

# Determinants of Mental Disorder Among Adolescents in Selected Secondary Schools in Ibadan North East Local Government, Oyo State

**Author(s),** ALADELOYE, Abidemi Omobolanle,  
Prof. Aina. J O

## Abstract:

Mental disorder is a public health problem in developed as well as developing countries. It is a psychiatric morbidity with many determining factors responsible for their manifestations. This study therefore assessed the determinants of mental disorder among adolescents in selected secondary schools in Ibadan North-East Local Government, Oyo State. The study adopted a cross-sectional design using two stage sampling selection process with a sample size of 359 selected from six schools (SSS1-SSS3 students). Data was collected using a self-design questionnaire which was pilot tested through test re-test method and yielded a reliability coefficient (index) of 0.90. Analysis of data was done using descriptive statistics and chi-square test, at 0.05 level of significance. The findings revealed that negative family environment (Parental substance abuse), family financial constraints, and frequent family conflicts are parental factors that could cause mental disorder in adolescent. In conclusion, the higher the completion of Erikson Identity vs. Role confusion, the lower the tendencies of having mental disorder or vice versa. It was recommended among others that the Government should ensure incorporation of mental health services into school health programs.

**Keywords:** Adolescents, Determinants, Mental disorders, Secondary schools,

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About Author

**Author(s):**

**ALADELOYE, Abidemi Omobolanle**

Department of Mental Health Nursing,  
School of Nursing Science,  
Babcock University, Ilishan-Remo, Ogun State, Nigeria.

**Prof. Aina. J O**

Department of Mental Health Nursing,  
School of Nursing Science,  
Babcock University, Ilishan-Remo, Ogun State, Nigeria.



## Introduction

Mental health is important at every stage of life. It includes; emotional, psychological and social well-being. It determines how one relates with other people, handle stress, think, feel and act. Mental Disorder is a severe health concern among people and especially adolescents in the world. It is a problem that continues to increase, under-detected, under-diagnosed and under-treated. Addressing problems of mental health is crucial to healthy living, as the saying goes 'no mental health, no health. World Health Organization (WHO) describes health is a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity. Mental health is the successful performance of mental functions by a person, which results in productive activities, fulfilling relationships, adaptation to changes and coping with adversities (WHO, 2019). The individuals with these qualities are said to possess emotional well-being. According to Miller (2020), mental health provides a person with the capacity for rational thought, interpersonal communication, emotional growth, resilience, and self-esteem. It is believed that mental health and mental illness are on a continuum, and one finds it hard to determine where mental health ends and where mental illness begins, because what is mental health in one community may be classified as mental illness in another community.

Mental illness consists of a range of problems, manifesting as abnormalities in thought, emotion, behavior, and relationships with others (Eun, et al 2018). Although, these abnormalities may sometimes be mild, it becomes a concern when they begin to affect one's ability to cope with activities of daily living. Mental health problems are a leading cause of disabilities in human beings. According to Silva et al (2020) they rank number three out of ten causes of disability in people aged 15 to 44 years of age. The adolescent period falls in this age period.

Many are ignorant of the factors that pose risk to mental health among adolescents. Studies have shown that most adult mental illness emanated from childhood (Suileman, 2016). Drug use and drug abuse are common among adolescents and it is estimated by the WHO (2021) that half of all mental health conditions start at age 14, which is inside the adolescent period. An estimated 16% of mental health issues are seen among the adolescents. Healthy People, in 2020 declared that, mental disorders among children and adolescents can lead to school truancy, failure, substance abuse, family discord, violence, and suicide.

Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity (WHO, 2021). Several more factors have been linked to mental health, such as race and ethnicity, gender, age, income level, education level, sexual orientation, and geographic location. Other social conditions—such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can also influence mental health risk and outcomes, both positively and negatively.

In order to provide clarity, the determinants responsible for mental disorders can be grouped into several categories which include biological, psychological and behavioural. Biological factors are those that come from parental deficits such as heredity, injury, chemical imbalance and infections. Psychological factors are external to the person, and they affect one's mental health such as presence of stressors from family separation and bereavement.



Behavioural factors are connected to one's lifestyle and are self-controllable. Although all the factors are interconnected, studies have shown that children of mothers with history of mental illness are five times more likely to have mental disorder. (Clark, et al 2017)

From the social point of view, it was discovered that poverty and fragmented family has a significant relationship with risk for mental disorders. Poor parental attachment and family discard affects the timing of the onset of puberty. Other factors include environmental (racism, inequality, unemployment and school). In the school environment, many adolescents have suffered peer influence, low self-esteem, bullying, emotional instability, all these have potential to affect their mental health.

Parental rejection and parental over-protection have negative impact on adolescent's mental health by lowering self-esteem but increasing psychological inflexibility. Out of all the factors that influence mental health of adolescent, parenting style has a direct and lasting effect on the development of adolescent's personality (Biao, et al, 2021]

According to Erikson, the fifth stage of his developmental theory deals with the growing child's identity versus role confusion. The adolescent must achieve a sense of identity, social relationship, psychosocial development, and fidelity. The adolescent may experience psychosocial crisis that may result in mental health problems. If these have been detected earlier and managed well, it could have averted future breakdown. It is believed that the age when they get into senior secondary school is the right period to discover these problems and prompt and effective solutions could have been put in place to minimize the risk of future mental illness.

Though, there is no record of study on determinants of mental problems among adolescents in Ibadan North-East local government. The researchers feel that a gap exists in literature that needs to be bridged especially in Nigeria and this is the problem that calls for the need to assess the determinants responsible for occurrence of mental disorders among adolescents in the selected Secondary School of this particular Local Government Area of Oyo state. The specific objectives were to:

1. To identify parental factors that could cause mental disorder in adolescents
2. Identify other extraneous factors that are responsible for mental disorder in adolescent
3. Examine the connection between mental disorder and Erickson's developmental stage of identity versus role confusion among adolescents
4. Assess mental disorders among the adolescents

### Research Hypotheses

**Ho1:** There is no significant association between assessment of mental disorder and Erikson's Identity vs. Role Confusion

**Ho2:** There is no significant association between parental factor and the development of mental disorders.

### Methodology

The study adopted a quantitative research design using cross-sectional method of assessment to determine the mental disorders among adolescents (within the age range 12-19 years). This study was conducted in some selected secondary schools in Ibadan Northeast local government area of Oyo state. The study population included SS1-SS3 students of the selected



public and private secondary schools. The sample size of 359 was computed using Cochran's formula. Simple random sampling technique was used to select the sample size.

Data were collected using self-structured questionnaire. The questionnaire was used to collect quantitative data from respondents in the selected schools. The questionnaire was divided into five sections. A copy of the questionnaire was given to experts in the field of study for scrutiny. The face and content validity of the instrument was ensured. The research instrument reliability was established through test re-test method. The questionnaire was administered twice within a period of two weeks on 36 students in senior secondary class of another local government area, different from the local government area of the respondents of the study. Data collected were analysed using Pearson Product Moment Correlation statistics which yielded reliability coefficient value of 0.90.

Reasonable time was taken to duly explain the content of the questionnaire to the students to ensure proper understanding of the items. Analysis of data collected were analysed using Statistical Package for Social Sciences (SPSS) version 23. The data collected were subjected to descriptive and inferential statistics.

## Results

**Research Objective 1:** Parental factors that could cause mental disorder in adolescents

**Table 1: Parental factors responsible for Mental Disorder among Adolescents**

Item	Agree	Disagree
Inconsistent discipline	242 (67.4%)	117 (32.6%)
Strict/ Harsh parents	228 (63.5%)	131 (36.5%)
Inter-parental conflict	225 (62.7%)	134 (37.3%)
Aversiveness (parental hostility)	202 (56.3%)	157 (43.7%)
Poor family relationship/ communication	176 (49%)	183 (51%)
Negative family environment (Parental substance abuse)	222 (61.8%)	127 (38.2%)
High parental monitoring	181 (50.4%)	178 (49.6%)
Over involvement	197 (54.9%)	162 (45.1%)
Death of parents	191 (53.2%)	168 (46.8%)
Separation of the parents	210 (58.5%)	149 (41.5%)
Lack of parental support	200 (55.7%)	159 (44.3%)
Family financial constraints	222 (61.8%)	137 (38.2%)
Frequent Family conflicts	238 (66.3%)	121 (33.7%)



Table 1 depicts that 67.4% agreed that inconsistent discipline is a factor for mental illness in adolescents, while only 32.6% disagreed. 63.5% support strict/harsh parent as a determinant, while 62.7% affirm that interparental conflict could cause mental illness. 56.3% claims that aversiveness of parent is a determining factor. More over 51% did not support that poor family relationship [communication] could predispose an adolescent to mental illness, this could be due to the environment, where most families don't believe in close relationship, the father does his job, and the mother does her own and everybody in the home is okay. From the table above 50% of the respondents has strong agreement that negative family environment, high parental monitoring, over involvement, death of parents, separation of parent, lack of parental support, family financial constraints and family conflicts are factors that can positively affect an adolescent's mental health.

**Table 2: Summary of Parental Factors**

Parental Characteristics	Class Range	Frequency (359)	Percentage (%)
Negative	0%-50%	176	49
Positive	51%-100%	183	51

Majority of the respondents (51%) believed that parental characteristics are major factors influencing mental health of adolescents

**Research Objective 2:** Other extraneous factors that are responsible for mental disorder in adolescent

**Table 3: Other contributing factors responsible for Mental Disorders among Adolescents**

Items	Yes	No
Poor academic performance in school	185 (51.5%)	174 (48.5%)
Emotional instability	268 (74.7%)	91 (25.3%)
Low self-esteem	233 (64.9%)	126 (35.1%)
Peer isolation	214 (59.6%)	145 (40.4%)
Lack of motivation from the teachers	166 (46.2%)	193 (53.8%)
Bullying from peers in school	190 (52.9%)	169 (47.1%)
Academic pressure	242 (67.4%)	117 (32.6%)
Prevailing economic inflation/low socioeconomic status	183 (51%)	176 (49%)
Poverty	217 (60.4%)	142 (39.6%)
Infection/ Diseases	221 (61.6%)	138 (38.4%)
Increased stress	203 (56.5%)	156 (43.5%)
Fear/ Anxiety	235 (65.5%)	124 (34.5%)
Social isolation/ Loneliness	238 (66.3%)	121 (33.7%)
Having a long-term physical health condition	232 (64.6%)	127 (35.4%)





More than half (74.7%) of the respondent believes that emotional instability is the cause of mental disorder among adolescents, while less than half (48.5% of the respondents claim that bad academic performance in school is not a cause. However, over half of the respondents (59.6%) acclaim that peer isolation is the cause of mental disorders among adolescents, and also more than half (64.9%) of respondents believe that low self-esteem is the cause. Moreover, 53.8% of the respondents agree that lack of motivation from teachers is not the cause of mental disorders among adolescents, while 46.2% of the respondents disagree. Likewise, 67.4% of the respondents acclaims that academic pressure is the cause of mental disorder among adolescent, while 47.1% of the respondents believe that bullying from a peer in school is not one of the causes.

Furthermore, 51% of the respondents agree that low socioeconomic status is the cause of mental disorder among adolescents, though over half of the respondents (60.4%) acclaims that poverty, is the cause. Over half (61.6%) of the respondents, acclaims that infection or disease is the cause of mental disorder among adolescents, while 64.6% agree that having a long-term physical health condition is one of the causes. Moreover, 43.5% of the respondents disagree that increased stress is one of the causes of mental disorders among adolescents, while 65.5% of the respondent's claim that fear or anxiety is one of the causes. Besides, over half (66.3%) of the respondents believe that loneliness is one of the causes of mental disorders among adolescents, while some (33.7%) of the respondents disagree.

**Research Objective 3:** The connection between mental disorder and Erickson's developmental stage of identity versus role confusion among adolescents

**Table 4: Assessment of respondents based on Erikson's Identity Vs Role confusion**

S/N	Variable	True	False
1.	I change my opinion of myself a lot	268 (74.7%)	91 (25.3%)
2.	I have got a clear idea of what I want to be	332 (92.5%)	27 (7.5%)
3.	I feel mixed up	171 (49.6%)	188 (52.4%)
4.	The important things in life are clear to me	244 (68%)	115 (32%)
5.	I have got it together	244 (68%)	115 (32%)
6.	I know what kind of person I am	322 (89.7%)	37 (10.3%)
7.	I can't decide what I want to do with my life	135 (37.6%)	224 (62.4%)
8.	I have a strong sense of what it means to be a female/male	300 (83.6%)	59 (16.4%)
9.	I like myself and am proud of what I stand for	343 (95.5%)	16 (4.5%)
10.	I don't know what I'm on about	87 (24.2%)	272 (75.8%)
11.	I find I have to keep up a front when I'm with people	290 (80.8%)	69 (19.2%)
12.	I don't really feel involved	174 (48.5%)	185 (51.5%)

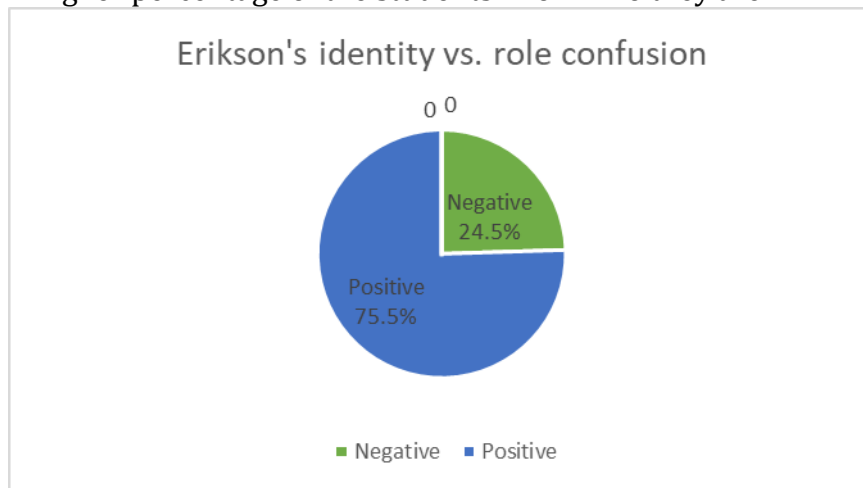


Most of the respondents (74.7%) acclaimed they change their opinion of themselves a lot while few of them (7.5%) do not believe they've got a clear idea of what they want to be. A higher percentage of 68 testified the important things in life are clear to them likewise, most of them (68%) acclaimed they have got it together. A large percentage of the respondents (89.7%) believed they know the kind of person they are while only a few (37.6%) of them believed they can't decide what they want to do with their lives. Conversely, only a few (16.4%) of the respondents do not believe they have a strong sense of what it means to be a female/male. Some of the respondents (95.5%) liked themselves and were proud of what they stand for while (75.8%) said they don't know what they are on about and (19.2%) disclaimed they have to keep up a front when they are with people. Nevertheless, only respondents with the percentage (48.5%) believed they don't feel involved.

**Table 5: Summary of Erikson's identity Vs role confusion**

Erikson's identity vs. role confusion	Class Range	Frequency (359)	Percentage (%)
Negative	0%-50%	88	24.5
Positive	51%-100%	271	75.5

A higher percentage of the students know who they are.



**Figure 1: Erikson's Identity Vs Role confusion**

**Research Objective 4:** Assessment of mental disorders among the adolescents

**Table 6: Assessment of mental disorders among the adolescents**

Variables	Not at all	Seldom	Usual	More than usual
Did you feel as if you are unable to concentrate?	34 (9.5%)	210 (58.5%)	68 (18.9%)	47 (13.1%)
Have you lost much sleep due to worrying?	42 (11.7%)	214 (59.6%)	57 (15.9%)	46 (12.8%)
Did you find it difficult to make decisions?	48 (13.4%)	204 (56.8%)	55 (15.3%)	52 (14.5%)





Have you undergone too much stress?	33 (9.2%)	204 (56.8%)	74 (20.6%)	48 (13.4%)
Were there times you could not overcome difficulties?	26 (7.2%)	191 (53.2%)	85 (23.7%)	57 (15.9%)
Did you enjoy your day-to-day activities?	43 (12.0%)	112 (31.2%)	84 (23.4%)	120 (33.4%)
Did you feel unhappy and depressed?	45 (12.5%)	209 (58.2%)	61 (17%)	44 (12.3%)
Did you feel worthless?	48 (13.4%)	212 (59.1%)	56 (15.6%)	43 (12.0%)
Did you feel as if you are losing confidence?	51 (14.2%)	186 (51.8%)	71 (19.8%)	51 (14.2%)
Are there times you feel reasonably happy?	36 (10%)	115 (32%)	83 (23.1%)	125 (34.8%)
Have you ever felt you are playing a useful part?	32 (8.9%)	138 (38.4%)	71 (19.8%)	118 (32.9%)
Does it look like you are facing up to problems?	43 (12.0%)	185 (51.5%)	68 (18.9%)	63 (17.5%)

Most of the respondents (58.5%) said they seldomly feel as if unable to concentrate and (59.6%) of them acclaimed they seldomly lost much sleep due to worrying. Few of the respondents (15.3%) usually find it difficult to make decisions while (9.2%) said they have not undergone too much stress at all. A few numbers of the respondents with (a 15.9%) percentage said there were more than usual times they could not overcome difficulties and only (23.4%) of the respondents enjoyed their day-to-day activities. Furthermore, most of the respondents (58.2%) said seldomly feel unhappy and depressed while (13.4%) do not feel worthless at all.

**Table 7: Summary of Assessment of mental disorder among adolescent**

Level of Mental disorder	Class range	Frequency	Percentage
Low	0% - 49%	173	48.2%
Average	50% - 74%	165	46.0%
High	75% - 100%	21	5.8%

### Test of Hypotheses

**Ho1:** There is no significant association between assessment of mental disorder and Erikson's Identity vs. Role Confusion

**Table 8: Association between Erikson's identity Vs Role confusion and Assessment of mental disorder among adolescents**

	Erikson's Identity Vs Role confusion.
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	Negative No (%)	Positive No (%)	CHI SQUARE	P VALUE
Assessment of mental disorder				
Low	31 (8.6)	142 (39.6)	8.555	0.014
Average	49 (13.6)	116 (32.3)		
High	8 (2.2)	13 (3.6)		

Note: Significance at  $p < 0.05$

Table 8 shows that Chi-square value of 8.555 and p-value of 0.014 at a 0.05 level of significance indicated that there was a significant association between assessment of mental disorder and Erikson's Identity vs. Role Confusion.

**Ho2:** There is no significant association between parental factor and the development of mental disorders.

**Table 9: Association between parental factor and the development of mental disorders**

	Mental Disorder Assessment			
	Negative (%)	Positive (%)	CHI SQUARE	P VALUE
<b>Parental Factors</b>				
Low	92(25.6)	81(22.6)	6.624	0.036
Average	79(22.0)	86(24.0)		
High	5(1.4)	16(4.5)		

\*Significant at  $p < 0.05$

Table 9 shows that chi-square value of 6.624 and p value of 0.036 at 0.05 level of significance indicated that there is a significant association between the parental factor and the development of mental disorders

### Discussion of Findings

According to the findings of this study that shows that strict/harsh parents (63.5%), inconsistent discipline (67.4%) and aversive parental hostility (56.3%) are factors for mental disorder, which relates to a study by Yap, et al (2014) which shows that parent's overprotection and authoritativeness (i.e., excessive interference with the offspring's autonomy), makes children prone to mental disorder, over-involvement (54.9%) and high parental control (50.4%) during childhood and adolescence have been connected to mental health disorder in adolescent, this is also verified by another study carried out in Ogun State, Southwestern Nigeria by Aniemeka et al. (2021), on the influence of parenting styles on psychopathological symptoms among in-school adolescents which claims that, when parents are too harsh on adolescents, they tend to be secretive, keep to themselves and keep their parents out of their life. If such a child has psychological issues, they will not be free to share



with their parents for help and this can lead to a mental breakdown. A balance between the control parenting style and the responsive parenting style is therefore recommended by Aniemeka et al (2021).

Our study shows that only 61.8% of our respondent agrees that family financial constraints are always a factor for mental disorder, while 38.2% claimed that family financial constraints is never a factor for mental disorder, which is in line with a study conducted in Iran by Alijanzadeh (2021) among high school student from Qazvin, this study revealed an association of the respondent's mental health with their father's income. Low income was identified as the risk factor for poor mental health among female students in Qazvin. It was discovered in this study that the majority of the respondents' fathers have a secondary and tertiary level of education, which has been recognized by the same study by Alijanzadeh (2021) as a factor causing mental disorders among secondary school students. Another study (Li et al, 2020) also affirm these claims and further itemized the factors causing the balanced mental states of secondary school students which are students from nuclear families, students with their mothers being alive, whose parents lived together, whose parents have a secondary level of education, students who have more than one sibling, students who do not smoke, drink and who have no family history of depression, which are statistically supported in this study.

This study also presents low self-esteem as one of the factors causing mental disorders which is backed up by a study by Erskine et al (2017) which claimed that a high level of self-esteem in adolescents results in a low level of depression (mental disorder). The present study also describes fear and anxiety as one the factors affecting the mental state of adolescents, especially secondary school students. The study by Yap, et al (2021) also affirms this but extends its finding to the cause of these fears in adolescents. The study presents various acts that result to fear, anxiety, depression, and suicidal thoughts such as smoking, drinking, the use of illicit drugs, and also comparisons among peers.

The findings of this study show that low self-esteem and emotional instability, have a high percentage of contributing to mental disorder among adolescents, which is following a study carried out by Erskine et al (2017) which state that part of adolescent behavioral and cognitive makeup is associated with depression, an example is a self-esteem which when the level is high in an adolescent, the probability of depression is lower.

The findings of this study also reveal that most of the respondents acclaimed they change their opinion of themselves a lot while few of them do not believe they've got a clear idea of what they want to be. A large percentage of the respondents (89.7%) believed they know the kind of person they are while only a few (37.6%) of them believed they can't decide what they want to do with their lives. This is established by Miller (2020) in an attempt to summarize mental health, the author declares rational thought, interpersonal communication, emotional growth, resilience, and self-esteem to be characteristics of adolescents with balanced mental health. The findings of this study also revealed that 39.6% of the student that knew who they were had low tendencies toward having a mental disorder, 2.2% of the student who did not know who they were had high tendencies toward having a mental disorder, and also 8.6% of the student did not know who they were had low tendencies of having a mental disorder.



Furthermore, it was concluded from the findings of this study that there is an association between assessment of mental disorders and Erikson's Identity vs. Role Confusion.

## Conclusion

The current study found that among all the factors listed as responsible for mental disorders among adolescents, parental influence as well as Erikson's Identity vs. Role confusion play significant role. This study further identified the determinants of mental disorders based on certain factors such as psychological, biological, social, and environmental as well as the effects of mental disorders on adolescents. Hence there is a great need to intimate parents on the need to balance their parenting style as well as allowing effective communication between parents and adolescents.

## Recommendations

Based on the findings of the study, the following recommendations were made.

1. The Government should ensure incorporation of mental health services into school health programs
2. There should be inclusion of rehabilitative services for adolescents in school mental health policy for the country.
3. School management should create a healthy environment and good atmosphere in schools to encourage students' mental health.
4. With harsh parents, adolescents tend to be secretive, keep to themselves and keep their parents out of their life. If such a child has psychological issues, they will not be free to share with their parents for help and this can lead to a mental breakdown. A balance between the control parenting style and the responsive parenting style is therefore recommended.
5. Parents should communicate openly and honestly to their teens and also should be engaged in their school activities like helping with homework and so on.
6. Health care providers should engage parents in a discussion about how to connect with their adolescents, communicate effectively, and monitor their activities and their health behaviors.

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