

Scientific Research On Adolescent Mental Health Challenges And Evidence-Based Pediatric Counselling Approaches Within Educational Institutions

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Abstract

Adolescent mental health problems are an increasing issue in educational establishments, impacting academic performance, emotional stability and social development. This paper set out to explore the occurrence of mental health issues in adolescents and assess the suitability of evidence based pediatric counseling methods to the psychological health. A descriptive cross-sectional study involved 200 adolescents aged 13-18 years in a sample of educational institutions. A structured questionnaire that measured anxiety, depression, academic stress, social difficulties, and use of counseling services were used to collect data. The results were that 38.5% of the participants had moderate to severe levels of anxiety symptoms, 31.0% had depressive symptoms, 44.5% had high levels of academic stress, 27.5% had social isolation, and 22.0% had behavioral problems. The most significant contributors were single family stressors (36.0%), and peer relationship issues (29.5%). Moreover, teenagers who enrolled in school counseling programs showed better emotional resilience (72.0%) and better coping skills (68.5%) as opposed to teenagers who did not receive any counseling. Statistical comparison revealed that there was a significant relation between counseling attendance and better psychological well-being ($p < 0.05$). The paper also concludes that issues with adolescent mental health are extremely widespread in schools and that evidence-based counseling methods among pediatrics are crucial in alleviating psychological stress and improving the general well-being. It is suggested to strengthen mental health services on the school level and enhance early intervention strategies to enhance the health outcomes of adolescents and create the supportive educational environment.

Keywords: Emotional well-being; Evidence-based pediatric counseling; Educational institutions; School-based mental health services.

1. Introduction

Adolescence is a critically important phase of development that is marked by rapid physical, psychological, emotional and social transition that can considerably affect long-term health and well-being. Adolescents in this transitional period have more academic demands, changing social relationships, identity, and family-related pressures, which may impact their mental health status. The onset of mental health disorders is a common occurrence within the adolescence stage and international data show that around one in every seven adolescents develops a mental illness and thus mental health is a significant issue of public health concern. A few of the most common mental health issues afflicting the youth the world over are anxiety, depression, emotional distress, behavioral problems and stress related disorders.

Schools and colleges have become key venues of identifications, prevention and treatment of mental illnesses through educational institutions which have become significant in development of adolescence. Although schools offer the means of pursuing academic success and socializing, they might also subject adolescents to several stressors, such as, examination pressure, peer conflicts, bullying, and social isolation and performance expectations. All these difficulties may have an adverse impact on emotional health, academic success, relationships with others, and the quality of life. The recent research indicated that there are growing percentages of anxiety and depressing symptoms among adolescents, which implies that effective mental health support systems should be implemented in educational institutions.

Pediatric counseling has become an empirical intervention to resolve the mental health issues in adolescents by developing skills of coping, emotional regulation, developing resilience and enhancing coping skills early in their life. The counseling programs within schools, cognitive-behavioral interventions, family-oriented counseling plans, and mental health promotion programs have shown to yield positive results in terms of decreasing levels of psychological distress and enhancing emotional well-being in adolescents. Additionally, counseling services provided to the children help in early intervention, enhancing communication among the students, their families and their teachers as well as help in development and establishment of good learning environments that support positive psychosocial growth.

Although there is increasing awareness of mental health issues among adolescents, there are still glaring gaps in awareness and access to counseling services as well as in adopting evidence-based interventions to address mental health problems in schools. Consequently, the research ought to be scientifically conducted to comprehend the existence of mental health issues in adolescents better and assess the effectiveness of pediatric counseling practices in schools. This current paper seeks to explore the key mental health issues among adolescents, factors that correlate with emotional distress, and why evidence-based pediatric counseling models can be used to enhance emotional well-being and psychological stability in schools.

2. Methodology

The descriptive cross-sectional research design was used to examine the mental health issues facing adolescents and determine the effectiveness of evidence based pediatric counseling in learning institutions. This design was deemed to be suitable, as it made it possible to gather and evaluate data on a large sample of teenagers at one time, which offered an overview of their mental health and history of counseling experience. It has been the method of choice in other adolescent mental health and school-based intervention studies [2], [3], [6], [15], [17], [18]. The research was carried out in four secondary schools in urban and semi-urban areas, where alarming situations concerning the mental health of students were noted. The study was conducted during three months between January and March 2026 in order to have enough participants and data collection period

The research sample was comprised of teenagers (13-18 years old) studying in the chosen schools. The participants that were recruited through a purposive sampling method that adhered to inclusion criteria. The number of adolescents included in the study was 200, 90 males (45.0%), and 110 females (55.0%). The students could be included in the research, provided that they were enrolled in the chosen schools at the moment, were aged between the given limits and gave informed consent and parental or guardian consent. Pupils who had severe cognitive deficiencies or could not complete the questionnaire were not taken as part of the study. The sample was deemed adequate to offer meaningful statistics analysis of the occurrence of mental health problems and how counseling services are used. Earlier researchers have highlighted the significance of measurement of mental health at adolescence stage since most mental disorders arise in the developmental process at this level [8], [9], [12], [16]

A structured self-administered questionnaire based on a series of studies on adolescent mental health and school counseling conducted in the past was used in data collection [2], [3], [4], [11], [15]. The questionnaire was divided into four parts: demographic data, evaluation of mental health issues, psychosocial and environmental risk factors, and attitudes toward the pediatric counseling services. The indicators of mental health were anxiety symptoms, depressive symptoms, academic stress, sleep disturbance, social withdrawal and behavioral difficulties. Other items assessed family support, peer relations, impact of social media, and availability of counseling. Five experts in the field of adolescent health, pediatric nursing, psychology, and educational counseling reviewed the content validity of the instrument. Clarity, reliability and feasibility of the instrument were tested on 20 adolescents in a pilot study, which gave a Cronbachs alpha coefficient of 0.87 which is good internal consistency. The choice of indicators was based on prior studies of the adolescent state of anxiety, depression, resilience, mental health literacy and school-based interventions [5], [10], [13], [14], [17], [18].

The SPSS version 26 was used to code and analyze the data. Frequencies, percentages, means, and standard deviations were employed in summarizing the characteristics of participants, and study variables. Statistical inferences were done through inferential statistics like chi-square tests to statistically test relationships between counseling service usage and mental health outcomes. The level of statistical significance required was $p < 0.05$. Data collection was preceded by ethical approval of the study by the Institutional Research Ethics Committee. The administrations of the

participating educational institutions were also contacted to permit this. Respondents and their custodians were provided with a clear explanation about the object of the research, the anonymity of respondents, voluntary nature of the participation, and the ability to pull out of the research at any point without any penalty. The anonymity of the collected information was respected and applied only to academic and research purposes. The methodological framework was in line with the recommendations to school mental health systems and research on adolescent mental health [1], [6], [7].

3. Results and Discussion

3.1 Characteristics of Demographic of Partners

The group size of all adolescents that took part in the study was 200. The majority of participants were aged 15–16 years (40.0%, $n = 80$), followed by 17–18 years (35.0%, $n = 70$) and 13–14 years (25.0%, $n = 50$). The sample was made up of 55.0% female sample ($n=110$) and 45.0% male sample ($n=90$). In terms of the educational level, 68.5% ($n = 137$) were studying in secondary education; 31.5% ($n = 63$) students were studying in higher secondary education, as shown in Table 1.

Table 1. Demographic Characteristics of Adolescent Participants

Variable	Category	Frequency (n)	Percentage (%)
Age	13–14 Years	50	25.0
	15–16 Years	80	40.0
	17–18 Years	70	35.0
Gender	Male	90	45.0
	Female	110	55.0
Educational Level	Secondary	137	68.5
	Higher Secondary	63	31.5

The demographic that is given in Table 1 shows that the study population was representative enough in terms of representing various stages of adolescence. The increased rate of women respondents can be an important piece of information to be used on gender-specific mental health issues in institutions of education. The same demographic patterns have been reported in the past studies of mental health among adolescents.

3.2 Prevalence of Mental Health Challenges Among Adolescents

One of the most prevalent issues reported by participants was mental health problems. The most prevalent issue was academic stress (44.5% $n = 89$ teenagers). The reported anxiety symptoms were 38.5% ($n = 77$) and depressive symptoms were 31.0% ($n = 62$). Table 2 demonstrates that 29.0% ($n = 58$) of participants experienced sleep problems, 27.5% ($n = 55$) social withdrawal, and 22.0% ($n = 44$) behavioral problems.

Table 2. Distribution of Major Mental Health Challenges among Adolescents

Mental Health Challenge	Frequency (n)	Percentage (%)
Academic Stress	89	44.5
Anxiety Symptoms	77	38.5
Depressive Symptoms	62	31.0
Sleep Disturbance	58	29.0
Social Withdrawal	55	27.5
Behavioral Problems	44	22.0

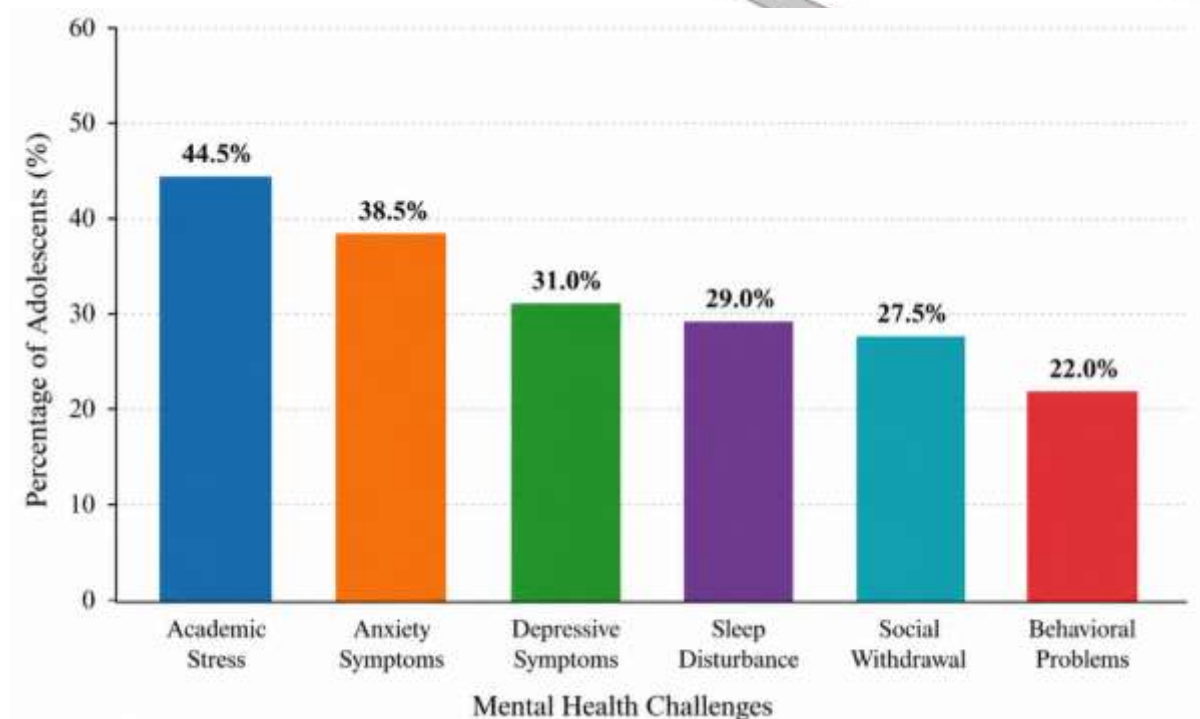


Figure 1. Prevalence of Major Mental Health Challenges Among Adolescents

Figure 1 has a bar graph that displays the level of prevalence of academic stress (44.5%), anxiety symptoms (38.5%), depressive symptoms (31.0%), sleep disturbance (29.0%), social withdrawal (27.5%), and behavioral problems (22.0%) among adolescent participants.

The results indicate that almost half of all adolescents were experiencing the impact of significant academic stress, with over one-third experiencing anxiety-related symptoms. These findings suggest that there is a significant burden of psychological distress in the educational environments and that it supports the issue of growing mental health issues in adolescents.

3.3 Findings Anxiety, Depression, and Emotional Distress

Of the study population, 77 adolescents (38.5) said that they had moderate to severe anxiety symptoms, but only 62 (31.0) said they had depressive symptoms. Also, 35.5% ($n = 71$) had frequent emotional exhaustion, 30.5% ($n = 61$) expressed persistent worry over academic performance and 26.0% ($n = 52$) lowered self-esteem. About 24.5 percent ($n = 49$) reported that they experience problems in concentrating during classroom activities as a result of emotional distress.

Adolescents who reported a high academic pressure and a lack of family support had a significantly higher incidence of anxiety and depression ($p < 0.05$). Emotional distress was also often linked with stress about examinations, comparison with peers, future career-related concerns, and with social expectations

3.4 Scholastic, Social and Family-Related Influences

A number of environmental and psychosocial elements led to challenges in mental health among participants. Academic pressure was reported by 44.5% ($n = 89$), family-related stressors by 36.0% ($n = 72$), peer relationship difficulties by 29.5% ($n = 59$), social media pressures by 25.0% ($n = 50$), and bullying experiences by 18.5% ($n = 37$).

Among teenagers who indicated high family support, few (21.5) teenagers suffered severe emotional distress, whereas 47.0% of teenagers reported limited family support. Likewise, the subjects that had good relationships with their peers had a lower percentage of anxiety and depressive symptoms as compared to those that had social problems. These results underline the significance of supportive family and school conditions in fostering the mental health of adolescents.

3.5. Counseling Services

Participants merely used school-based counseling services (n = 84 or 42.0%) and only 58.0% (n = 116) had never used professional mental health services. Non-users reported 35.0% lack of awareness about the services available, 28.0% fear of stigma, 22.5% about confidentiality and 14.5% about limited access to counseling resources.

One of the studies found that adolescents who were using counseling services had greater levels of psychological wellbeing and resilience compared to non-users. In addition, 69.0 percent of counseling users were satisfied with the support they got and are willing to recommend counseling services to fellow users.

3.6 Evidence-Based Pediatric Counseling Approaches Effectiveness

The pediatric counseling intervention has shown evidence-based interventions that had positive effects on various domains of adolescent well-being. Participants receiving counseling reported improvements in emotional regulation (72.0%, n = 144), coping skills (68.5%, n = 137), stress management (66.0%, n = 132), academic engagement (63.5%, n = 127), and social interaction (61.0%, n = 122).

Table 3. Evaluation of Evidence-Based Pediatric Counseling Approaches and Perceived Outcomes

Counseling Outcome	Frequency (n)	Percentage (%)
Improved Emotional Regulation	144	72.0
Enhanced Coping Skills	137	68.5
Better Stress Management	132	66.0
Improved Academic Engagement	127	63.5
Enhanced Social Interaction	122	61.0

Moreover, 58.5 % (n=117) expressed greater self-confidence, 55.0 % (n=110) expressed fewer anxious symptoms and 51.5 % (n=103) expressed better peer relationships after taking part in counseling. Statistical analysis showed that there was an important correlation between positive mental health outcomes and counseling participation ($\chi^2 = 12.47$, $p = 0.003$).

3.7 Findings Interpretation and Discussion

The results prove that the issues of adolescent mental health are a serious concern in the educational organizations. The most common psychological problems turned out to be academic stress, anxiety, and depressive symptoms, which posed significant proportions to study population. The findings also suggest that family support, peer relationships, and educational pressures are significant in determining adolescent mental health outcome.

Despite the comparatively low levels of counseling services usage, those adolescents who received evidence-based pediatric counseling stated that their emotional regulation, coping skills, academic activity, and social functioning were significantly improved. These results justify the inclusion of formal mental health promotion interventions, counseling, and early interventions in schools. Enhancement of awareness, availability, and acceptability of school-based counseling services can play a crucial role in improving adolescent mental health and mitigating the negative impact of mental illnesses over the lifetime.

4. Conclusion

The research found that mental health issues were highly prevalent among adolescents and that academic stress (44.5%), anxiety (38.5%), and depressive symptoms (31.0%), were the most common. Psychological distress was found to be caused by family related stressors, peer problems, and school pressures. Pediatric counseling based on evidence revealed a high effectiveness in the improvement of emotional well-being, coping skills, social interaction, and academic engagement. The results indicate the importance of school-based mental health services in the promotion of psychological health among adolescents and positive outcomes of development.

5. Recommendations

According to the results of the present research, the schools and colleges must focus on developing all-inclusive school-based mental health programs that will ease the early identification, evaluation, and treatment of mental difficulties among teenagers. Mental health screening programs should be incorporated into normal school medical services to facilitate early diagnosis of anxiety, depression and emotional distress and other cases of mental illness. Pediatric counseling services based on evidence should be increased and easily made accessible in the learning institutions such that the adolescents are accorded the necessary psychological support and intervention whenever required. Moreover, schools can create mental health awareness and awareness education programs that could target the elimination of stigmatization, enhancement of mental health literacy and stimulation of help-seeking habits among students. Close coordination between parents, teachers, school counselors, healthcare providers and community stakeholders is necessary to develop nurturing conditions that enhance emotional well-being, resiliency and positive psychosocial growth. Also, policymakers and educational managers are supposed to invest sufficient funds to enhance the mental health facilities and counseling services in schools. Future studies ought to be conducted based on longitudinal research and can help determine the long term validity of the intervention program of pediatric counseling and how it influences academic performance, socialization, emotional stability, and general wellbeing of adolescents.

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