group was not one-sided. The instrument used to gather participant data in this study was basically a structured questionnaire. It had two parts on the questionnaire, labelled A and B, and not much else. Section A is where the demographic information was gathered, including gender, age range, class level, family structure (for example, single-parent,



two-parent, stepfamily), and school type. Then, Section B collected responses to the primary study variables in a more direct manner.

Before things went further, the tool was made available to specialists in educational psychology, mental health and measurement and evaluation so they could properly validate it. After the experts confirmed that the instrument was valid, a pilot study was conducted to assess reliability. In that pilot, the questionnaire was administered to participants outside the sample area, meaning people in a nearby local government area that was not included in the main study. Reliability was assessed using Cronbach's alpha. The reliability values were as follows: Personal Perception Scale ($\alpha = 0.85$), Parental Influence Scale ($\alpha = 0.82$), Peer-Group Influence Scale ($\alpha = 0.87$), and Mental Health Outcomes Scale ($\alpha = 0.89$). The researchers followed the ethical guidelines throughout and obtained informed consent from the school authorities and the participants' parents or guardians, as well as assent from the adolescents who actually took part. To avoid any factual distortion, the respondents were also reassured about the confidentiality and anonymity of the data collected. The data for the study were gathered by the researchers, together with trained research assistants who supported the process carefully. Descriptive statistics (such as frequency counts, percentages, means, and standard deviations) were used to examine the demographic information and to help answer the research questions. Then Pearson Product-Moment Correlation (PPMC) and multiple regression analysis were used as the statistical tools for addressing the research questions and testing the hypotheses. Everything was evaluated at the .05 significance level.

Results

RQ1: Does gender make a significant difference in mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis?

To test whether a significant difference exists in the mental health outcomes of in-school adolescents based on gender, an independent samples t-test was performed. Table 1 shows the results.

Table 1: T-test results for gender comparison of mental health outcomes

Gender	N	Mean	SD	df	T	p
Male	228	47.54	33.96	388	1.079	.036
Female	162	42.79	27.53			

Table 1 shows that the mental health outcomes of in-school adolescents were somehow shaped by gender ($t[388] = 1.079$, $p < .05$). If you look at the average scores for males (47.54) and females (42.79), you might assume male adolescents had worse mental health overall, meaning the higher score reflects higher psychological distress, compared to their female counterparts.

RQ2: What relationship pattern exists between (personal perception, parental influences, peer-group influences) and mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis?

The second research question tries to find out whether there is some relationship pattern between (personal perception, parental influences, peer-group influences) and mental health outcomes among in-school adolescents in senior secondary schools within Ibadan Metropolis. Table 2 summarises the results and, well, basically how those factors connect.

Table 2: Descriptive statistics and correlation matrix related to the characteristics and mental health outcomes

Variables	N	Mean	SD	1	2	3	4
Mental Health Outcomes	390	46.40	32.55	1.00			
Personal Perception	390	44.90	32.43	.969**	1.00		
Parental Influences	390	29.33	6.29	.290**	.156**	1.00	



Peer-Group Influences	390	41.25	30.18	.810**	.789**	.210**	1.00
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Note. **Correlation is significant at the .01 level (2-tailed).*

It can be seen from Table 2, there is this strong connection between mental health outcomes for in-school adolescents and how they personally perceive things ($r = .969$; $p < .01$), plus parental influences too ($r = .290$; $p < .01$), and also peer group influences ($r = .810$; $p < .01$). Further, significant correlations showed up between the independent variables, although the exact patterns are not fully clear from the excerpt.

RQ3: What is the joint contribution of (personal perception, parental influences, and peer-group influences) to mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis?

The third research question examined how personal perceptions, parental influences, and peer influences interact to affect mental health outcomes among in-school adolescents in Ibadan Metropolis. The outcomes are as shown in Table 3.

Table 3: Multiple regression analysis on the composite contribution of independent variables to mental health outcomes

	Sum of Square (SS)	Analysis of variance		F	P
		DF	Mean Square		
Regression	136652.26	3	45550.75	2292.59	<.001
Residual	341798.81	386	44.18		
Total	478451.07	389			

^{a)} $R = .979$

^{b)} $R^2 = .959$

^{c)} Adjusted $R^2 = .958$

^{d)} Standard error of estimate = 6.46

Note. Dependent Variable: Mental Health Outcomes; Predictors: (Constant), Personal Perception, Parental Influences, Peer-Group Influences.

Table 3 presents the combined effects of personal perceptions, parental influences, and peer-group influences on in-school adolescents' mental health outcomes. The multiple correlation coefficient ($R = 0.979$, $p < .001$) and the multiple regression-adjusted coefficient ($R^2 = 0.958$) are presented in the table. This sort of result indicates that the combination of those independent variables accounted for about 95.8% of the variation in mental health outcomes. For the rest, residuals and a few other, perhaps less visible, factors might be responsible. The table also reported that $F(2292.59, p < .001)$ was produced by the regression analysis of variance, so that's why it appears there.

RQ4: What is the relative effect of (personal perception, parental influences, and peer-group influences) on mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis?

Finally, the study examined how personal perceptions, parental influences, and peer-group influences actually shape mental health outcomes among in-school adolescents. The findings are summarised clearly in Table 4.

Table 4: Summary of the relative contribution of independent variables to mental health outcomes

Model	Unstandardised coefficients	Standardised coefficients		t	p
	B	Standard error	Beta		
(Constant)	-16.86	2.20		-7.65	<.001
Personal Perception	0.95	0.01	.946	79.09	<.001
Parental Influences	0.74	0.06	.142	11.88	<.001
Peer-Group Influences	0.68	0.05	.635	13.60	<.001

Note. Dependent Variable: Mental Health Outcomes.



Table 4 shows that the independent factors did, in fact, significantly affect the prediction of mental health outcomes among in-school adolescents in Ibadan Metropolis. The strongest bit of the prediction, in terms of magnitude, came from personal perception ($\beta = .946$; $t = 79.09$; $p < .001$) though it's kinda clear. After that, peer group influences ($\beta = .635$; $t = 13.60$; $p < .001$) mattered as well, then parental influences ($\beta = .142$; $t = 11.88$; $p < .001$) in that same sequence..

Discussion of the Findings

The outcomes show that the mental health results of in-school adolescents are influenced by gender, not exactly in a simple way, but still, you can see it. Looking at the mean scores, plus the statistical tests, it seems clear that the male adolescents have worse mental health outcomes, meaning higher levels of psychological distress, than the female adolescents. So, compared to female students, male students appear more vulnerable to mental health problems like depression, anxiety, and emotional instability, even when other factors aren't fully teased out. This result aligns with earlier studies (Adewuyi et al., 2024; Escobar et al., 2020). Those works generally report that boys or male adolescents tend to show higher amounts of externalising difficulties and emotional dysregulation, even though a few studies have found the reverse. But the second main idea from those studies doesn't fully match what we found. For example, Obimakinde and Omigbodun (2020) and Lawrence and Adebawale (2022) reported no significant gender effect on adolescent mental health outcomes. Still, their papers seem to leave out enough evidence, or at least the right kind of details, so it's hard to make a firm call about how gender affects adolescent mental health, specifically in Nigerian school settings.

The results also showed there is a strong correlation between in-school adolescents' mental health outcomes and things like personal perception, parental influences and peer-group influences. The study noted that, unlike parental influences, which had a moderate and positive relationship with mental health outcomes, personal perceptions and peer-group influences both showed strong, positive correlations. It looks like this could mean that the way adolescents view themselves, like self-esteem, self-concept, and self-efficacy, might help them either build resilience or slip into vulnerability for psychological distress. Adolescents with a more positive personal perception are more likely to use adaptive coping strategies, but those with a negative self-perception seem to be at higher risk for internalising issues such as anxiety, depression, and social withdrawal (Orth & Robins, 2022; Moksnes & Reidunsdatter, 2019). Also, the study identified peer-group influences as a noteworthy factor affecting undergraduate students' mental health outcomes. That aligns with the argument that adolescents' social needs and identity formation are primarily shaped by peer relationships (Prinstein & Giletta, 2016). When students get positive peer support and feel socially accepted, they tend to show better mental health, whereas students who deal with bullying, social rejection, or end up around deviant peer groups are more likely to experience psychological distress (Aboagye et al., 2022; Oldfield et al., 2016). Finally, the weak gender difference that the study found suggests that gender is not really a major driver for the chance of poor mental health outcomes, because the vulnerabilities show up across both genders. According to Ho and Luong (2022), when young people have frequent interactions with peers, especially those who exhibit deviant behaviour, this can lead them to adopt maladaptive attitudes and emotional patterns, such as internalising problems, almost as if it were some form of group conformity. The results of this study align with that, suggesting that peer groups that share similar experiences can be a major place where personal ties and bonds form. Young people, as they try to shape their identity and gain independence from their parents (Erikson, 1968; Adewuyi et al., 2020), may lean on peers as their primary reference point for social comparison, sometimes more than they do on their parents. Adewuyi (2021) also points out that peers often help define social standing by comparing material possessions and social acceptance with those of their most important persons or significant others. So, adolescents might feel anxious, develop low self-worth, or even slip into depression when they think they are not measuring up within their peer group. Prinstein and Giletta (2016) note that peer influence is especially strong during adolescence and can steer both prosocial and antisocial behaviour. For instance, in a sample of 392 secondary school students, Oldfield et al. (2016) reported that peer attachment was significantly and positively associated with better mental



health outcomes. Still, other work (Obimakinde et al., 2019; Ogunsanwo, 2020) did not show a steady peer effect, so you get those mixed or contradictory results across the literature.

The results further indicate that the independent variables significantly contribute to mental health outcomes. This outcome aligns with Adewuya et al.'s (2026) study, which found that school protective factors were meaningful influences on adolescent mental health. They also contend that when adolescents struggle with mental health, it's often tied to negative peer support and a shaky self-perception. In other words, being around antisocial peers can raise the chances of both emotional and behavioural problems, so these unhelpful peer relations may help explain a decline in mental health (Hemphill et al., 2015). Also worth noting is that low family quality, meaning parental influences, tends to be a stronger driver of mental health difficulties, while stronger family ties are a stronger predictor of positive psychological well-being (Ajani et al., 2024; Obimakinde & Omigbodun, 2020; Omoponle, 2025). Cavioni et al. (2021) concluded that relationship quality among children and adolescents is the best indicator of both mental health and academic outcomes. Other work similarly suggests that parental monitoring and involvement can lower the frequency of mental health challenges for adolescents. It can look like routine conversations about emotional well-being and also about staying alert to what they do socially. (Adeleye & John-Akinola, 2021; Lawrence & Adebawale, 2022).

The research findings suggest that personal perceptions and the peer group's responses, to varying degrees, can predict mental health outcomes. Parental influences, sure, they are significant too, but they seem to have a smaller direct pull than those two factors. This kinda fits with Harter's (2012) theoretical structure, where it was reported that mental health outcomes like self-esteem and emotional stability are mainly steered by self-perception plus peer acceptance. She also pointed out that one of the more important predictors of an individual's mental health is having a positive self-concept and friendships that actually feel supportive. In another related piece of work, Bandura (1997) talked with students and concluded that self-efficacy is the strongest predictor of psychological well-being. The results further indicated that adolescent mental health outcomes are influenced both directly and indirectly by parental influences, but via peer offending and self-perception, kind of in tandem. Then, Steinberg and Morris (2001) added that there is evidence connecting low self-esteem with deviant peer associations, and that this connection tends to raise the chance of internalising and externalising mental health problems. Again, Bobrowski and Ostaszewski (2022) found that personal perceptions continue to predict a range of mental health outcomes, and that peer influences feel like they matter more to other people's emotional well-being. They also mentioned that the relative anonymity and constant connectivity that social media brings might make peer influence stronger in shaping adolescent mental health than older face-to-face interactions. This aligns with Adewuyi et al. (2024) and Ojuolape et al. (2025), even if the mechanisms may look a bit different in practice. Further, Li et al. (2020) backs up this idea by suggesting that adolescents who spend more time online, and who interact with peers through digital platforms, may end up with higher social comparison stress, more anxiety, and even depression, when levels of Internet access and school connectedness are basically similar.

Conclusion

The mental health outcomes among in-school adolescents in senior secondary schools in Ibadan Metropolis are a pressing concern for basically all stakeholders involved, including parents, educators, mental health professionals, and policymakers. It is essential to look into the underlying correlates of poor mental health outcomes, especially because adolescents who deal with depression, anxiety, social withdrawal, and low self-esteem often face severe emotional, psychological, and academic repercussions. As society becomes more digital, and adolescents experience mounting academic, social, and familial pressures, investing in measures that help us understand and strengthen adolescent mental health becomes ever more critical. This study tries to explore the mechanisms and the connections between mental health outcomes among in-school adolescents and three key variables: personal perception, parental influences, and peer-group influences. After analysis, the findings showed significant correlations among personal perceptions of parental and peer-group influences and mental health outcomes among senior secondary school students in Ibadan Metropolis. Specifically, male students had poorer mental



health outcomes (higher psychological distress) compared to female students. Personal perception and peer-group influences were found to matter more in predicting mental health outcomes, while parental influences, although significant, had a comparatively smaller direct effect. This research helps us get a bit more clarity on how adolescents' mental health turns out in the Ibadan Metropolis, and it also shows why this is a big public health issue. The results seem to imply that if we want to handle adolescent mental health troubles and what comes after them, we'll need more than just small adjustments; we need a real psychological and social reorientation, especially where the study's independent variables are involved, like personal perception, parental influences, and peer group effects. To properly respond to adolescent mental health problems, you have to design multifaceted strategies so that the issues are tackled from different angles, for example, school-based mental health programs, parent education initiatives, and peer support interventions.

Recommendations

The following recommendations were given in the study:

1. Adolescents should be careful when joining cliques or other peer circles, and they should seek friendships that are kind, considerate, and generally prosocial. Also, they're encouraged to talk openly with trusted adults, like parents, teachers, and school counsellors, about whatever emotional troubles or social worries they are dealing with, even if it feels awkward at first.
2. Parents really ought to use an authoritative parenting approach that includes warmth, steady monitoring, and autonomy that fits their adolescent's age. They can also build a home atmosphere that feels safe and supportive, so that adolescents can share their feelings without the constant worry of harsh judgment or punishment.
3. Schools should set up guidance and counselling units with trained counsellors, so they can offer one-to-one and group support for adolescents who are showing signs of psychological distress. At the same time, anti-bullying rules should be applied consistently, and mental health awareness initiatives should be repeated on a regular schedule.
4. Teacher training programs should also cover adolescent mental health, including how to notice warning signals of psychological distress and how to make the right referral when needed.
5. The Ministry of Education and the Ministry of Health in Oyo State and Nigeria at large should develop and implement policies at both national and state levels that require mental health education and services to be available in secondary schools, because leaving it to chance doesn't really work. National legislation that supports adolescent mental well-being and also protects young people from harmful peer pressures (for example, cyberbullying, substance use) should be enacted, so there is a clear legal framework for addressing these kinds of risk factors.

References

- Aboagye, R., Ahinkorah, B., Seidu, A., Okyere, J., Frimpong, J., & Kumar, M. (2022). In-school adolescents' loneliness, social support, and suicidal ideation in sub-Saharan Africa: Leveraging Global School Health data to advance mental health focus in the region. *PLOS ONE*, 17. <https://doi.org/10.1371/journal.pone.0275660>
- Adeleye, A., & John-Akinola, Y. (2021). Psychological stress and its associated factors among in-school adolescents in Ibadan, Nigeria. *The Nigerian Journal of Sociology and Anthropology*. <https://doi.org/10.36108/njsa/1202.91.0140>
- Adewuya, A., Oladipo, O., & Esangbedo, A. (2026). School protective factors and adolescent mental health in Nigeria: An investigation of cumulative effects, buffering mechanisms, and gender differences. *BMC Psychology*. <https://doi.org/10.1186/s40359-026-04150-z>
- Adewuyi, H. O., Jimoh, A. M., & Falaye, A. O. (2020). The predictive influence of self-compassion, social support, social media, and gender on self-acceptance among school-going adolescents in Oyo state. *Journal of Positive Psychology and Counselling*, 6, 146-157.



- Adewuyi, H., Raji, N., Jacob, U., Olabode, O., & Pillay, J. (2024). Mental health among secondary school students: Predictive factor analysis. *Universal Journal of Public Health*. <https://doi.org/10.13189/ujph.2024.120103>
- Adewuyi, H. O. (2021). Mode deactivation, coherence therapies and self-acceptance among in-school adolescents with negative body image in Osun State, Nigeria (Doctoral dissertation).
- Adewuyi, H. O., Raji, M. N., Ajani, B. A., Umanhonlen, S. E., & Adegoke, A. S. (2023). Examination Anxiety Among in-School Adolescents: Parental Factors, School Environment and Gender as Determinants. *Indonesian Gender and Society Journal*, 4(2).
- Ajani, B. A., Umanhonlen, S. E., Raji, N. A., Adegoke, S. A., & Adewuyi, H. O. (2024). Secondary school violence among adolescents: The contributing factors and way forward. *Indonesian Journal of Community and Special Needs Education*, 4(2), 83-94.
- Ajani, B. A. (2021). *Emotion-Focused and Cognitive Behavioural Therapies as Determinants of Pre-Service Counsellor Anxiety in Federal Universities in Southwestern Nigeria* (Doctoral dissertation).
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman.
- Bobrowski, K., & Ostaszewski, K. (2022). Risk and protective factors associated with internalising and externalising mental health problems among 13-15-year-old youth. *Psychiatria Polska*, 56(5), 1033-1048. <https://doi.org/10.12740/pp/139519>
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development* (6th ed., pp. 793-828). Wiley.
- Cavioni, V., Grazzani, I., Ornaghi, V., Agliati, A., & Pepe, A. (2021). Adolescents' mental health at school: The mediating role of life satisfaction. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.720628>
- Erikson, E. H. (1968). *Identity: Youth and crisis*. Norton.
- Escobar, D., De Jesus, T., Noll, P., & Noll, M. (2020). Family and school context: Effects on the mental health of Brazilian students. *International Journal of Environmental Research and Public Health*, 17. <https://doi.org/10.3390/ijerph17176042>
- Harter, S. (2012). *The construction of the self: Developmental and sociocultural foundations* (2nd ed.). Guilford Press.
- Hemphill, S.A., Tollit, M., Kotevski, A., & Heerde, J.A. (2015). Predictors of traditional and cyber-bullying victimisation: A longitudinal study of Australian secondary school students. *Journal of Interpersonal Violence*, 30(15), 2567-2590. <https://doi.org/10.1177/0886260514553636>
- Ho, H. T. N., & Luong, H. T. (2022). Research trends in cybercrime victimisation during 2010-2020: A bibliometric analysis. *SN Social Sciences*, 2(1), 4. <https://doi.org/10.1007/s43545-021-00305-4>
- Lawrence, K., & Adebawale, T. (2022). Adolescence dropout risk predictors: Family structure, mental health, and self-esteem. *Journal of Community Psychology*. <https://doi.org/10.1002/jcop.22884>
- Li, J., Li, J., Jia, R., Wang, Y., Qian, S., & Xu, Y. (2020). Mental health problems and associated school interpersonal relationships among adolescents in China: A cross-sectional study. *Child and Adolescent Psychiatry and Mental Health*, 14. <https://doi.org/10.1186/s13034-020-00318-6>
- Moksnes, U. K., & Reidunsdatter, R. J. (2019). Self-esteem and mental health in adolescents. *Scandinavian Journal of Public Health*, 47(5), 554-561. <https://doi.org/10.1177/1403494818800310>
- Obimakinde, A., & Omigbodun, O. (2020). The association between identity status, perceived parenting strategies, and mental health of in-school adolescents in South-West Nigeria: A descriptive survey. *Journal of Mental Health and Human Behaviour*, 25, 21-26. https://doi.org/10.4103/jmhbb.jmhbb_1_20
- Obimakinde, A., Omigbodun, O., Adejumo, O., & Adedokun, B. (2019). Parenting styles and socio-demographic dynamics associated with mental health of in-school adolescents in Ibadan, south-west Nigeria. *Journal of Child & Adolescent Mental Health*, 31, 109-124. <https://doi.org/10.2989/17280583.2019.1662426>
- Ogundele, S. O., Adeyemi, B. A., & Olawale, O. T. (2022). Stressors and mental health outcomes among in-school adolescents in Ibadan. *Nigerian Journal of Clinical Psychology*, 11(2), 77-93. <https://doi.org/10.54321/njcp.v11i2.450>



- Ogunsanwo, M. (2020). Peer group influence, socioeconomic background and gender differentiating psychological well-being among adolescents of senior secondary schools in Ogun State, Nigeria. *Journal of Educational Research and Development*, 8(2), 233-239.
- Ojuolape, M. O., Fehintola, V. A., Adegoke, A. S., Okpako, E. O., Raji, N. A., Umanhonlen, S. E., & Adewuyi, H. O. (2025). Impact Of Music Videos On Pornography Exposure And Sexual Abuse Behavior Among Youths And Adolescents In Nigeria. *Annals of the University of Craiova for Journalism, Communication and Management*, 11(1), 88-95. <https://doi.org/10.5281/zenodo.15851155>
- Oldfield, J., Humphrey, N., & Hebron, J. (2016). The role of parental and peer attachment relationships and school connectedness in predicting adolescent mental health outcomes. *Child and Adolescent Mental Health*, 21(1), 21-29. <https://doi.org/10.1111/camh.12108>
- Omigbodun, O. O., Fadipe, B., & Oluwole, O. G. (2021). Cultural factors in adolescent mental health in Ibadan. *Transcultural Psychiatry*, 58(4), 499-512. <https://doi.org/10.1177/1363461520987064>
- Omoaponle, A. H. (2025). An investigation into career decion-making among final year primary school students in Ibadan: The roles of year primary school students in Ibadan: The roles of self-efficacy, peer pressure, and social media influence. *Social Sciences and Education Research Review*, 12(2), 440-450. <https://doi.org/10.5281/zenodo.17870765>
- Orth, U., & Robins, R. W. (2022). Self-esteem and depression across the lifespan. *Journal of Personality and Social Psychology*, 122(4), 732-750. <https://doi.org/10.1037/pspp0000410>
- Prinstein, M. J., & Giletta, M. (2016). Peer influence processes in adolescence. *Current Directions in Psychological Science*, 25(2), 101-107.
- Steinberg, L., & Monahan, K. C. (2007). Age differences in resistance to peer influence. *Developmental Psychology*, 43(6), 1531-1543. <https://doi.org/10.1037/0012-1649.43.6.1531>
- Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Annual Review of Psychology*, 52, 83-110.
- Syed, M., & McLean, K. C. (2017). Erikson's theory of psychosocial development. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of personality and individual differences* (pp. 1-5). Springer. https://doi.org/10.1007/978-3-319-28099-8_1409-1