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Impact of Unhealthy Psycho Social Environment on Adolescent Mental Health Causes Emotional and Behavioural Problems

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ABSTRACT

Adolescence is a most crucial period in a person's life because influence of neuro endocrine hormones, the brain undergoing maturation process of neuroplasticity at the sametime adolescents has more expectations in educations and achievements in life. The brain immaturity and emotional turmoil of adolescents under developmental crisis who need safe and nurturing environment. It is essential for adolescents to grow up in to a well adjusted person. The aim of this study to assess the influence of psychosocial stressors on adolescent mental health. This study conducted in selected schools at Kanchipuram District, Chennai. A mixed method research design was used for collecting data from 8^{th} to 12^{th} standard students' age between 13-17 years. The stratified random sampling technique was used to collect data from 100 samples with help of the standard tool child behaviour check list (CBCL) YSR 11-18year[1]. The result revealed that in comparing the CBCL score between the male and female adolescents having significant difference in rule breaking behaviour $p<0.003$ and thought problems $p<0.001$. Out of 100 samples 10 Adolescents were willing to share their problems were selected to discuss their emotional and behavioural problems and expressed their stressors and found the stressors such as poor parental relationship (alcoholic father), insecure home environment, peer pressure, inadequate economical support and academic pressure lead them for loneliness, inferiority, hopelessness, anxiety, involvement of immoral behaviors.

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INTRODUCTION

Adolescence is the period when the growth and development as well as learning are believed to be at pinnacle due to transition from childhood to adulthood. During adolescence there are rapid physiological, psychological, emotional, social changes as well as demands for new social roles to take place. Thus the period of adolescence is a period of dramatic challenge, during which an individual is in the process of establishing attitudes for effective participation in society. Adolescence is a critical period in social development because adolescents can be easily influenced by the peers they develop close relationships with.

The relationships adolescents have with their peers, family, and members of their social sphere play a vital role in the social development of an adolescent. An adolescent's environment plays a huge role in their identity development. So many factors contribute to the developing social identity of an adoles-

cent from commitment, to coping devices to social media. All of these factors are affected by the environment an adolescent grows up in.

The period of adolescents makes an end to childhood and sets the foundation for maturity. Children with sound mind in a sound body are essential for future development of our country. Adolescent thoughts and feelings about themselves fluctuate based on the daily experiences. The grade on an exam, relationship with friends, ups and downs in a romantic relationship can all have a temporary impact on how people feel about themselves.

According to Self-efficacy theory to equip adolescents with competencies, self-regulatory capabilities, and a resilient sense of efficacy that enables them to enhance their well-being and accomplishments (Bandura, 1997). Young people in the age group of 10-24 year in India constitutes one of the precious resources and that this is a phase of vulnerability, often influenced by several intrinsic and extrinsic factors that affect their health and safety (Sunitha and Gururaj, 2014). The predictors, such as adolescent age, parental involvement, and paternal age, cause to develop emotional and behavioural problems (Aboobaker *et al.*, 2019). Adolescents need a conducive environment to develop these competencies, but many of them its myths than reality.

Background

One in six people are aged in 10-19 years, 16% of mental health issues are global burden among this age group. Half of the psychiatric problems start by 14 years of age, but most of the cases undiagnosed and untreated. Depression is the common cause of illness and disability of adolescents. The third leading cause of death is suicide among 15-19 year of age reported by (WHO Key Facts, 2019).

Negative perception of school and family environment of adolescents strongly related to emotional and behavioural problems (Garnefski and Diekstra, 1996). Adolescent boys aged 12-17 years die more than girls by suicide and young girls more likely than boys to have depression or alcohol use disorder found by (CDC, 2013).

Poor school environment like lack of transportation, separate toilet safe and secure in the route of school, lack of recreation, absence of teachers, lack of guidance and counselling, partiality, prejudices, affordability, and lack of interest in school are found as significant causes for student dropout in India (Sridevi and Nagpal, 2019). Long term impacts of academic-related stress affect the students learning capacity; academic performance causes sleep disturbances, depression, anxiety, and substance use of school-going adolescents (Pascoe *et al.*, 2020).

Among high school students nationwide in 2017, 60% drank at least one drink of alcohol on at least one day during their life, and 30% had at least one drink of alcohol on at least one day during the 30 days before the survey. Besides, 18% of high school students reported binge drinking (defined as four or more drinks of alcohol in a row for females and five or more drinks of alcohol in a row for males within a couple of hours) on at least one day during the 30 days before the survey, reported by a questionnaire developed for high school Youth Risk Behavior2019.

Youth Opioid use causes sexual risk behaviours, and 14% of high school students used substance like cocaine, inhalant heroin and hallucination without prescription that lead those sexual risk behaviours, experiences of violence, mental health problems and suicidal risk. The Youth Risk Behaviour Surveillance System reported as above (YRBS, 2019). Adolescents aged 12–17 years had Illicit drug use disorder (4.7%), Alcohol use disorder (4.2%) in the past year and Cigarette dependence in the past month (2.8%). Generally, girls were more than boys to have depression or an alcohol use disorder. Boys were more likely than girls to die by suicide (CDC, 2013).

Dietary high-risk behaviours were more in urban school adolescent students (11.4%) than rural students(1.8%) and violence occurrence of high-risk behaviours also higher among urban students(18.8%) than rural students(6%) (Chattopadhyay *et al.*, 2018).

The prevalence of psychosocial problems was 17.9% of male adolescents with a significant difference of rural and urban and was found 17.4% educational difficulty is the most common problem,13.3%substance abuse and 9.2 conduct disorder, and these conditions increased if the age increased were observed by (Ahmad *et al.*, 2007).

The prevalence of the major depressive disorder has one in thirteen (7.7%) adolescent's aged 11-17years; attempting suicide and self-harm (7.5%) adolescent age between 12-17 years. 10-30% of youngsters suffer from health impacting behaviours, and they are more vulnerable to health-related and risk behaviours (Sunitha and Gururaj, 2014).

In India, Juvenile offenders over 40,000 caught in 2017, in which 72% of them in 16-18 years of age, 1,614 rape against juvenile, 1,456 sexual assaults were committed. Among all states, Madhya Pradesh alone accounted for 19.3% of all juvenile offenders' cases as 6,491 FIRs registered was reported by (National Crime Records Bureau , 2019).

Table 1: Frequency percentage distribution of background variables of school going adolescents.

Background variables		Gender					
		Male(50)		Female(50)		Total	
		Count	%	Count	%	Count	%
Alcoholic Parent	No	32	64.0	30	60.0	62	62.0
	Yes	18	36.0	20	40.0	38	38.0
Alcoholic Person	Father	18	100.0	20	100.0	38	100.0
	Mother	0	0.0	0	0.0	0	0.0
	Both	0	0.0	0	0.0	0	0.0
Alcoholic Duration	1-3 Yrs	2	11.1	2	10.0	4	10.5
	4-6 Yrs	7	38.9	7	35.0	14	36.8
	7-10 Yrs	0	0.0	2	10.0	2	5.3
	>10 Yrs	9	50.0	9	45.0	18	47.4
Alcoholic member in the family	No	47	94.0	44	88.0	91	91.0
	Yes	3	6.0	6	12.0	9	9.0
Chronic illness in family	No	35	70.0	27	54.0	62	62.0
	Yes	15	30.0	23	46.0	38	38.0
Chronically ill relation	Father	5	33.3	8	34.8	13	34.2
	Mother	4	26.7	5	21.7	9	23.7
	Both	0	0.0	1	4.3	1	2.6
	Siblings	2	13.3	2	8.7	4	10.5
	Grand Father	4	26.7	6	26.1	10	26.3
	Grand Mother	0	0.0	1	4.3	1	2.6
Chronically ill duration	1-3 Yrs	5	33.3	6	26.1	11	28.9
	4-6 Yrs	3	20.0	8	34.8	11	28.9
	7-10 Yrs	4	26.7	7	30.4	11	28.9
	>10 Yrs	3	20.0	2	8.7	5	13.2

In the recommendation highlighted about mental health that in the past decade, alarming mental health issues especially substance use and depression among adolescent leading suicide but not give equal importance for adolescent mental health issues, as like reproductive and sexual health in India (Sivagurunathan, 2015).

Adolescents who had Emotional and behavioural problems in 11-16 years old have relation to the symptoms of mental health problems or dysfunction in young adulthood (Ferdinand *et al.*, 1999).

The aim of this study is to identify the factors that hinder the all round growth of the adolescent. This also helps to build on the strengths of individual, family and school relationships.

MATERIALS AND METHODS

A mixed method research of quantitative and a qualitative research approach, and mixed with explorative survey and phenomenological design. The institutional ethical clearance obtained under SRM IST. After approval of Chief educational officer (CEO), Kanchipuram Dirstrict, this study conducted at Govt. Higher secondary school for boys and girls at Guduvancheri in Kanchipuram District, Chennai. Assent obtained from the students and got approval from the school principal before collected the data. The data's collected from 8^{th} to 12^{th} standard students' age between 13-17 years. The stratified random sampling technique was used to collect data from 100 samples with help of a standard tool of Child Behavior Check List (CBCL) YSR 11-18year[1] to screen the emotional and behavioral problems. This checklist investigates, from adolescent reports, the frequency of 113 answers which indicate behaviour problems through the scores "not true = 0", "somewhat true = 1" and "very true = 2", as well as through questions related to the child's school, familiar social life.

Table 2: Frequency percentage distribution of intimate relationship between the parents as well as parent child relationship of school going adolescents

		Gender					
		Male		Female		Total	
		Count	%	Count	%	Count	%
cardinal relation between Parent	No	10	20.0	2	4.0	12	12.0
	Yes	40	80.0	48	96.0	88	88.0
Degree of cardinal relation between father and mother	Excellent	12	30.0	12	25.0	24	27.3
	Very Good	11	27.5	20	41.7	31	35.2
	Good	9	22.5	6	12.5	15	17.0
	Fair	4	10.0	7	14.6	11	12.5
	Poor	4	10.0	3	6.3	7	8.0
Parent-child relationship	No	1	2.0	4	8.0	5	5.0
	Yes	49	98.0	46	92.0	95	95.0
Level of parent- child relationship	Excellent	26	54.2	30	63.8	56	58.9
	Very Good	12	25.0	9	19.1	21	22.1
	Good	7	14.6	5	10.6	12	12.6
	Fair	1	2.1	3	6.4	4	4.2
	Poor	2	4.2	0	0.0	2	2.1
psychological distress	No	41	83.7	43	87.8	84	85.7
	Yes	8	16.3	6	12.2	14	14.3
psychological distress by parent	father	42	84.0	48	96.0	90	90.0
	mother	8	16.0	2	4.0	10	10.0
Abusing behavior of your family member	Father	6	75.0	1	33.3	7	63.6
	Mother	1	12.5	0	0.0	1	9.1
	Both	1	12.5	1	33.3	2	18.2
	relative	0	0.0	1	33.3	1	9.1
Type of abusing	Verbal	2	25.0	0	0.0	2	20.0
	Physical	6	75.0	2	100.0	8	80.0

Table 3: Comparing the Emotional and Behavioural Problems(CBCL scores) between males and females

Emotional and Behavioural Problems	Gender	N	Mean	Std. Deviation	t -test	p value
Thought Problems	Male	50	5.08	4.50	3.089	0.003*
	Female	50	2.82	2.55		
Rule Breaking Behaviour	Male	50	5.60	5.12	4.241	<0.001*
	Female	50	2.26	2.19		

*Significantat 5% alpha level

Results are organized into internalizing, externalizing and total problems, which may be classified as clinical, borderline and non-clinical. The behaviour problems are evaluated according to the following scales: internalizing scale (anxiety-depression, withdrawal-depression, somatic complaints); externalizing scale (rule-breaking behaviour and aggressive behaviour); and total problems scale (internalizing and externalizing problems and also attention and thought problems) (Achenbach *et al.*, 2001).

The interpretation was in three categories i.e normal, pre-clinical (cases need constant counseling with parent) and clinical (cases must be taken mild drug treatment with intensive counseling with parents to come out of the emotional and behavioral problems). Out of 100 samples 10 Adolescents were selected with random sampling who had emotional and behavioral problems to explore the psychosocial stressors with help of semi structured open ended questions by interview method with audio

tape that focus on the following areas of life such as home environment, school environment, peer relationship and socio cultural lifestyle issues were listed and transcribed into verbatim as early as possible. Collected data was analyzed by collaizzi's methodological interpretation approach.

RESULTS AND DISCUSSION

Quantitative report

Background variables of school going adolescent was explored, out of 100 adolescents 38 had alcoholic father, 9 living with alcoholic family member, 13 had father with chronic illness, 9 had mother with chronic illness since 10 years which is represented in Table 1.

Cardinal relationship of parent was explored by school going adolescent, out of 100 adolescents 12 children's parents had no understanding and fighting each other, 11 parents had fair and 7 parent had poor in cardinal relationship, 5 of them have no proper parent-child relationship, 14 had psychological distress specially by father, 7 had father with abusing behavior, 8 had physical abuse and 2 had verbal abuse causes the psychological distress which is represented inTable 2.

The above findings supported that a perceived lack of emotional proximity to mother is the highest odd(3.489), addiction in father(2.642) and marital discard in parents(1.402)were to be significantly associated with emotional and behavioural problems of adolescents reported by (Adhikari *et al.*, 2011).

Prevalence of emotional and behavioural problems

Adolescent who had *internalizing problems* have three categories are Anxious Depressed, Withdrawn depressed and Somatic Complaints. 14 % were in Preclinical state and 9% were in clinical state of Anxious Depressed are having more fear, worries, nervous, guilty, talk of suicide. 12% were in Preclinical state and 5% were in clinical state of Withdrawn depressed are having the feeling of prefer alone, shy, lack of energy, enjoy very little and 2% were in Preclinical state and 11% were clinical state of Somatic Complaints having head ache, dizziness, nausea, vomiting, frequent stomach problems, skin problems shown Figure 1.

Adolescent who had *neither internalizing nor externalizing problems* have three categories are Social Problems, Thought Problems and Attention Problems. 10% were in Preclinical state and 16% were in clinical state of Social Problems having dependent, lonely, teased, jealousy, prone to accident, prefer young. 4% were in Preclinical state and 6% were in clinical state of Thought Problems having mind off, self harm, sleep difficulty, nightmares, and strange ideas. 8% were in Preclinical state and 5% were in clinical state of Attention Problems act young, fail to finish work, difficult to concentrate, confused, impulsive, sit still shown Figure 2 .

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Adolescent who had the above pre clinical state of Emotional and behavioural problems need constant counseling to overcome and whoever in clinical state they must consult with psychiatrist for treatment along with counseling. It is supported that Emotional and behavioural disorders in children and adolescents conducted in India that has yielded disparate point prevalence estimates (2.6% to 35.6%). (Merikangas *et al.*, 2009).

In comparison of Emotional and behavioural problems between male and female have significant different in thought problems and rule breaking behaviour is less than 0.05 (0.003 and <0.001 respectively). It's given in the Table 3.

1. Null hypothesis: There is no statistically significant difference in scores between males and females
2. Alternate hypothesis: There is a statistically significant difference in scores between males and females.

The p-value for thought problems and rule-breaking behaviour is less than 0.05 (0.003 and <0.001 respectively). Hence the null hypothesis is not accepted. (i.e.,) there is a statistically significant difference in thought problems and rule-breaking behaviour scores between males and females.

However, there is no difference between males and females in other domains as the p-value is more significant than 0.05

It's proved that adolescents' behavioural and emotional problems was found to be 30%, with girls

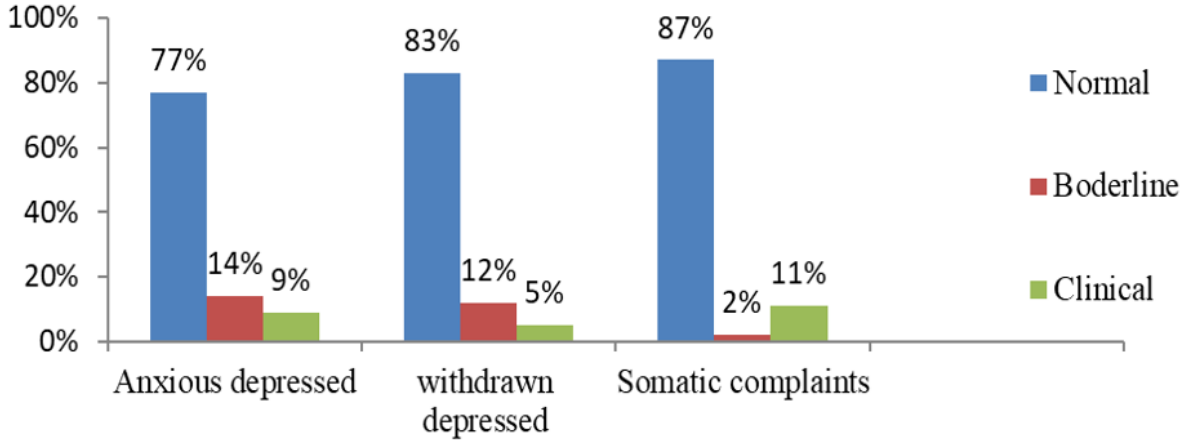

Figure 1: Internalizing Problems of school going adolescents

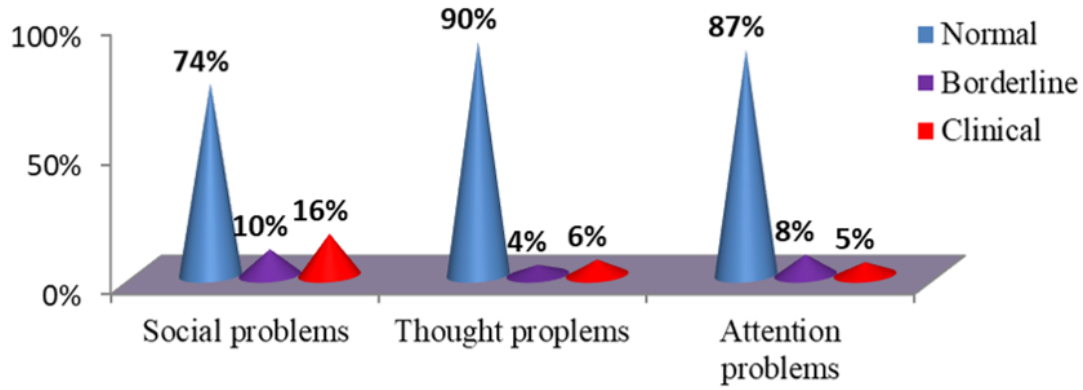

Figure 2: Neither Internalizing Nor Externalizing problems of school going adolescents

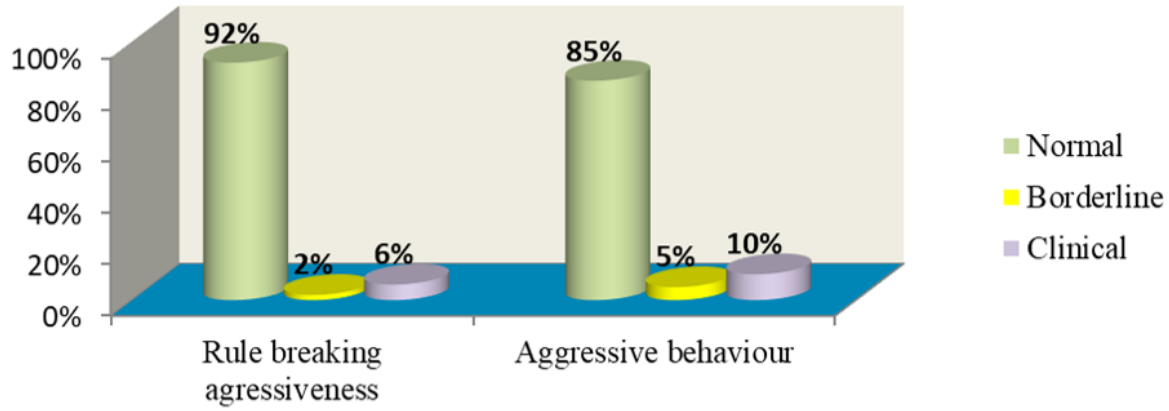

Figure 3: Externalizing problems of school going adolescents

exceeding boys in all age groups. Internalizing syndrome was the most common (28.6%) psychiatric problem by (Pathak *et al.*, 2011).

Qualitative report

The present study reveals that the influence of psychosocial stressors on emotional and behavioral problems of school going adolescent which investigated with the students those who had emotional and behavioral problems, based on the factor of home environment, 80% of them have Poor Cardinal Relationship between the father and mother (quarrels between parents), 70% of them have been poor Parental role model (alcoholic father), 90% of them have poor Parent - child relationship(not spending time with parents), 60% of them have insecure feelings and unhappy at home. The factors of School environment explored by the adolescents that 90% of them have Increased Academic stress, 60% of them have Disagreement of Teacher -student relationship (criticism), 70% of them have Lack of freedom, 80% of them have stressed long hours concentrate on study. The factors of Peer relationship

expressed by the adolescents that, 60% of them have break up with friendship, 50% of them Bullies by friends, 80% of them have Changes in appearance and mood (easily get irritate, anger), 70% of them have lack of Peer group support(can't relay, sharing things with them). The factors of Socio cultural life style explored by the adolescents that, 80% of the adolescent have been financial constraints (can't buy needed things), 70% of them have Influence of social media, and 50% of them have Comparison with other adolescents represent by Table 3.

During the one to one discussion adolescents' who have emotional and behavioural problem expressed that not happy at home because father has been drinking alcohol and fight with mother by physical and verbal abuse almost all the days, so can't able to sleep at night peacefully and worried about family and hate father. Some of the adolescent had more difficulty to complete home work, more stress and could not concentrate on studies and too much fear about exam that hated to go to school".

It's supported that the feelings of loneliness, loss of sleep due to worry and hopelessness and substance use among adolescent school children, Porur, Chennai. These problems were associated with lack of parental and friends support, parental substance use or lack of parental supervision (Rani and Sathiyaskaran, 2013).

The adolescent expressed that could not score pass mark due that friends are avoided, bullied that easily got irritate and fight with them which has been the feeling of inferiority, could not maintain good relationship with friends and others which leads loneliness and hopelessness. Some of the adolescents blaming parents not concentrate on studies and comparison with their friends especially wants mobile to play games and not to give priority to their education and didn't accept parent's corrections.

It supported by a qualitative study on Perceived behavioral problems of school aged children in rural Nepal and reported out of 72 participants, 40 children have family and households problems, 31 of them getting angry easily and fighting over small issues, 25 of them disobedience , and 20 of them have stealing behaviour. (Adhikari *et al.*, 2011).

CONCLUSIONS

This study concluded that basically the adolescents who had emotional and behavioural problems are unsatisfied and unhappy about their home environment and parental relationship. This dissatisfaction cause for irritability, anger outburst, difficulty to concentrate on study and could not maintain good relationship with others which leads to low self esteem, loneliness, hopelessness and suicidal ideation. This study reported that though the parents try to fulfill their children's physical need not give more importance mental health. Here they fail to play their role model with their children be a constructive parents. It's a warning of adolescent mental health issues and this study creates awareness among parent about adolescent mental health and educates the life skills among adolescents to preserve their mental well beings. The present study recommended that the Governmental agencies have to establish the child and adolescent mental health centers in each block in our country.

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Conflict of Interest

There are no conflicts of interest in this study.

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