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Mental Health Risk Behaviour and Restorative Practices among Adolescents in Secondary Schools in Ogun State

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ABSTRACT
Mental health risk behaviours pose a threat to psychological wellbeing of the adolescents, but restorative practices are useful. The study investigates mental health risk behaviour and restorative practices among adolescents. The objectives set for the study were to; determine the mental health risk behaviours and restorative mental health-related practices among the adolescents, while a hypothesis was tested. The study utilized a descriptive cross-sectional design. Multistage sampling was employed and 408 sample drawn using power analysis. The instrument used was Adolescent's Mental Health-Risk Behaviour & Restorative Practices questionnaire (AMHBRPQ). The reliability of the instrument was 0.78 using Pearson's Moment Correlation Coefficient. Data generated was subjected to descriptive statistics and analyzed using Statistical Package for Social Sciences (SPSS) version 21. The results showed that the adolescent engaged in mental health risk behaviour (2.68 ± 0.42), practised restorative mental health (3.25 ± 0.74) while urban students had a higher restorative mental health practices than the rural students. ($P>0.05$). The study therefore recommended a sensitization programme against substance abuse and enlightenment on sex education, while resource to enhance restorative mental health should be provided in the rural schools.

Keywords: Mental-health risk behaviour, restorative practices, adolescent, school, children

INTRODUCTION

Adolescent is a phase in human's milestone where an individual grow into maturity, from childhood into adulthood. It is a critical and developmental period where mental health of the individual is determined (Vino & Juan,2020). It is a period with higher level of curiosity, experimentation as the person evolves from a phase to another with typical challenges peculiar to each of those periods in the life of the adolescents. Negatives practices are ventured into and being imbibed at this period (Leão et al., 2017). Exploration to garner experience is a typical issue at that stage of life. The decisions made by the growing adolescents has an impacts on their present and later life (El Achhab, El Ammari & El Kazdouh et al.,2016). Some indulge in some risky behaviour that are detrimental to mental health, examples of which are; being unnecessarily worried about self and others, concern about body physiques, looseness of self management, exploration of sexuality, indulgence in alcoholism and so on. Alcohol is associated as a threat to mental health and according to De Graaf, Verbeek, Borne & Meijer, 2018), sexually risky practices which are non-usage of condom, multiple sexual partners and rate of sexual experience or tipsy coupled with sex are known to be hazardous.

Mental health risk behaviour could be hazardous to the health of an individual. Indulgence in that behaviour could have a hazardous effect on the individual which could make the adolescent to be vulnerable to developing mental illness. According to Bozzini, Bauer, Maruyama, Simoes & Matijasevich (2020), substance use is traced to depression during the adolescent's period. Some of these could also increase the rate of social vices in the society, thereby contributing to an upsurge of cases that could lead to anarchy in the society, examples of which are rape, pilfering, gangsterism and so on. It is established that an adolescent who indulged in risky behaviour may not limit the act to a single type and the practice is not committed alone (Bozzini, Bauer, Maruyama, Simoes & Matijasevich (2020),

There are restorative activities that young people could adopt to diffuse the primitive impulse that may spell doom for the future of the adolescents and the society. Some of these activities aid recovery and parts of these activities involved that the youth take personal responsibilities while others required the person work with specialists in achieving the objectives. There is implication of anxiety on the performance of the adolescents as it alters the social and occupational function in terms of poor academic performance, sleeplessness and lack social integration in the environment (Seçer, Gülbahçe

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& Ulaş,2019). Stemming the tides of youth involvement in detrimental activities to their mental health is imperative to forestall mental breakdown among the youth.

Fatalities and illness associated with adolescents' mental health risk practices has aroused study due to documented higher rate (Bozzini, Bauer, Maruyama, Simoes & Matijasevich,2020). General well-being of the adolescents may be impacted as the condition could alter lifestyle and progresses into the adulthood (Seçer, Gülbahçe & Ulaş,2019). The best areas for screening, diagnosis and management of these risk behaviours are in schools. Local and international researchers have documented influence of risk health practices to illnesses and prolonged stay on admission (Leão et al.,2017). The key to provision of essential data targeting at formulating a beneficial programmes for adolescent is the determination of the mental health risk behaviour (El Achhab, El Ammari & El Kazdouh et al.,2016).

Programmes to reduce health-risk and foster restoration health could be put in place to alleviate an impending danger. In the United Kingdom, there are programmes to checkmate the risk practices in school and most of the personnel in that programme are highly skilled to handling challenges among the adolescents (Alotaibi, 2015). However, in Nigerian school settings, there is no assessment modalities for these behaviours. According to Kuponiyi, Amoran & Kuponiyi (2016), varieties of studies over the past two decades, revealed Nigeria schools have had unviable school health programme. Thus the mental health-risk and restorative practices are imperatives among the vulnerable groups which are adolescents. The study therefore intends to investigate the phenomenon under study.

OBJECTIVE OF THE STUDY

1. To determine the mental health risk behaviours indulged by adolescents.
2. To identify restorative mental health-related practices of the adolescents.

HYPOTHESIS

1. There will be no significant difference between restorative mental health practices between the adolescents in the rural and urban schools

METHODOLOGY

The study adopted a descriptive cross survey design. A sample size of 408 was drawn from a total population of 8,074 using power analysis with 10% non response rate. A multi-stage sampling procedure was adopted for recruitment of the respondents. The instrument for data collection was the researcher self-constructed instrument named Adolescent's Mental Health-Risk Behaviour & Restorative Practices questionnaire (AMHBRPQ). It contains section A and B which are demographic data and questions on mental health-related practices respectively. The instrument was validated by three experts in the Department of Nursing Sciences, University of Nigeria. The reliability of the instrument was established using test re-test and computed using. Pearson's Moment Correlation Coefficient which yielded a coefficient of 0.78. Data generated was subjected to descriptive statistics and analyzed using Statistical Package for Social Sciences (SPSS) version 21. Probability value less than 0.05 was considered statistically significant. Ethical approval from the Ogun State Ministry of Education, Science and Technology (Department of Planning Research & Statistics) with reference number PL.19/180. Ethical clearance was from the Ethics & Research Committee of Neuropsychiatric Hospital Abeokuta, Ogun state with reference number PRO25/15.

RESULTS

Table 1: Demographic distribution of the students
N=403

Demographic Characteristics	No of Respondents	Percentage
Age Group		
10 – 12years	147	36.5%
13 – 15years	195	48.4%
16 – 18years	61	15.1%
Sex		
Male	217	53.8%
Female	186	46.2%
Class		

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Demographic Characteristics	No of Respondents	Percentage
Junior Secondary School	213	52.9%
Senior secondary School	190	47.1%
Institution type		
Private	39	9.7%
Government	364	90.3%
School Location		
Rural	82	20.3%
Urban	321	79.7%
Who do you live with?		
Parents	366	90.8%
Grandparents	18	4.5%
Relatives	15	3.7%
Friends	3	0.7%
With an unrelated person/family	1	0.2%
Mother's highest educational level		
No formal education	14	3.5%
Primary education	43	10.7%
Secondary education	136	33.7%
Tertiary education	210	52.1%
Father's highest educational level		
No formal education	6	1.5%
Primary education	31	7.7%
Secondary education	102	25.3%
Tertiary education	264	65.5%
Mother's occupation		
Housewife	15	3.7%
Nursing	26	6.5%
Business	71	17.6%
Lawyer	1	0.2%
Medical Doctor	4	1.0%
Trading	168	41.7%
Teacher/Lecturer	61	15.1%
Farmer	3	0.7%
Civil Servant	39	9.7%
Others (artisan)	15	3.7%
Father's occupation		
Nursing	1	0.2%
Business	119	29.5%
Lawyer	5	1.2%
Medical Doctor	15	3.7%
Trading	43	10.7%
Teacher/Lecturer	42	10.4%
Farmer	16	4.0%
Civil Servant	104	25.8%
Others (artisan, technician and professionals)	58	14.4%

Table 2: The mental health risk behaviour among the students

S/N	ITEMS	SA	A	D	SD	N	Mean	SD	t-test	P-value
1.	I easily get angry/upset over little things	74	91	154	84	403	2.62	1.01	2.290	0.023*
2.	I fight anyone who offends me	25	45	205	128	403	3.08	0.82	14.25	0.000*

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3.	I bully, threaten and intimidate other students and my siblings	31	35	159	178	403	3.20	0.89	15.76	0.000*
4.	I get angry whenever I am denied of something	78	120	137	68	403	2.48	0.99	-0.328	0.743
5.	I worry a lot when I make mistakes	150	162	60	31	403	1.93	0.91	-12.58	0.000*
6.	I take alcohol to relieve myself of stress	14	13	104	272	403	3.57	0.72	29.91	0.000*
7.	I smoke to relieve myself of stress and tension	8	8	103	284	403	3.65	0.62	36.87	0.000*
8.	I engage in sexual intercourse to cope with stress	15	27	99	262	403	3.51	0.78	25.95	0.000*
9.	Personal and family problems make me feel very upset and anxious.	71	130	114	88	403	2.54	1.02	0.86	0.393
10.	I do not like people taking undue advantage of me	101	132	101	69	403	2.34	1.04	-3.056	0.002*
11.	I like teasing or making jest of other people in order to get even (with them).	45	95	133	130	403	2.86	0.99	7.339	0.000*
12.	I feel anxious or angry when carrying out tasks without directives or instructions on what to do	79	131	126	67	403	2.45	0.99	-1.035	0.302
13.	I do not like anything that can upset my peace of mind.	195	145	40	23	403	1.73	0.86	-17.98	0.000*
14.	I worry too much about how I will succeed in life	239	102	41	21	403	1.61	0.87	-20.49	0.000*
	Mean of means of mental health risk behaviour					403	2.68	0.42	8.890	0.000*

* P<0.05 (Significant)

Table 3: The restorative mental health practices among the students

S/N	ITEMS	SA	A	D	SD	N	Mean	SD	t-test	P-value
1.	I do go for medical treatment in a hospital/clinic when I am sick	135	166	69	33	403	3.00	0.91	10.98	0.000*
2.	I like people advising me over a problem I have	189	176	29	9	403	3.35	0.71	24.02	0.000*
3.	I accept it when people advice me aright	223	172	7	1	403	3.53	0.55	37.83	0.000*
4.	I easily apologize when I am wrong.	170	200	28	5	403	3.33	0.66	25.20	0.000*
5.	I easily forgive others of any wrong or hurt done to me	164	203	29	7	403	3.30	0.69	23.70	0.000*
6.	I always pray over my problems and anything that upsets me	212	168	18	5	403	3.46	0.64	29.88	0.000*
7.	I am not easily upset or disorganized by problems or unpleasant experiences	114	189	68	32	403	2.96	0.88	10.42	0.000*
8.	Most of the times, I overlook whatever annoys me as soon as possible	137	195	60	11	403	3.14	0.76	16.77	0.000*
9.	I like talking things over with people	139	180	64	20	403	3.09	0.84	14.12	0.000*

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10.	I work hard to improve on my mistakes	216	140	32	15	403	3.38	0.79	22.49	0.000*
	Mean of means for restorative mental health practices					403	3.25	0.74	21.54	0.000*

* P<0.05 (Significant)

Table 4: Restorative mental health practices between rural and urban students

Mental Health Practices	Location		t-test for Equality of Means		
	Rural (n=82)	Urban (n=321)	t-test	df	P-value
Restorative	3.15±0.44	3.28±0.40	-2.543	401	0.011*

* P<0.05 (Significant)

RESULTS

Majority of the students 79.7% were from the urban school. 90.8% of the students lived with their parents. More than half of the students 210 (52.1%) had their mother with tertiary educational level, so also their fathers 264 (65.5%). (Table 1). The adolescent engaged in mental health risk behaviour (2.68 ± 0.42). Some of the adolescents reported using the following to relieve stress; indulgence in alcohol (3.57 ± 0.72), Smoking (3.65 ± 0.62), sexual intercourse (3.51 ± 0.78). However, mental risk behaviours that are not utilized by the adolescents are; Feeling anxious or angry when carrying out a task without directives on what to do (2.45 ± 0.99); worrying too much to succeed in life (1.61 ± 0.87)(Table 2). The adolescent practised restorative mental health (3.25 ± 0.74). Accepts when being advised rightly (3.53 ± 0.55), apologise when they are wrong (3.33 ± 0.66), easily forgive others of any wrong or hurt done to me (3.30 ± 0.69) and always praying over problems and anything that upsets (3.46 ± 0.64) (Table 3). There is significant difference in restorative mental health practices between rural and urban students (P<0.05). The urban students had a higher restorative mental health practices than the rural students (Table 4).

DISCUSSION

Majority of the students 79.7% were from the urban school. 90.8% of the students lived with their parents. This is in line with the study by Young et al.,(2017) which revealed a positive family ties factor that fosters positive mental health habits among the adolescents. 65.5% of the respondents' parents had tertiary education. There is a correlation between father's secondary education level with poorer mental health (Chen, Pei & Lin et al., 2019).

In the overall, the adolescent engaged in mental health risk behaviour (2.68 ± 0.42). In this present study, the adolescents reported using the following to relieve stress; indulgence in alcohol (3.57 ± 0.72), Smoking (3.65 ± 0.62) and sexual intercourse (3.51 ± 0.78) (Table 1). This is similar to a study by Bozzini, Bauer, Maruyama, Simoes & Matijasevich (2020), where the majority 45% of the risk mental health practices reported among the adolescents were use of substances like tobacco and alcohol, while 11% were noted with risky sexual practices. The same study linked adolescents' indulgence in alcohol as the factors to smoking and absenteeism in school. In another study by De Graaf, Verbeek, Borne & Meijer (2018), 53.5% of the young people and 74.2% of ladies were revealed to be active sexually and never used contraception during sexual intercourse. These practices are causal link to infection such as Human immunodeficiency virus (HIV) and unwanted pregnancy. Another study by Tsitsimpikou (2018) revealed that more than half 53.1% of the students are smokers and almost half 46.3% who are drug abusers had the first experience of these habits from their peers. The same study showed that 85.4% of those who smoke are from families with same history of smoking. In a study by Arbel, Perrone & Margolin (2018), 77% majority of the adolescents had a risky health practices and most the practices are substance use. However, mental risk behaviours that are not utilized by the adolescents in the study are; Feeling anxious or angry when carrying out a task without directives on what to do (2.45 ± 0.99); worrying too much to succeed in life (1.61 ± 0.87). This is in contrast to a study by Seçer, Gülbahçe & Ulaş (2019), where 15-20% of the adolescents experienced some degrees of apprehension and worries in their growing years. The same study revealed a positive link between anxiety disorder and worries. In another study by Alotaibi (2015), majority of the anxiety preceded depression and 50-60% anxiety and depression could feature concurrently in an adolescent.

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There is positive correlation of depression and stress with increased degree of anxiety 66.2% (Alotaibi, 2015). In a study by Arbel, Perrone & Margolin (2018), revealed that multi-level models interwined with worries and risky behaviour among the adolescents on the same day and worries on daily basis is associated with following day engagement in risky health practices *(β* = .10, *SE* = 0.04, *p* = .03).

In the overall, adolescents practised restorative mental health (3.25 ± 0.74). The present study revealed that the adolescents easily forgive others of any wrong or hurt (3.30 ± 0.69) and always praying over problems and anything that upsets (3.46 ± 0.64) (Table 2). This is in congruence with a study by Raheel (2014), which stated that forgiveness as a practice received a higher coping strategies among the religious group. In another study by Vino & Juan (2020), the study revealed a positive correlation between adolescents' forgiveness style and mental health being measured in generousity with a Chi-square value of 17.63 at 0.01 p-value. This indicates that with forgiveness restoration of mental health and general well being are predicted in human during interpersonal relationship. Raheel (2014) revealed that about 11% of the adolescents used prayers and reading of Holy book (Quran) as forms of restorative mental health practices. The study further pointed out the result from a 2012 meta-analytic study which stated a causal link between religiosity and reduction in mental health risk behaviour. In a study by Guckenberg, Hurley, Persson, Fronius, & Petrosino (2015), it was stated that the modality for a formidable restorative practices is on the premise of empowerment programme and concerted effort of the stakeholders in the school environment as this will meet the mental health need of the adolescents. Availability of religious services, counselling services, recreational services etc could enhance restorative practices. Studies by Harris (2013) reported by Alotaibi (2015) showed that school-based counselling services is not just compulsory in most nations but is important globally. Raheel(2014) revealed that a negligible percentage 1% of the study population utilised problem solving approach in solving issues.

The present study showed that urban students had a higher restorative mental health practices than the rural students. (P>0.05). In a study by Chen, Pei & Lin et al., (2019), the study concluded that there is a better mental health status in the urban students than those in the rural area. The same study further stated that increase family earning contributes to an improved mental health status of the students. In a study by Naik, Bhattacharjee & Sutradhar (2015), it showed that there is a statistical significant difference between mental health between adolescents students of rural and urban school(t=6.5286, p 0.05 and 0.01). The provision of mental health resources. Teaching on interpersonal relationship, provision of counsellors and spiritual guides maybe concentrated in the cities without the reciprocity of such resources in the rural schools and that could make the adolescent in the area to be at disadvantage of restorative mental health practices.

CONCLUSION

The study concluded that the adolescents engaged in mental health risk behaviour. The behaviour indulged in were smoking, alcoholism and sexual intercourse. It was also discovered that the adolescent practised restorative mental health of which forgiveness and prayers as adaptive skills were use. However, the use of restorative mental health practices was higher among the adolescents in the urban school than in the rural schools. It is therefore recommended that there should be enlightenment programme like Drug Free club in the school which will help to fight against against the use of substance in the school. It is also important that sex education be given a priority in the school. Mental health resources that will foster restorative health should be provided in the rural schools. Further study to explore the full scale assessment of the schools adolescence for mental health risk behaviour would be needed to plan a national programme for schools across the region.

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