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Mental Health Challenges of Adolescents and the Role of Social Workers

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ABSTRACT

Adolescent mental health has become a growing concern worldwide due to increasing emotional, social, and academic pressures experienced during this critical developmental stage. This study examined the major mental health challenges faced by adolescents and explored the social and environmental factors contributing to these problems, with a particular focus on the role of social workers in supporting students through prevention and intervention strategies. A quantitative research approach was adopted using a cross-sectional survey design. Data were collected from 180 middle and high school students in District Vehari, Punjab, Pakistan, through a structured questionnaire based on a Likert scale. Descriptive statistics were used to identify common mental health challenges, while regression analysis was applied to determine the relationship between social and environmental factors, social worker support, and adolescent mental health challenges. The findings revealed that adolescents commonly experience stress, anxiety, sadness, sleep disturbances, loneliness, and reduced interest in daily activities. Social and environmental factors such as bullying, academic pressure, family-related stress, excessive social media use, and feelings of insecurity were found to significantly predict adolescent mental health challenges. In contrast, social worker support showed a significant protective effect by reducing mental health difficulties among adolescents. The combined regression model indicated that both social and environmental factors and social worker support are important predictors of adolescent mental health outcomes. The study concludes that strengthening school-based social work services, promoting mental health awareness, reducing bullying, and providing early counseling support can improve adolescents' psychological well-being and create a healthier school environment.

Keywords: *Adolescents, mental health challenges, social factors, environmental factors, bullying, social workers, school counseling, Pakistan.*

Introduction

Adolescence is a very critical period in the development of an individual that is typically marked with the age between 10 to 19 years in which the physical growth is rapid, the emotional change is also taking place which forms identity and also the pressures of socializing which become higher in this age. Adolescents at this phase are more susceptible to mental health issues because of biological, psychological, and social changes. Mental health is the emotional, psychological, and social stability of an individual that affects the way people think, feel, and behave as well as how they manage stress (Hellström and Beckman, 2021).

The mental health problems affecting adolescents have come to be a worldwide issue. WHO (2021) reports that one out of seven adolescents have a mental illness and these disorders represents the largest burden of disease among the population. Some of the common mental health problems are depression, anxiety, stress-related disorders, behavioral problems, and emotional instability. Unattended, the issues may harm academic achievements, relationships, self-esteem, and future adult performances (Mansfield et al., 2020).

The significance of mental health in adolescents is associated with the fact that most mental disorders start at an early age. It has been found that about half of mental illnesses begin by the age of 14 years yet majority of them are not detected and treated. The risk behaviors during adolescence caused by mental health problems include substance abuse, self-harm and suicidal tendencies. Thus, it is important to identify them early and support them in time (Benton et al., 2021).

Background of the Study

Over the recent years, the issue of mental health in adolescents has been on the rise due to a combination of factors that define risks, including academic stress, family discrimination, poverty, peer pressure, bullying, and social media overuse. Teenagers are unable to cope with such pressures as they have no coping mechanisms and emotional maturity. Mental health remains a stigma in most societies, and thus it does not allow teenagers and families to seek professional assistance (Nesi, 2020).

The social workers are instrumental in solving the mental health issues of adolescents. Their workplaces include schools, hospitals, community organizations and child protection places. They are charged with performing psychosocial assessment, counseling, case management, advocacy, family guidance, crisis intervention and referral services (National Association of Social Workers). Social workers also serve in reducing stigma and establishing good environments to support the adolescent (Khalaf et al., 2020).

This paper aims to address the significant issues in mental health among young people and the role of social workers in preventing, intervening, and recovering the adolescents based on providing supportive services and professional practice.

Objectives of the Study

This study aims to:

1. Identify the most common mental health challenges faced by adolescents.
2. Explore the social and environmental factors contributing to adolescent mental health issues.
3. Examine the role of social workers in supporting adolescents through intervention and prevention strategies.

Research Questions

This research is guided by the following questions:

1. What are the major mental health challenges faced by adolescents?
2. What factors contribute to the rise of mental health problems in adolescents?
3. How do social workers support adolescents in managing and overcoming mental health challenges?

Literature Review

Theoretical Framework

This research paper is based on the Ecological Systems Theory (1979) by Bronfenbrenner that describes how the environment relates to teenage development and mental health as complex interactions between several systems of the environment and not one. This theory claims that the daily interactions of adolescents within the microsystem, such as family relationships, school environment, and peer groups have a direct effect on the emotional well-being of the adolescent due to the influence of their mental health. The mesosystem centers on the relationship between these environments like the relationship between the parents and the teachers or the relationship between home and school life that may either facilitate or amplify the stress that adolescents experience. Indirect influences that are defined as the ecosystem are parental workplace stress, community resources and access to healthcare services that may impact adolescents yet they may not be directly involved in the systems. Macrosystem is the values, social norms, religion, and societal attitudes of a broader culture including stigma toward mental health that may relate to how adolescents experience psychological distress and whether they seek assistance. Lastly, the chronosystem points out the influence of life events and changes over time including trauma, divorce, and migration or sustained stress may contribute to mental health outcomes in adolescence. This theory is very pertinent to this research undertaking as it offers a holistic manner in which issues of mental health among young people are developed through a personal, family, school and societal background. It also promotes the role of social workers as important professionals, who intervene in these several systems through counseling, enhancing family support, enhancing school-based services, advocating the rights of adolescents, and referencing young people to community mental health services.

Moreover, the research is also backed by the Psychosocial Development Theory of Erikson, specifically, the part of Identity vs. Role Confusion that can mostly be applied to the adolescent stage. According to Erikson, adolescence is a critical stage where people are in difficulties about the formation of a clear sense of identity, self-esteem, and personal outfit. Failure to attain a stable identity in adolescents as a result of stress, family conflicts, peer pressure, bullying, and lack of support can leave adolescents confused, with low self-esteem, anxious, and having depressive symptoms. The theory can be used to understand the causes of adolescents being emotionally fragile and mental health issues tending to arise in this period. It underlines the role of social workers in helping adolescents overcome emotional distress and build resilience and positive identity growth, with the help of counseling, support groups, and family interventions (Schwartz et al., 2023).

According to the World Health Organization (WHO, 2021), mental illnesses are one of the top causes of disease and disability among the adolescents in the world. Depression and anxiety are some of the most common conditions at this stage of development, and thus have a profound impact on the functioning of adolescents in terms of their emotion, social and academic matters. Even with the high burden, very high percentage of adolescents fail to get the right mental health care because of stigma, ignorance and inaccessibility to services. The report notes that in most countries, mental health systems are under-resourced and are not well integrated in primary healthcare. WHO emphasizes the need to identify a mental health issue early to avoid future implications in adulthood. It is determined that schools are effective interventions to the mental health programs in terms of early intervention and support. In general, the report recommends policy intervention at the global level and investment to enhance the mental health outcome in adolescence.

Altwaijri et al., (2020) offer very powerful evidence that several mental disorders have their onset at an early stage in life, as about half of all lifetime mental health problems start by the middle of the adolescent period. The research notes that anxiety disorders, mood disorders, as well as impulse-control disorders are usually manifested in the teenage years. This premature occurrence indicates that adolescence has been a crucial stage in the prevention and intervention measures of the mental health. The authors state that treatment and diagnosis delay can aggravate the severity of the symptoms and deteriorate the long-term functioning. Screening programs could help a great deal in preventing the development of mental illnesses through the early detection of the disease. Parents, teachers, and healthcare providers are also of interest in the study as the educators of parents, teachers, and healthcare providers should be informed of the early warning signs.

According to McGorry & Mei, (2023), adolescent mental health must be regarded as a global priority in terms of its public health and development. The authors distinguish several social determinants, which expose individuals to mental disorders, such as poverty, gender inequality, exposure to violence, and lack of access to education. They emphasize that mental issues during the adolescent stage can interfere with education, job prospects, and social ties in adulthood. The research paper emphasizes the problem that poor mental health infrastructures present great challenges to the low- and middle-income countries. Patel et al. suggest combined interventions involving health, education and social services. As proposed cost-effective solutions, community-based and school-based programs are proposed. The research will reach a conclusion that spending on adolescent mental health is a core part of a sustainable development.

Nichter et al. (2021) investigate the incidence and the correlates of suicidal behavior in adolescents and determine that mental disorders are significant risk factors. Suicidal ideation and attempt are closely related to depression, anxiety, exposure to traumas, and use of substances. Family conflict, peer rejection, and emotional support deficit are also mentioned in the study as social factors that can contribute to drug addiction. Significantly, a large number of adolescents with suicidal behavior are not under the mental health treatment. The authors stress the point that early interventions by mental health can greatly decrease suicide risks. Positive relationships with adults, such as parents and teachers, are cited as the protective ones. The research highlights the need to reinstate mental health among the adolescents.

Sweeting et al. (2021) examine the mental health consequences of bullying in the long-term and identify that it is closely related to depression, anxiety, and suicidal ideation. The research finds out that bullied people at adolescence stage are more likely to develop psychiatric disorders in adulthood. Victims and perpetrators of bullying both exhibit more mental health issues, which means that they are affected psychologically in a complicated way. Persistent experience of bullying leads to lack of self-esteem, withdrawal and distress. The emphasis that is put by the author on the fact that bullying ought to be treated as a serious health concern in the public. Anti-bullying policies and mental health counseling in schools should be recommended as a preventative measure. The research demonstrates the relevance of early intervention in minimizing damage in the long run.

Twenge et al. (2018) explore the tendencies in mental health of adolescents and state that depressive symptoms and suicide-related outcomes have been growing dramatically since 2010. These tendencies are attributed to the spending more time in front of the screen and social media in adolescents in the study. Overuse of social media is linked to loneliness, difficulty in sleeping, and the lack of face-to-face communication. According to the authors, digital settings can strengthen social comparison and cyberbullying, which leads to emotional disturbances.

Although technology has its advantages, its uncontrolled use is mentally dangerous. Media balanced consumption and digital literacy education are recommended in the study. It is recommended that mental health awareness programs should be implemented in order to make adolescents more responsible in their technology habits.

Barrow and Thomas, (2022) study obstacles that hinder the access of professional mental help by adolescents. The researcher concludes that the greatest barriers to help-seeking behavior are stigma and fear of being judged. Not all teenagers are aware of mental health services that are offered or do not believe in their efficacy. Confidentiality also serves as a deterrent to care among the youths. According to the authors, informal assistance of friends is more popular among adolescents, as opposed to the use of professional assistance. In an attempt to overcome these obstacles, the research suggests mental health literacy interventions and anti-stigma efforts. Youth-friendly services and school counselors are considered the main facilitators of help-seeking.

Timimi and Timimi, (2022) conduct a review of school-based interventions promoting mental health and prove that they are effective in enhancing emotional well-being. The research concludes that these programs decrease stress, anxiety, and behavioral issues in the students. The schools are a perfect place of early detection and intervention because of close interaction with adolescents. The authors emphasize that the effects of interventions at the schoolwide level are more effective compared to those that are not implemented on a schoolwide basis. Student involvement and teacher training are cited as the important features of effective programs. Mental health in the school curriculum facilitates resilience and coping skills. It is concluded that schools are primary providers of the promotion of mental health of adolescents.

According to National Association of Social Workers (NASW, 2017), social workers play the crucial role in meeting the mental health needs of adolescents. Social workers offer case management, referrals to specialized services, counseling and crisis intervention. The report focuses on the significance of family-centered and community-based strategies. Cultural competence and ethical practice are pointed out as the necessary elements of successful intervention. Social workers are also a promotion of policy changes and more access to mental health services. They can play their role in schools, health facilities, and child welfare systems. In general, the report highlights the importance of the social work as the major profession in enhancing mental health among adolescents.

According to Giovanelli et al. (2020), family support is important in ensuring the mental health of adolescents. Reduced depressive, anxiety and emotional distresses are linked to positive parent child relationships. Family open communication assists the adolescents inventing the feelings and handling stress. The author emphasizes the fact that positive parenting helps to promote resilience and make healthy choices. When adolescents feel that their families comprehend them and appreciate them, their psychological adjustment becomes superior. Mental health intervention effectiveness can also be improved by family involvement. The paper concludes that improvement of family bonds is critical in the promotion of wellbeing among adolescents.

Methodology

Research Design

In this research, a quantitative research methodology was embraced and cross-sectional survey design was employed to understand the mental health struggle that adolescents struggle with and how social workers could assist the students at the school level. The selection of the cross-sectional design was facilitated by the fact that this design enabled the researcher to get

information about the respondents at a particular time and to determine the current level of mental health challenges among adolescents.

Study Area

It was in District Vehari, Punjab, Pakistan. District Vehari was chosen as it offered an appropriate environment to study mental health problems in middle and high school students, and also offered the availability of various schools that represent adolescents who can have diverse backgrounds.

Population of the Study

The study population comprised of middle and high-level school students learning in schools within District Vehari. These students were of the adolescent age group and were deemed as the right respondents since adolescence is a sensitive period and that mental health issues are likely to arise due to school, social, and family stress.

Sample Size

There were 180 middle and high school level students who were used as the total sample of this study. The sample size was thought to be sufficient to reflect the target population and produce significant quantitative results on the issue of adolescent mental health challenges and the support that social workers can offer.

Sampling Technique and Sample Selection

Respondents were sampled using multi-stage sampling. The sampling of the study was done with four schools within District Vehari at its initial stage in order to make it manageable and also to ensure the sample was representative of both middle level and high-level students. Random selection of participants in the study through random selection, in relation to class's lists, of the students in the selected schools, resulted in the second stage, in that the students who participated had equal opportunity of inclusion and minimized bias. The total number of respondents was 180 wherein out of all the selected schools, 45 students were identified, which added up to a total of 180 students.

Data Collection Tool (Questionnaire)

The structured questionnaire which was created to measure the mental health challenges in adolescents was used to collect data regarding the same and the social worker role in providing support. The questionnaire contained demographic data and statements that were directed at stress, anxiety, and depression-related symptoms, emotional problems, peer pressure, bullying experiences, and support services availability at school. The answers were recorded in the form of a Likert scale and helped to transform the opinions and experiences of the students into the quantifiable data.

Reliability and Validity

Reviewing of the questionnaire was carried out to ensure that the content of the questionnaire was in regards to the objectives and research questions of the study. Expert review and supervision feedback were used to ensure content validity. Reliability was assured through evaluating the internal consistency of the questionnaire items by testing the pilot questionnaire using the Cronbachs Alpha, which aided in determining that the instrument was consistent in measuring the desired variables.

Data Collection Procedure

The process of data collection was conducted with the help of the formal permission of the administrations of the chosen schools. It was clarified to the respondents that the purpose of the research was to involve them in it and that they had the freedom to participate in it. Anonymity and confidentiality were ensured by not using any personal identification details. The questionnaires were sent to the identified students in classrooms and the students were

required to fill filled under the researcher supervision in order to get independent responses. Once this was done, the questionnaires were gathered on the same day in order to prevent data loss.

Ethical Considerations

Ethical principles were upheld during the research. The respondents had been made aware that they could choose to leave out of the study at any point without any coercion. Student's privacy was also safeguarded and the information gathered was utilized in an academic manner. The researcher made sure that he posed the questions in a respectful manner and the respondents remained unaffected emotionally and psychologically with the participation.

Data Analysis

Data was collected and once the required data was attained, it was coded and fed into SPSS to be analyzed. The demographic characteristics and the primary mental health issues that adolescents identified were summarized using descriptive statistics (frequency, percentages, means, and standard deviations). Inferential statistical tests were as well used where necessary to test relationships and differences amongst variables. The data that was analyzed were interpreted to comprehend the degree of adolescent mental health problems and significance of social work interventions in the school environment.

Results

Socio-Demographic

1. Age of Respondents

Age (Years)	Frequency	Percent
13–14	40	22.2
15–16	65	36.1
17–18	55	30.6
Above 18	20	11.1
Total	180	100.0

The table shows the age distribution of the 180 respondents included in the study. From the findings, the largest age group is 15–16 years, with 65 respondents (36.1%), indicating that most participants fall within the mid-teen age range. This is followed by the 17–18 years group, which includes 55 respondents (30.6%), showing that a considerable number of respondents are in the late teenage stage. The 13–14 years category has 40 respondents (22.2%), meaning nearly one-quarter of the participants are in the early teenage years. Lastly, the smallest group is respondents above 18 years, with 20 respondents (11.1%), suggesting that only a few participants are older than 18. Overall, the table indicates that the majority of respondents are between 15 and 18 years old, making up 66.7% of the total sample. This suggests that the study mainly represents adolescents in the middle to late teenage age bracket.

Gender of Respondents

Gender	Frequency	Percent
Male	85	47.2
Female	95	52.8
Total	180	100.0

Access to Internet at Home

Internet Access	Frequency	Percent
Yes	120	66.7
No	60	33.3
Total	180	100.0

The table shows the respondents' access to the internet at home out of a total of 180 participants. The findings show that most of the respondents are accessing the internet at home with 120 respondents (66.7%) responding to the question of yes. This implies that majority of the participants can access the internet at the comfort of their homes and this can facilitate other activities like learning, communication and information access. Conversely, 60 (33.3%) respondents indicated that they do not have internet at home, indicating that a third of the respondents might not have access to online resources at home and this could also mean that the respondents are restricted in the use of online resources in their homes or in other places. Generally, as shown in the table, internet access is prevalent among the respondents but a large percentage do not have access to connectivity at home which could impact their capacity to embrace online learning and other digital practices.

Average Daily Social Media Use

Daily Social Media Use	Frequency	Percent
Less than 1 hour	30	16.7
1–2 hours	55	30.6
3–4 hours	60	33.3
More than 4 hours	35	19.4
Total	180	100.0

The table shows the mean use of social media with respect to the 180 respondents selected in the study per day. The results indicate that the highest percentage of people (60 respondents) use 3-4 hours per day on social media. This implies that the number of the participants is large and they engage in active use of social media and spend a good amount of time on the internet every day. The second group with the highest number is individuals who use social media 1 to 2 hours per day, and the number of respondents in this category is 55 (30.6%), which means that almost one-third of the participants spend a moderate time on social media. Also, 35 participants (19.4%) responded that they spent over 4 hours per day indicating that there is a significant segment of the respondents that are intensive consumers of social media. Conversely the fewest group will be the respondents that spend less than 1 hour per day, of which 30 respondents (16.7%), that is to say a few respondents, restrict their use of social media. All in all, the table indicates that the majority of respondents spend 1-4 hours a day on the social media, which demonstrates the high engagement rates with social networking sites among the participants.

Mental Health Challenges (N = 180)

Sr#	Items	S.A	A	N	D.S	S.D
MH-1	Do you often feel stressed because of schoolwork or exams?	55 (30.6%)	60 (33.3%)	35 (19.4%)	20 (11.1%)	10 (5.6%)

MH-2	Do you feel sad or upset for no clear reason?	40 (22.2%)	50 (27.8%)	45 (25.0%)	30 (16.7%)	15 (8.3%)
MH-3	Do you feel worried or anxious most of the time?	45 (25.0%)	55 (30.6%)	35 (19.4%)	30 (16.7%)	15 (8.3%)
MH-4	Do you have trouble sleeping because of stress or overthinking?	35 (19.4%)	50 (27.8%)	40 (22.2%)	35 (19.4%)	20 (11.1%)
MH-5	Do you feel lonely even when you are around others?	30 (16.7%)	40 (22.2%)	50 (27.8%)	40 (22.2%)	20 (11.1%)
MH-6	Do you lose interest in activities you usually enjoy?	28 (15.6%)	45 (25.0%)	52 (28.9%)	35 (19.4%)	20 (11.1%)
MH-7	Do you feel tired or weak without doing much work?	50 (27.8%)	55 (30.6%)	40 (22.2%)	25 (13.9%)	10 (5.6%)

The table presents the mental health challenges of respondents. In case with MH-1 (stress caused by schoolwork or exams), the majority of the respondents were in agreement with the fact that they are usually stressed. There were 55 persons (30.6%) who strongly agreed and 60 persons (33.3%) who agreed indicating that 63.9 percent of the respondents feel the academic stress. The disagreement or strong disagreement was only 16.7% but the neutral opinion was 19.4%. This shows that pressure due to school is a significant psychological health issue among most students.

In case of MH -2 (sad/upset with no apparent reason), there is an average amount of emotional disturbance in the answers. The percentage of 50 agreed, i.e. 50% of the respondents are subject to unexplained sadness. 50 (27.8%) and 40 (22.2%) strongly agreed and agreed respectively. A quarter though were neutral and a quarter were then in disagreement or strongly in disagreement. This implies that although a high number of the respondents have experienced sadness, it is not a very common occurrence in all of them.

In the case of MH-3 (feeling worried or anxious most of the time), the table indicates that Anxiety is also shared amongst the respondents. A total of 55.6% of the respondents who strongly agreed (25.0%) or agreed with the statement (30.6%) affirmed that they were most anxious most of the time. In the meantime, 19.4 per cent were neutral and 25 per cent disagreed, or strongly disagreed. This points out to the fact that over fifty percent of the respondents are subject to worry or anxiety on a regular basis.

In MH-4 (stress or overthinking causes trouble sleeping), most respondents indicated that they had problems with sleep. Approximately, 35 (19.4%) strongly agreed and 50 (27.8%) agreed, which is equivalent to 47.2 percent who have difficulty in sleeping due to stress. It was found that about 22.2 percent were neutral, 30.5 percent disagreed or strongly disagreed. This implies that all respondents do not have an equal experience of sleep problems.

In the case of MH-5 (even feeling lonely when being close to people), the reactions are ambivalent. Only 16.7% strongly agreed and 22.2% agreed providing 38.9% of those who felt lonely. The percentage of the relatively large 27.8% was neutral, and 33.3% disagreed or strongly disagreed. This indicates that loneliness is an issue to most of the respondents, although not the majority.

In MH-6 (losing interest in activities most of the time liked), the results indicate that there are respondents, who experience indicators of low motivation or depressive symptomatic disorder. A strong agreement was recorded by 28 (15.6%) and agreement by 45 (25.0%), that is, 40.6% said that they lost interest in activities. In the meantime, 28.9% were neutral and 30.5% disagreed or strongly disagree. This implies that loss of interest is experienced by a good number of respondents, though a good number of them are not sure or not affected.

Finally, MH-7 (tired or weak without much work) demonstrates that the respondents are quite physically and mentally tired. Most 50 (27.8%) strongly agreed and 55 (30.6%) agreed, 58.4% answered, which states that being tired is a prevalent problem. Disagreement and strongly disagreement was only 19.5% and 22.2% was neutral. It means that stress, lack of sleep or emotional burden among students can be associated with fatigue.

To sum up, the most prevalent mental problems among the respondents as presented in the table are stress caused by schoolwork, feeling tired or weak, and anxiety, since they led to the highest level of agreement. A large number of respondents also reported other problems like sadness, sleeping problems, loneliness, loss of interest, showing the necessity of mental health awareness and support of students.

Table 6: Social & Environmental Factors Affecting Adolescent Mental Health (N = 180)

Sr#	Items	S.A	A	N	D.S	S.D
SE-1	Have you ever been bullied or teased in school?	50 (27.8%)	55 (30.6%)	35 (19.4%)	25 (13.9%)	15 (8.3%)
SE-2	Do you feel pressure from parents or teachers to get high marks?	60 (33.3%)	65 (36.1%)	30 (16.7%)	15 (8.3%)	10 (5.6%)
SE-3	Do you face problems at home that make you feel stressed?	45 (25.0%)	55 (30.6%)	40 (22.2%)	25 (13.9%)	15 (8.3%)
SE-4	Do you spend a lot of time on social media every day?	55 (30.6%)	60 (33.3%)	35 (19.4%)	20 (11.1%)	10 (5.6%)
SE-5	Do you compare yourself with others on social media and feel bad?	40 (22.2%)	50 (27.8%)	45 (25.0%)	30 (16.7%)	15 (8.3%)
SE-6	Do you feel unsafe in your school or neighborhood?	35 (19.4%)	45 (25.0%)	50 (27.8%)	30 (16.7%)	20 (11.1%)
SE-7	Do you have close friends who support you when you feel upset?	65 (36.1%)	60 (33.3%)	30 (16.7%)	15 (8.3%)	10 (5.6%)

The table highlights the social and environmental factors affecting adolescent mental health among respondents. In the case of SE-1 (bullying or teasing in school), the table reveals that bullying is a frequent occurrence amongst the respondents. In total, 50 (27.8%) of the

respondents strongly agreed and 55 (30.6%) agreed or 58.4% of the respondents said that they were bullied or teased. In the meantime, 19.4 percent were neutral, 22.2 percent disagreed or strongly disagreed. This poses to imply that bullying is a significant social problem that can adversely affect the psychological health of students.

The level of academic pressure is very high in the responses of SE-2 (parental or teacher-imposed pressure to achieve good grades). The percentage of those who strongly agree (33.3%) and those who agree (65%) is 60 and 65 respectively, which makes 69.4% who agree that they are pressured to get high marks. The disagreement or strong disagreement was only 13.9% and the neutrality was 16.7%. This shows that academic expectation of parents and teachers are among the best environmental factors that lead to stress among adolescents.

In the case of SE-3 (problems at home leading to stress), according to the table, home-related stress is experienced by a large number of respondents. The majority of the respondents (55.6%) strongly agreed (25.0%) or agreed (30.6%) that home issues cause them to feel stressed. Approximately 22.2% were neutral with 22.2% disagreeing or strongly disagreeing. This is an indication that the home environment is a key factor in determining the emotional well-being of the adolescents.

In relation to SE-4 (spend a lot of time on social media in one day) the table shows that the respondents have big social media consumption. Fifty-five (30.6%) strongly agreed and 60 (33.3%) agreed (63.9%) indicated that they spend a lot of time on social media every day. Only 16.7% said they were in Disagreement or strongly disagree whereas 19.4% expressed a neutrality. This demonstrates that the use of social media is rampant and could lead to mental conditions such as stress and anxiety.

SE-5 (making a comparison with others on social media and feeling bad) the responses indicate that social comparison can influence a number of adolescents. Around 40 (22.2%) strongly agreed and 50 (27.8%) agreed which is half of 100% of people feel bad when they compare themselves to others online. Nevertheless, a quarter of them were neutral and those who were not in agreement or strongly agreed were 25 percent and 25 percent respectively. It implies that although some half of the respondents are adversely influenced by social media comparisons, some might not be as affected by the problem.

In the case of SE-6 (unsafe in school or neighborhood), the scores are negative. One in every four, 44.4% strongly agreed and 45 (25.0%) agreed, equaling to 35 (19.4%) strongly agreed. The percentage of those who were neutral was quite high, 27.8%, and 27.8% were the disagree and strongly disagree percentages. This means that there are safety issues to many respondents, but many are uncertain, or not feeling unsafe.

And finally, SE-7 (positive and supportive close friends) implies a positive and protective element of adolescent mental health. A huge proportion of the respondents answered in the affirmative that they have people who support them, with 65 (36.1%) strongly agreeing, and 60 (33.3%) agreeing, amounting to 69.4%. Those who did not agree or strongly disagreed were only 13.9% with 16.7% being the neutral. This implies that peer support and good friends can assist the adolescents to overcome stress and emotional challenges.

Finally, the table indicates that academic pressure, bullying, home stress, and high social media use are the primary influencing social and environmental factors of adolescent mental health because these dimensions were rated highly by the participants. Simultaneously, the existence of positive friendship relationships is a robust positive variable that can minimize the adverse impact of these issues and enhance the overall state of mental health of adolescents.

Table 7: Social and Environmental Factors predict Adolescent Mental Health Challenges: A Simple Linear Regression Model (N = 180)

Variable	B	SEB	β	p-Value
Constant	6.214	.082		
Social & Environmental Factors	.684	.031	.781	.000

Note: $R^2 = .610$, adj. $R^2 = .608$, Dependent Variable: Adolescent Mental Health Challenges

The Table 7 reveals the findings of a simple linear regression analysis that was performed to investigate the possibility of social and environmental factors to predict mental health problems in adolescents among the respondents are provided. The dependent variable of this model is adolescent mental health problems, whereas the independent (predictor) variable is social and environmental.

The regression outcomes indicate that the value of the constant (intercept) is 6.214 to indicate the anticipated level of mental health challenges under zero social and environmental factors. The most important is the regression coefficient of social and environmental factors, which is $\beta = .684$. This holds that with a one-unit change in the social and environmental factors, the adolescent mental health issues get affected by 0.684 units, which is a positive correlation between both variables.

The standardized beta coefficient ($= -.781$) indicates that the social and environmental factors have an enormous influence on the issues of adolescent mental health. A p-value $= .000$ ($p < 0.05$) is an indication of the fact that this relationship is statistically significant, that is, social and environmental factors are a significant predictor of mental health challenges among the teenagers.

Moreover, the $R^2 = .610$ indicates that social and environmental factors explain 61.0 percent of the changes in adolescent mental health challenges. Adjusted $R^2 = .608$ also proves that the model is appropriate and sufficient even after modification. In general, the table finds that social and environmental factors are important and highly predictive of adolescent mental health challenges in the sample.

Table 8: Social Worker Support predicts Adolescent Mental Health Challenges: A Simple Linear Regression Model (N = 180)

Variable	B	SEB	β	p-Value
Constant	7.105	.091		
Social Worker Support	-.592	.028	-.745	.000

Note: $R^2 = .555$, adj. $R^2 = .552$, Dependent Variable: Adolescent Mental Health Challenges

Table 8 shows the results of a simple linear regression analysis conducted to examine whether social worker support predicts adolescent mental health challenges among respondents. The regression findings show that the constant (intercept) is 7.105 and this is the level of mental health challenges that are expected among adolescents when they have no social worker support. The regression coefficient of $B = -0.592$ of the most important predictors, social worker support, is unstandardized. The negative value implies that the more the social worker support increases by one unit, the more the adolescent mental health challenges will reduce by 0.592 units, indicating that changes in the two variables are inversely correlated.

The standardized beta coefficient ($\beta = -0.745$) shows a strong negative impact and this implies that the greater the social worker support, the greater the lower the levels of mental health

issues in adolescents. The p-value =.000 ($p < 0.05$) indicates the statistical significance of this relationship, which proves that social worker support is a significant indicator of adolescent mental health issues.

Besides, the R-Squared of the model is 0.555 indicating that social worker support is a predictor of 55.5 percent of the variance in mental health issues the adolescents face. The adjusted R^2 =.552 also indicates that the model fits well. On the whole, the results draw a conclusion that social worker support is a significant predictor of the mental health challenges in adolescents and has a positive influence on their reduction in adolescents.

Table 9: Adolescent Mental Health Challenges are predicted by Social & Environmental Factors and Social Worker Support: A Multiple Regression Model (N = 180)

Variable	B	SEB	B	p-Value
Constant	6.845	.095		
Social & Environmental Factors	.521	.030	.595	.000
Social Worker Support	-.361	.027	-.412	.000

Note: $R^2 = .701$, adj. $R^2 = .698$, Dependent Variable: Adolescent Mental Health Challenges

Table 9 presents the findings of a multiple regression analysis conducted to determine whether social and environmental factors and social worker support jointly predict adolescent mental health challenges among respondents. The findings indicate that the constant (intercept) is 6.845 which is the level of predicted adolescent mental health challenges at zero values of the predictors. $B = .521$, which represents a positive correlation, is the coefficient of social and environmental factors. This implies that with a one-unit change in social and environmental factors, the challenges in the mental health of adolescents rise by 0.521 units whilst the social worker support remains unchanged. The standardized beta value ($\beta = .595$) indicates that social and environmental variables play a significant and powerful role in the mental health problems. The p-value =.000 proves that this predictor is significant.

Conversely, the social worker support has a $B = -0.361$ regression coefficient indicating negative correlation with the adolescent mental health challenges. This implies that an increase in social worker support by one unit reduces the challenges to mental health of the adolescents by 0.361 units, holding other factors such as social and environmental factors constant. The standardized beta ($\beta = -0.412$) suggests that there is moderate to strong protection effect of social worker support. The p-value =.000 also demonstrates that this relationship is also statistically significant. Besides, $R^2 = .701$ shows that the joint influence of social and environmental factors and social worker support explain 70.1% of the variation in adolescent mental health problems. Adjusted $R^2 = .698$ is also some indication that the model is robust and fits the data. The general conclusion of the table is that both predictors play a significant role in influencing adolescent mental health issues since, in this case, social and environmental influences elevate mental health issues, and social worker support decreases them.

Conclusion

This paper has discussed the issue of mental health challenges that adolescents are exposed to, the social and environmental factors that lead to the challenges, and how social workers could help adolescents through intervention and prevention strategies. The results of the socio-demographic analysis depict that respondents were school-going teenagers of varying age groups, no matter their sexual orientation students were both boys and girls. The internet access at home was observed in most students and social media was widespread among them which

suggests that the digital exposure is a significant aspect of teenage lives and thus could affect their mental and emotional health.

The outcomes of the mental health issues indicated that a good number of adolescents are faced with stress, emotional distress, and psychological issues in their lives. Among the frequently reported problems in students, there were academic stress, sadness, anxiety, sleep problems, loneliness, loss of interest in activities, and fatigue. These issues indicate that adolescence is a sensitive period where emotional stress and mental tension can easily influence the behavior of the students, their learning, and their relations. The researchers also came up with a result that social and environmental conditions are significant factors that affect adolescent mental health. Bullying, academic stress, stress-related to family, social media overuse, social comparison, and insecurity were associated with more mental health problems. Meanwhile, the presence of supportive friends was regarded as a favorable protective mechanism that helps teenagers overcome stress and emotional issues.

The regression analysis showed that social and environmental factors are important predictors of the adolescent mental health issues in that, as the negative factors go up so do the mental health issues. This demonstrates that the mental health of adolescents is highly influenced by the social environment surrounding them, i.e. school, home, relationships with peers. Moreover, the research discovered that the challenge of mental health is reduced substantially through the aid of a social worker. It suggests that the stress management, coping skills, and the threat of severe emotional issues can be reduced in adolescents with the use of counseling, guidance, emotional support, and awareness programs offered by social workers.

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