Mental Health Problems among School-Going Children in Bangladesh

A Synopsis of the PhD thesis

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Chapter – I: Context of the Study

Introduction

In the landscape of our world today, we find ourselves in the midst of an unprecedented demographic phenomenon that holds profound implications for our collective future. A monumental cohort of adolescents, comprising a staggering 1.2 billion individuals aged between 10 and 19, now populates our planet. This assembly of adolescent minds represents not only a demographic surge but also a reservoir of untapped potential, the key to shaping the destiny of our societies for generations to come. Adolescents have eagerly embraced digital technology, with a large majority owning smartphones or mobile devices. This trend is evident in both the US and European countries. Globally, about one-third of internet users are under 18, with younger demographics being more tech-savvy than older generations. However, along with the benefits of technology, adolescents face modern challenges such as unhealthy lifestyles, mental health issues, substance abuse, and environmental concerns. For adolescent girls, puberty can bring additional hurdles like poverty and gender discrimination, limiting their opportunities in education, society, and the economy. Tragically, many young girls experience early pregnancies, often tied to societal issues like child marriage, leading to maternal mortality among teenage girls.

According to the World Health Organization (WHO), a significant portion of adolescents faces mental health problems, but these issues often go unnoticed and untreated. Mental health conditions can lead to various difficulties, including social exclusion, stigma, academic struggles, and even human rights violations. Adolescence and Emerging Adulthood are crucial stages for individuals, marked by self-discovery and independence. Family background plays a significant role in shaping this transition. In Bangladesh, mental health challenges among school-aged children include depression, anxiety, emotional disorders, and suicide attempts. Unfortunately, mental health remains a neglected issue in many countries, including Bangladesh, due to limited resources, stigma, and inadequate research. Efforts to address mental health in Bangladesh include school-based programs and increasing awareness among parents, teachers, and adolescents. However, there's a need for more research to formulate effective policies and interventions. This article emphasizes the importance of understanding and addressing

mental health issues among school-aged children in Bangladesh, urging continued attention to this critical issue.

In Bangladesh's history, the issue of child mental health has been closely linked to the development of mental healthcare services. After the partition of India in 1947, the newly formed East Pakistan, later becoming Bangladesh, struggled to provide adequate mental health facilities. The establishment of the Pabna Mental Hospital in 1957 was a significant step, but specialized care for children was lacking until 1974 when Dhaka Medical College introduced child mental health services. This initiative expanded to other medical colleges and the Institute of Mental Health and Research, gradually improving access to child psychiatric services nationwide. Today, with all 13 government medical colleges and some non-governmental medical colleges providing psychiatric services for children, Bangladesh has made considerable progress in recognizing and addressing the mental health needs of its young population. The historical context of education for school-going children in Bangladesh reflects a complex mix of advancements and obstacles. Education has become a cornerstone of the nation's development efforts, but socio-economic and political factors have influenced the educational journey of Bangladeshi children. Before gaining independence in 1971, Bangladesh, formerly East Pakistan, grappled with educational disparities and limited opportunities. Factors like poverty, gender discrimination, and geographical challenges hindered access to schooling. The pre-independence era saw struggles in establishing an inclusive educational system, leaving many school-aged children without formal education. Post-independence, there was a renewed commitment to improving education. Efforts focused on expanding access, particularly in primary and secondary education. Policies such as the National Education Policy aimed to address historical disparities and ensure all school-going children had access to quality education, regardless of background.

Mental health issues pose a significant global burden, affecting over 1 billion people worldwide. In low- and middle-income countries like Bangladesh, a substantial portion of adults and children grapple with mental health disorders, notably depression, anxiety, and stress. Women, in particular, face higher rates of these disorders, influenced by a myriad of factors including biological, hormonal, social, and cultural aspects. Women's mental health is intricately linked to various factors such as financial dependency, limited decision-making autonomy, interpersonal violence, and societal expectations regarding

their roles as caregivers and child-bearers. Despite being more prone to mental health issues, women in Bangladesh are less likely to seek treatment compared to men. Barriers to accessing mental healthcare include a shortage of mental health professionals, unequal distribution of facilities favouring urban areas, and ineffective implementation of national mental health policies. Additionally, social and cultural stigma surrounding mental health and low levels of mental health literacy further deter individuals from seeking help. Historically, women worldwide have been less inclined to seek mental health services due to a multitude of reasons including poverty, low education levels, limited employment opportunities, reduced decision-making power, lack of awareness about mental health conditions, fear of stigma, concerns about marriage prospects, and limited access to healthcare services. The COVID-19 pandemic has exacerbated mental health inequalities among women, leading to increased economic instability, unemployment, and heightened exposure to interpersonal violence. Understanding the unique challenges faced by women with mental health issues is essential for enhancing the accessibility, quality, and effectiveness of mental health services. Initiatives such as the Women Support Initiative Forum (WSIF) in Bangladesh play a crucial role in addressing these challenges by providing online psychosocial support services through platforms like LinkedIn, Facebook, and their website. The World Women's Initiative (WSIF) Facebook group caters to women aged 20 to 28, offering online psychotherapy and counseling services while promoting mental health awareness through educational content. The group also provides a platform for women to share their experiences anonymously, shedding light on their mental health concerns and barriers to seeking treatment. Analyzing anonymous posts shared on the WSIF platform can provide valuable insights into the patterns of mental healthcare-seeking behavior among women in Bangladesh, potentially informing more effective approaches to service delivery.

Significance of the study

In Bangladesh, the shortage of mental health professionals is stark, with only 270 psychiatrists and roughly 500 psychologists serving a population exceeding 166 million. This results in a concerning ratio of 216,000 people per specialist, primarily concentrated in urban areas. Moreover, the country's lone government-run mental hospital offers just 500 beds, while mental health funding remains minimal, with only 0.44% of the health budget allocated to this sector. This scarcity of mental health resources has significant

implications for the mental well-being of school-going children in Bangladesh, presenting various challenges:

1. High Prevalence: Mental health issues are prevalent among school children, but limited access to services means many go untreated, potentially leading to long-term consequences.
2. Educational Impact: Mental health problems can hinder learning and academic performance, potentially leading to absenteeism and dropouts.
3. Social Stigma: Stigma surrounding mental health can prevent children and families from seeking help, exacerbating issues over time.
4. Limited Access to Services: Rural areas face a scarcity of mental health professionals and facilities, creating barriers to care.
5. Parental Stress: Economic and social stressors can impact parental mental health, influencing children's well-being.
6. Lack of Awareness: Limited awareness about mental health delays diagnosis and intervention.
7. Long-Term Consequences: Untreated mental health issues in childhood can persist into adulthood, affecting overall well-being.
8. Economic Impact: Untreated mental health problems can decrease productivity and strain healthcare systems.
9. Educational Disparities: Lower-income children face additional challenges in accessing care, widening educational gaps.
10. Future Well-Being: Neglecting children's mental health jeopardizes the nation's future development.

Addressing this shortage requires improving access to services, raising awareness, and reducing stigma to support the mental well-being of Bangladesh's youth and foster a healthier society overall.

Chapter – II: Problem of the Study

Review of Literature

A recent a cross-sectional study in Bangladesh done by **Faruk & Rosenbaum (2023)** they studied on *"Mental illness stigma among indigenous communities in Bangladesh: a cross-sectional study"* to look into the risk factors and current stigma among various indigenous communities in Bangladesh's Chattogram Hill Tracts (CHT). A cross-sectional survey was conducted in Rangamati, Bangladesh, with participants from the Chakma, Marma, Rakhine, Tripura, and Pangkhua indigenous communities. The Mental Illnesses Stigma Scale was used, and multiple regression, ANOVA, and t-tests were employed. The study reveals a gender difference in reporting stigma among indigenous people, with age, gender, socioeconomic status, and monthly income being significant factors. These findings can inform anti-stigma interventions targeting indigenous communities in Bangladesh, highlighting the need for gender-specific strategies.

According to **Hasan et al. (2019*)*** *"Level of Stress, Predisposing Factors and Status of Mental Health among Pharmacy Students of a Private University of Dhaka, Bangladesh A Cross Sectional Study"* to look into the socio-demographics of students, the degree of stress they feel, the state of their mental health, and the correlation between various factors related to the level of stress feelings. A study of 504 UAP Department of Pharmacy students found that severe stress was common for both genders, with female students (N=253, F=78.33% &) experiencing more stress. Factors contributing to stress included future career thoughts, academic achievements, unrealistic expectations, family relationships, socioeconomic conditions, and being too busy. Overall, female students were more stressed than males. Stress levels among students aged 21-25 are highest, with socio-economic conditions contributing to higher stress levels. Psychological counseling is crucial for detecting and preventing mental distress.

According to **Sultana & Tareque (2019)** *"Bangladesh National Adolescent Health Strategy, a Step to Achieve Sustainable Development Goals by 2030: A Policy Analysis and Legal Basis"* to evaluate critically Bangladesh's recent policies and plans that have a focus on adolescents & the latest National Adolescent Health Strategy (NAHS) is being compared to the global strategy in this article as well as ways to use the policy analysis triangle framework to achieve the Sustainable Development Goals by 2030. Data Source

and Search Strategy for Documents Published Between 1998 and 2018 were identified through searches of the websites of the Government of Bangladesh. The policy analysis reveals Bangladesh's adolescent health program has evolved over the past 20 years, but lacks an appropriate implementation plan and monitoring mechanism. A tentative PoA with performance indicators and a specific timeline is proposed for successful implementation. The plan emphasizes preventive interventions, family engagement, and reducing violence against unmarried female adolescents, aligning with the country's 5-year health plans and focusing on nutrition, mental health, and violence-free social life.

Lee et al. (2018) was undertaken a study *"Differences in Factors Associated with Depressive Symptoms between Urban and Rural Female Adolescents in Korea"* to analyze the prevalence of depressive symptoms and identify factors linked to them in urban and rural areas using Ecological Models of Health Behavior. The study involved 460 female adolescents, using the Adolescent Mental-Health Problem-Behavior Questionnaire (AMPQ-II) and the Beck Depression Inventory, as instruments. Depressive symptoms were found in 15.7% of urban and 22.9% of rural adolescents, with health perceptions, school performance stress, academic issues, internet violations, general life happiness, worry/anxiety, and mood/suicidal ideation being common factors. Depressive symptoms are linked to various factors, varying between urban and rural female youths, necessitating tailored interventions at intrapersonal, interpersonal, and organizational levels.

London, Yan Ma et al. (2023) performed a study on *"A study of Review: School-based interventions to improve mental health literacy and reduce mental health stigma – a systematic review"* to study quality was evaluated using the EPHPP too (This systematic review was registered with PROSPERO). The burden of mental disorders may be reduced by preventing mental disorders, promoting mental well-being, and improving mental health literacy. 21 studies found moderate evidence for school-based mental health interventions improving mental health literacy and reducing stigma, but less long-term effectiveness due to lack of follow-ups. Future research should address methodological issues and process evaluations to improve intervention design and implementation, addressing uncertainties in outcomes assessment and methodological heterogeneity.

Melisa et al. (2012) conducted a study on *"Prevalence of Child Mental Health Problems in Sub-Saharan Africa"* to evaluate the prevalence of child mental health issues in community

settings in sub-Saharan Africa. The study utilized a comprehensive search of MEDLINE, EMBASE, and PsycINFO, along with tracking references from identified articles and personal communications with local researchers. evaluate the study was, eleven studies, including 10 in a meta-analysis, analyzed data from 9713 children from 6 countries. Overall, 14.3% of children were identified as having psychopathology, with higher prevalence rates reported using screening questionnaires than clinical diagnostic instruments. Sub-Saharan Africa's children and adolescents face significant mental health issues, with one in seven experiencing significant difficulties and 9.5% having a specific disorder, influenced by sociodemographic factors.

Research Questions

1. What is the existing status of Mental Health related problems faced by school-going children in Bangladesh?

2. What are the common types of mental health problems included in different dimensions of Mental Health problems faced by them?

3. How does Mental Health problems of school-going children are related to different demographic characteristics of students viz. age, gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification?

To answer the above-mentioned research, Question the problem of the study is identified and stated as **"*MENTAL HEALTH PROBLEMS AMONG SCHOOL-GOING CHILDREN IN BANGLADESH*".**

Delimitations of the Study

The present study is delimited to the following areas:

1. The study was delimited to 13 districts of Bangladesh viz., Dhaka, Tangail, Jamalpur, Mymemsingh, Sherpur, Jhinaidha, Magura, Kushtia, Jashore, Khulna, Bandharban, Panchagor, and Rongpur only.
2. The students studying in classes 6 to 8 only were considered as the participants of the study.

3. The study was delimited to only nine demographic factors i.e., age, gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification.
4. The age limits of the students were delimited to 11-17 years only.

Objectives of the Study

In view of the basic research questions and delimitations of the study, the following objectives were identified: -

i. To understand the present scenario of Mental Health Problems among the school going children in Bangladesh.
ii. To assess the rate of prevalence rate of Mental Health Problems among the school going children in Bangladesh.
iii. To examine each dimension of Mental Health Problems i.e., Emotional Problem, Conduct Problem, Hyperactive Problem, Peer problem and Pro-social Problem in relation to student's age, gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification.

Hypotheses of the Study

In view of the basic research questions and objectives of the study the following Null-Hypotheses are formulated:

$H_0$1: There is no significant difference in the rate of prevalence of Mental Health problems with respect to gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification of the children.

$H_0$2: There is no significant difference in the rate of prevalence of Emotional problem with respect to gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification of the children.

$H_0$3: There is no significant difference in the rate of prevalence of Conduct problem with respect to gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification of the children.

$H_0$4: There is no significant difference in the rate of prevalence of Hyperactive problem with respect to gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification of the children.

$H_0$5: There is no significant difference in the rate of prevalence of Peer problem with respect to gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification of the children.

$H_0$6: There is no significant difference in the rate of prevalence of Pro-social problem with respect to gender, habitat, locality of the schools, medium of instruction, type of family, type of school, father's educational qualification and mother's educational qualification of the children.

Chapter – III: Method and Procedure

The methodology utilized for this study involves cross-sectional survey research, which includes gathering pertinent data from the target population and analyzing it using suitable statistical methods. The researcher has selected 24 schools, which are located at 13 districts of Bangladesh during the sampling process viz. Dhaka, Tangail, Jamalpur, Mymemsingh, Sherpur, Jhinaidha, Magura, Kushtia, Jashore, Khulna, Bandharban, Panchagor, and Rongpur.

The target population for this research consists of school-going adolescents across the identified districts of Bangladesh. A total of 2121 children aged between 11-17 years from Bangladesh participated in this study.

Variables

1. ***Independent Variables:*** Independent variables are believed to be the influencing variables that affect the dependent variables. The following independent variables were used in the study.
   - ***i.*** Age
   - ***ii.*** Gender
   - ***iii.*** Habitat
   - ***iv.*** Locality of school
   - ***v.*** Medium of instruction
   - ***vi.*** Type of family
   - ***vii.*** Type of school
   - ***viii.*** Father's educational qualification
   - ***ix.*** Mother's educational qualification

2. ***Dependent Variable:*** In the present study, **Mental Health problem of the adolescent school going children** as outcome was the dependent variable. The dependent variable Mental Health or total difficulty (TD) includes its various dimensions or sub variables – Emotional Problem (EP), Conduct Problem (CP), Hyperactivity Problem (HP), Peer Problem (PP) and Pro-social Problem (PrS). The study aimed at measuring the influence of independent variables on the status of

dependent variable – Total Difficulty or Mental Health Problem. It was assumed that there might be some other extraneous variables which could influence the dependent variable. Randomization technique in selection of the school or sample selection was used to control these intervening variables. It was hoped that this randomization might neutralized the effects of intervening variables with equal probability.

Tools Used for Data Collection

1. **Strengths and Difficulties Questionnaire:** In the present study strengths and difficulties questionnaire (SDQ) will be used for the data collection purpose from the concerned samples. The SDQ questionnaire is developed by Robert Goodman (1997) and it is considered as a multi- informant screening tool for identifying both emotional and behavioural problems in children. The tool is further divided into 5 sub-scales measuring 5 dimensions of mental health problems which consist of 5 questions in each dimension. The five dimensions are as follows:
    1. Emotional Problems (EP),
    2. Conduct Problems (CP),
    3. Hyperactive problems (HP),
    4. Peer Problems (PP) and
    5. Pro-social Problems (PrS).

About SDQ: Robert Goodman (1997) developed a multi-information screening tool to identify both emotional and behavioural issues in children to assess their Mental Health status. Screening tools should be culturally relevant. The selection of culturally appropriate and age/development stage specific tools may be a minefield (Bhola et al. 2003). This screening tool can be used in over 60 languages including Bengali, Hindi, and English. It has been used in epidemiological studies in more than 40 countries. This tool is culture free and can be used as a brief instrument to collect information on the symptoms of internalizing and externalizing child Mental health problems in children aged 4-17 years. It is used to measure 25 attributes with some positives and some negatives. The 25 attributes are further broken down into 05 subscales consisting of 05 attributes each, see Appendices-3 and 4 for details.

i) Emotional Problems (EP) – 05 items – Question Nos. 3,8,13,16,24

ii) Conduct Problems (CP) - 05 items - Question Nos. 5, 7, 12, 18, 22

iii) Hyperactive problems (HP) - 05 items - Question Nos. 2, 10, 15, 21, 25

iv) Peer Problems (PP) - 05 items - Question Nos. 6, 11, 14, 19, 23

v) Pro-social Behaviour (PrS) - 05 items - Question Nos. 1, 4, 9, 17, 20

The response of each item is scored 0, 1 or 2, where '0' stands for 'Not True', '1' stands for 'Somewhat True' and '2' stands for 'Certainly True'. The scores for each sub-scale ranges from 0 to 10. Adding the scores of Emotional Problem, Conduct Problem, Hyperactive Problem and Peer Problem, the Total Difficulty score or the Mental Health status is generated. The score of Pro-social Behaviour is not taken into account for this purpose. Table shows the value of the scores.

Value of SDQ scoring

Sub-Scales	Close to average	Slightly raised/ (lowered*)	High/ (Low*)	Very High/ (Very Low*)
Total Difficulty score**	0-13	14-16	17-19	20-40
Emotional Problem score	0-3	4	5-6	7-10
Conduct Problem score	0-2	3,4	5	6-10
Hyperactivity score	0-5	6,7	8	9,10
Peer Problem score	0-2	3	4	5-10
Prosocial score	8-10	7	6	0-5

**Only for Pro-social score.*

Total Difficulty refers to* ***Overall Mental Health

Note: **Value (Meaning) of ratings considered:**

Close to average – **Normal**

Slightly raised - Minor or No problem means **Normal**

High **– Borderline**; may have problems in future, if not taken care of

Very High – **Abnormal**; Severe or definite problem, requires interventions

Evaluation of SDQ: The SDQ has shown to be of acceptable reliability and validity, performing at least as well as Rutter Questionnaire and Child Behaviour Checklist (Goodman & Scott as quoted by Hussain, S.A. 2010). Research by Kessler et al. has shown that the brief version of the SDQ is a reliable and valid instrument for screening psychiatric disorder in adolescent (Pastor et al. 2012). Goodman, Ford, Simmons, Gatward and Meltzer reported the scale's internal reliability to be acceptable with a Cronbach alfa coefficient of 0.73.5, 10 as quoted by Reddy et al. (2011). In a study Koskelainen et al. (2000) found that the internal consistency and validity of SDQ was 0.71 and opined it to be a useful and promising screening instrument for epidemiological research and clinical purposes.

A pilot study was conducted by this researcher and the test-retest correlation was found to be very high as good as 0.78.

Information sheet: Along with the SDQ questionnaire, an information sheet was provided to each of the students participating in the study to collect basic information.

Data Collection

Data collection occurred exclusively on weekdays from 04/07/2022 to 20/09/2022.

Data Quality

Both the researcher and the supervisor were watchful to ensure the quality of the data and several steps were taken to maintain it. The comparison of enumerated and post enumerated data was found to be good as most of the indicators matched in about more than 90 per cent of cases which ensured the quality of the data.

Data Analysis

Raw data of 2121 students gathered were individually tabulated in excels sheet. Data was analysed using Statistical Package for Social Sciences (SPSS package), version 20.0. For the purpose of data analysis quantitative statistical method will be employed. Mean and Standard deviation and graphical representation will be used for showing descriptive statistical findings. Chi-square test of independence is used as inferential statistical for analysing the significance difference. The Whole process of analysis and interpretation of data will be done with the help of IMB SPSS version 20.0.

Chapter – IV: Result and Interpretation

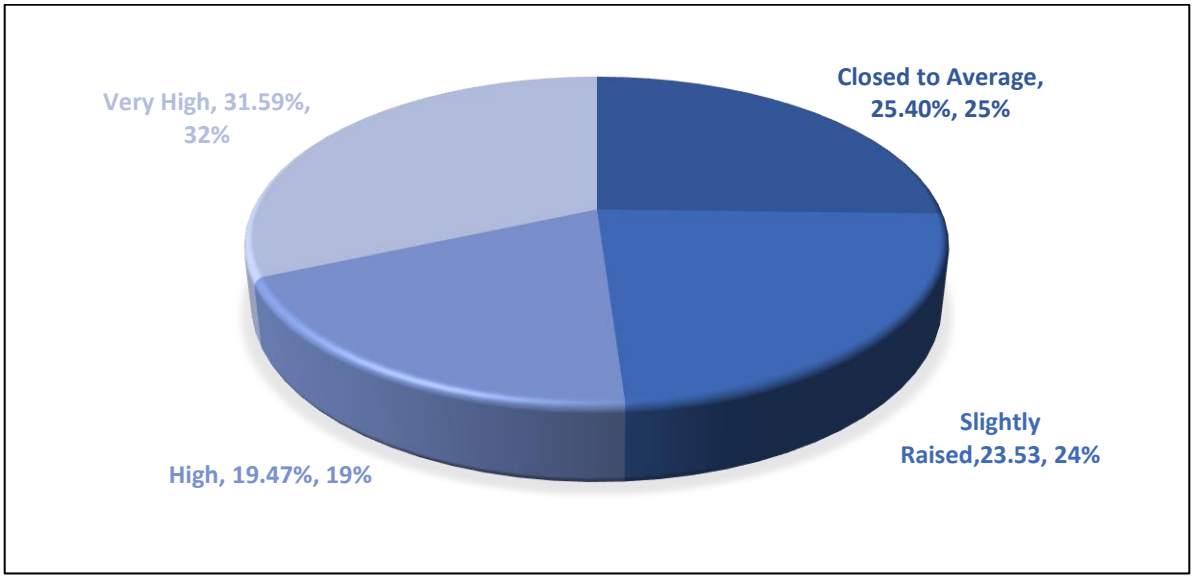
The study was conducted on a total number of 2121 of students of the age group of 11 – 17 years attending schools studying in class VI-VIII drawn from English and Bengali Medium schools in Bangladesh, located both in rural and urban areas of Bangladesh and surrounding districts.

Percentage distribution of Mental Health problem of school going Adolescents

			Total
Total Difficulty	**Closed to Average**	Count	539
		% of Total	25.41%
	Slightly Raised	Count	499
		% of Total	23.53%
	High	Count	413
		% of Total	19.47%
	Very High	Count	670
		% of Total	31.59%
Total		Count	2121
		% of Total	100%

Out of the total (N=2121) students i.e. 31.59% showed Very High score of SDQ in total difficulty. This indicates that they fall under abnormal category, which suggests that these children have definite problems in coping with the difficulties of daily life. These students need intervention. Another 413 students (19.47%) students scored High and are in border line. They may have problems, if not taken care of. Rest of the students may have minor or no difficulty scoring 23.53% as Slightly Raised and 25.41% as Close to Average in SDQ score, which can be termed as normal.

Figure Total Difficulty (Mental Health) Score



The study was conducted on a total number of 2121 of students. The following are the major findings of the study:

***Prevalence of overall Mental Health Problem*:**

Out of (N=2121) the total students, 31.59% students had Very High or Abnormal SDQ score, which means the prevalence rate of overall Mental Health problem of adolescent school going children was found to be 25.41% as Close to Average, rest of the students may have minor or no difficulty scoring 23.52% as Slightly Raised, 19.47% High or borderline, 31.59% and showed Very High in SDQ score. These children have definite and several Mental Health problems and require immediate interventions. Another 19.47% children under study were rated High and they were on the borderline. They may suffer from Mental Health problem in future, if not taken care of.

Age wise Mental Health Problem:

Out of 524 students aged 15, 34.73% exhibited Very High or Abnormal scores indicating problems, while 18.89%, aged 14 and 31.27% and 20.06% as High; aged 16, 34.43% Very High and 23.11% High; age group of 11 and within this group 26.92% were rated Very High or 13.46% as High; age group of 17 with 31.76% Very High and 19.53% High; while the age group of 12 showed the lowest scores, with 22.77% Very High and 16.83% High.

Relationship of Mental Health Problem with Gender of the Children:

Among 985 male students, 28.63% exhibited Very High or Abnormal SDQ scores, indicative of definite Mental Health Problems. In comparison, 34.15% of 1136 female students showed Very High scores, suggesting a higher prevalence among females. Additionally, 25.35% of females and 18.78% of males were on the borderline with High SDQ scores, indicating potential risks. About 27.01% of males and 24.03% of females scored close to average, while 25.58% of males and 21.74% of females scored slightly raised, suggesting these groups may be considered as normal.

Relationship of Mental Health Problem with Habitat of the Children:

Among the total students under study, 48.23% were from Urban, 27.53% from Semi-Urban, and 24.23% from Rural areas. A significant proportion, 58.36%, of Urban students exhibited Very High SDQ scores, 57.38%) High or borderline indicating definite Mental Health problems. In comparison, fewer students from Rural areas showed Mental Health problems, with 18.96% having Very High SDQ scores and 23.00% having High SDQ scores. The remaining students from all groups may have minor or no problems.

Relationship of Mental Health Problem with Family Type the Children belonged to:

In the study, 70.25% of students were from Nuclear families, with 63.43% displaying Very High SDQ scores, indicating definite Mental Health problems. Additionally, 64.89% had Borderline scores. In contrast, among the 29.75% from Joint families, 36.57% had Very High SDQ scores and 35.11% had High SDQ scores, suggesting fewer Mental Health problems compared to Nuclear families. The remainder from both family types may have minor or no issues.

Relationship of Mental Health Problem with Medium of Instruction of the Children:

Out of a total of 2121 students, 90.52% attended Bengali medium schools, with 89.55% of them exhibiting Very High SDQ scores, indicating severe mental health problems, and 87.89% showing High or Borderline scores. In contrast, among the 9.48% of students attending English medium schools, a smaller percentage, 10.45%, had Very High SDQ scores, and 12.11% had High or Borderline scores, suggesting a lower prevalence of mental health issues in this group.

Relationship of Mental Health Problem with Location of School of the Children:

Among the students under study, 27.63% attended rural schools, 23.90% attended sub-urban schools, and 48.46% attended urban schools. The findings revealed a higher prevalence of mental health problems among students in urban schools compared to those in rural and sub-urban areas. Specifically, 58.81% of students from urban schools exhibited Very High or Abnormal SDQ scores, with 50.36% having High or Borderline scores. In contrast, 18.66% of students from rural schools and 22.54% from sub-urban schools had Very High scores, with 22.28% and 20.10% having High SDQ scores, respectively.

Relationship of Mental Health Problem with School Type the Children belonged to:

In the study, 27.02% of students attended Govt. schools, 50.26% attended Semi-govt. schools, and 22.73% were from Private schools. The findings indicate a higher prevalence of mental health problems among students in Govt. and Semi-govt. schools compared to Private schools. Specifically, 36.87% of students from Govt. schools exhibited Very High SDQ scores, with 32.93% having High scores. In Semi-govt. schools, 33.28% of students had Very High scores, with 38.74% having High SDQ scores. For Private schools, 29.85% of students had Very High scores, with 28.33% having High SDQ scores.

Relationship of Mental Health Problem with Parental Educational attainment of the children:

Among the 2121 students, those with fathers who completed higher studies (48.37%) showed a higher prevalence of mental health problems, with 40.75% exhibiting Very High SDQ scores and 43.10% showing High SDQ scores. In comparison, students with illiterate fathers (6.98%) had 11.04% Very High and 9.20% High SDQ scores. Similarly, among students with mothers who completed higher studies (38.24%), 29.55% had Very High and 35.11% had High SDQ scores. In contrast, students with illiterate mothers (6.79%) had 11.34% Very High and 6.05% High SDQ scores. These findings suggest a potential association between parental education levels and mental health issues in students.

The study reveals a significant prevalence of various mental health problems among students, including Emotional Problems (91.43% in Bengali medium schools, 70% in male students), Conduct Problems (80.33% in Bengali medium schools, 65.57% in nuclear families), Hyperactivity Problems (100% in Bengali, government, 80% in urban,

and 80% in male school students), Peer Problems (87.97% in Bengali medium school attendees, 66.80% in nuclear families), and Pro-social Problems (83.33% in Bengali medium schools, 77.91% in nuclear families). These findings underscore the necessity for targeted interventions to address the diverse emotional challenges faced by students, particularly those in Bengali medium schools and nuclear families.

Prevalence of Dimension wise Problems:

Peer Problem was found to be the most prevalent problem among adolescent school going children (31.59%). This was followed by Pro-social Problem (11.31%), Emotional Problem among 6.60% children. Rests were Conduct Problem (2.88%) and Hyperactive Problem (0.24%).

***Variable wise Prevalence of Emotional Problem*:**

Prevalence of Emotional Problem was Female students have a higher percentage of Very High or Abnormal SDQ scores (70% vs. 30%) and a higher percentage of students at risk (36.74% vs. 63.26%), indicating definite emotional problems.

Urban areas have a higher prevalence of children with Very High SDQ scores (52.14% vs 15.71%) and Borderline scores (16.57%) compared to rural areas. Children in Nuclear families have significantly higher Very High SDQ scores (61.42%) and Borderline scores (64.36%) compared to Joint families (35.64%) and 38.571%, respectively.

Urban schools have significantly higher Very High or Abnormal SDQ scores (52.14%), higher than suburban and rural schools (32.04% and 15.00%), and higher High or Borderline scores (47.17%).

A higher proportion of students from Government and Semi-Government schools exhibit Emotional Problems compared to those from Private schools. In Government schools, 35.00% have Very High or Abnormal SDQ scores, and 31.50% have High or Borderline scores. In Semi-Government schools, 35.00% have Very High SDQ scores, and 44.75% have High SDQ scores. Private schools show a lower prevalence, with 30.00% having Very High scores and 26.52% having High SDQ scores.

A significant majority Bengali medium schools have a higher percentage of students with Very High SDQ scores (91.43%) and High or Borderline SDQ scores (90.61%) compared to English medium schools (8.57%) and English medium schools (9.40%).

Students with higher education levels and higher education levels are more likely to experience emotional problems (40.06%), as well as higher rates (25.00%) among those with illiterate fathers and mothers with no formal education.

The study found significant differences in the prevalence of emotional problems based on gender, habitat, school location, family type, school type, and parental educational attainment ($p < .05$), but no significant differences were found in medium of instruction ($p < .05$)

Variable wise Prevalence of Conduct Problem:

The study revealed that 50.82% of males and 49.18% of females had Very High or Abnormal SDQ scores, indicating conduct problems. Female students faced slightly more challenges, with 54.55% showing borderline high scores. Both genders were close to average.

The study found that in urban settings, 57.38% of students had very high SDQ scores, indicating conduct problems, while 63.64% had borderline scores, while rural areas had lower prevalence (6.56% having Very High SDQ scores and 11.36% having High SDQ scores, with most having minor or no issues.

The study found that 65.57% of students from Nuclear families had Very High SDQ scores, indicating definite conduct problems, while 55.68% had Borderline scores. In Joint families, 34.43% had Very High SDQ scores and 44.32% had High SDQ scores, indicating a smaller proportion of students with conduct problems.

The study found that 59.01% of students in urban schools had Very High or Abnormal SDQ scores, while 62.50% had High or Borderline scores. In contrast, 6.56% of students in rural and 34.43% of students in suburban schools had Very High SDQ scores, and 11.36% of rural students had High scores.

The study found that 49.18% of students in Govt. and Semi-govt. schools had Very High or Abnormal SDQ scores, with 50.00% falling into the High or Borderline category. In contrast, 29.51% of students in Govt. schools had Very High scores and 30.68% had High

scores. This suggests that students in Govt. and Semi-govt. schools are more likely to experience Conduct Problems.

The majority of students in Bengali medium schools, 90.52%, have Very High SDQ scores, indicating severe conduct problems. In contrast, 19.67% of English medium students have very high SDQ scores, and 10.23% fall into the high or borderline scoring category. This indicates a higher prevalence of conduct problems.

The study found a significant correlation between parents' education levels and the prevalence of mental health issues among students. Students with higher-educated fathers had higher conduct problems, with 57.38% displaying Very High SDQ scores and 45.45% falling into the High SDQ range.

Similar to the father's education trend, students with mothers who completed higher studies showed a higher prevalence of Conduct Problems: 42.62% demonstrated Very High SDQ scores, and 36.36% fell into the High SDQ score range. On the other hand, 13.11% had Very High or Abnormal SDQ scores, and 3.41% had High or Borderline scores.

The study found significant differences in the prevalence of conduct problems based on factors such as instruction medium, habitat, school location, family type, school type, and parental educational attainment ($p<.05$), but no significant differences were found in gender ($p<.05$).

Variable wise Prevalence of Hyperactivity Problem:

The study reveals gender differences in hyperactive problem prevalence and risk, with 28.63% of male students showing very high or abnormal SDQ scores, while 20.00% of females have high SDQ scores, indicating a higher prevalence of definite hyperactive problems. Additionally, 71.42% of females and 28.57% of males fall into the High SDQ score range, indicating potential risk.

The study found that children in urban areas are more susceptible to hyperactive problems, with 80.00% of them displaying Very High SDQ scores and 61.22% having Borderline scores. In contrast, only 20.00% of rural students had High SDQ scores, indicating a higher prevalence of hyperactivity problems.

The study found that 40.00% of children in Nuclear Families had Very High SDQ scores, indicating mental health issues, and 71.43% had Borderline scores, suggesting

hyperactivity. In contrast, 60.00% of children from Joint Families had Very High SDQ scores and 28.57% had High SDQ scores, suggesting a lower prevalence of definite hyperactivity problems. The findings highlight the influence of family structure on hyperactivity problem occurrence.

In urban schools, 80.00% of students had Very High or Abnormal SDQ scores, indicating definite hyperactive problems, while 78.57% had High or Borderline scores. In contrast, 20.00% of students in rural schools had Very High or Abnormal SDQ scores, suggesting a lower susceptibility to hyperactive problems.

The study reveals that students in Govt. and Semi-govt. schools have a higher incidence of Hyperactive Problems compared to those in Private schools. In Govt. schools, 100% of students had Very High or Abnormal SDQ scores, while 21.43% displayed High or Borderline scores. In Semi-govt. schools, 0.00% rated Very High and 42.86% as High SDQ scores. This suggests a higher prevalence of Hyperactive Problems in these schools.

The study found that in Bengali medium schools, 100.00% of students with Very High SDQ scores have definite or severe hyperactive problems, while 78.57% have high or borderline scores. In contrast, no students in English medium schools had very high SDQ scores, and 21.43% had high or borderline scores.

The study found that children with hyperactive problems were more likely to have higher SDQ scores among students with higher education levels, compared to those with illiterate fathers. Specifically, 20% of students with higher education levels had Very High or Abnormal SDQ scores, while 50.00% had High SDQ scores. This suggests a potential link between higher paternal education levels and hyperactive problems.

The study found that children with hyperactivity problems were more likely to have higher SDQ scores among students with higher education levels compared to those with illiterate mothers. Specifically, 20% of students with illiterate mothers had very high or abnormal scores, while 40.00% of students with higher education levels had very high scores and 35.71% had high scores.

The study found significant differences in hyperactivity prevalence in habitat, school location, and school type ($p<.05$), but no significant differences were found in gender ($p<.05$), instruction medium, family type, or parental educational attainment in hyperactivity problem distribution.

Variable wise Prevalence of Peer Problem:

The study found that 54.36% of male and 45.64% female students had Very High SDQ scores, indicating definite peer problems. 52.82% of females and 47.18% of males were at the borderline, indicating a higher risk. Females had a higher prevalence of definite peer problems, while male students faced a higher risk.

The study found that 56.85% of children in urban areas had very high SDQ scores, indicating peer problems, and 64.10% had borderline scores, suggesting potential issues in peer relationships. Rural students had 17.43% very high SDQ scores and 15.90% high scores, indicating a higher prevalence of peer problems.

The study found that 66.80% of children from nuclear families have very high SDQ scores, indicating definite peer problems. 58.46% have borderline scores, indicating potential peer problems. Joint families had fewer students with peer problems, with 33.20% having very high SDQ scores and 41.54% having high scores. A higher percentage of children from nuclear families had definite peer problems.

Urban students have a higher prevalence of peer problems, with 57.26% displaying Very High or Abnormal SDQ scores and 64.62% exhibiting High or Borderline scores, compared to 16.60% and 18.46% respectively, suggesting a higher risk of peer-related challenges.

The study found that 34.02% of students in Government schools had very high or abnormal SDQ scores, while 26.67% had high or borderline scores. Semi-Government schools had 40.66% of very high and 41.72% of high scores, while private schools had lower rates. This suggests a higher prevalence of peer problems in Semi-Government and Government schools.

The study reveals that a higher percentage of students in Bengali medium schools have very high SDQ scores (87.54%) and definite or severe peer problems (81.547%) compared to 12.03% in English medium schools (12.03%) and 18.46% in high or borderline SDQ scores (18.46%). This indicates a significant difference in the percentage of students exhibiting high or borderline scores compared to those in English medium schools.

The study found that students with illiterate fathers had higher SDQ scores, with 8.30% having Very High or Abnormal scores and 14.36% having High or Borderline scores. However, students with higher studies had a higher incidence of peer problems, with 44.81% rated as Very High and 46.67% as High SDQ scores.

The study reveals that students with higher education levels face higher peer problems compared to those without formal education. 3.13% of students with illiterate fathers have very high peer problem scores, while 11.28% have high or borderline scores. Similarly, 30.29% of students with mothers who completed higher studies have very high peer problem scores, and 34.87% have high scores. This suggests a potential association between higher parental education and increased peer problems in children.

The study found significant differences in the prevalence of peer problems based on factors such as instruction medium, habitat, school location, family type, and parental educational attainment ($p < .05$), but no significant differences were found in gender ($p < .05$).

Variable wise Prevalence of Pro-social Problem:

The study found that 46.67% of female students and 28.63% of male students had a Very High score, while 47.62% of female students and 52.38% of male students had a borderline High SDQ score, indicating potential risks for these students.

The study found that 36.67% of urban students had a Very High SDQ score, indicating definite Pro-social problems, while 46.03% had Borderline scores, suggesting potential issues. In contrast, only 21.67% of rural children had Very High SDQ scores, and 19.05% had High SDQ scores. The majority of students in both urban and rural groups likely had minimal or no problems.

The study found that 77.91% of children in nuclear families had Very High SDQ scores, indicating clear Pro-social Problems. Additionally, 71.43% had Borderline scores, suggesting potential challenges. In contrast, only 22.08% of students from joint families had Very High SDQ scores, and 28.57% had High SDQ scores. Both nuclear and joint families likely had minimal or no problems.

The study reveals a significant disparity in the prevalence of Pro-social Problems among students based on their school location. In urban schools, 37.08% of students had Very

High or Abnormal SDQ scores, while 46.83% had High or Borderline scores. In rural and suburban schools, only 21.67% and 41.25% of students had Very High scores, respectively. This indicates a higher concentration of Pro-social Problems among urban students.

The study reveals a significant difference in the prevalence of Pro-social Problems among students based on their school type. In Government schools, 16.25% of students had Very High or Abnormal SDQ scores, while 31.75% had High or Borderline scores. In Semi-government schools, 63.33% of students had Very High scores, while 20.42% of students in private schools had Very High scores. This highlights a higher concentration of Pro-social Problems among students in these schools.

The study shows a significant difference in the prevalence of Pro-social Problems among students based on the medium of instruction. In Bengali medium schools, 83.33% of students had Very High SDQ scores, indicating severe Pro-social Problems, and 84.92% had High or Borderline scores. In contrast, 16.67% of English medium students had Very High SDQ scores and 15.80% had High or Borderline scores. Bengali medium schools have more Pro-social Problems.

The study found that only 3.75% of students with illiterate fathers had very high or abnormal SDQ scores, while 40.75% of students with fathers who completed higher studies had very high or abnormal scores, suggesting a potential correlation between higher levels of paternal education and increased likelihood of pro-social problems in their children.

The study found a significant correlation between the educational background of mothers and the prevalence of Pro-social Problems in their children. Only 5% of students with illiterate mothers had Very High or Abnormal SDQ scores, while 42.08% of students with mothers who completed higher studies had Very High scores and 34.13% had High SDQ scores, suggesting a potential link between maternal education and increased Pro-social Problems in children.

The prevalence of Pro-social problem varied significantly based on medium of instruction, habitat, school location, family type, school type, father's educational level, ($p<.05$) but not mother's ($p<.05$) educational level.

Chapter – V: Discussion and Conclusion

This review of literature explores the mental health issues among school-going children, a significant public health concern. Mental health conditions affect 10-20% of children globally. Schools play a unique role in improving students' mental health by teaching beyond traditional subjects and enhancing social-emotional competence. However, reviews on school-related factors or interventions are lacking. The review aims to develop a holistic model of Play-12 education and address the alarming rate of mental disorders among children and adolescents.

A study by Karim et al. (2006) found a high prevalence of mental illness in the Dhaka district, with higher rates in females and middle and lower socio-economic classes. Izutsu et al. (2006) compared the mental health, quality of life, and nutritional status of adolescents in Dhaka, Bangladesh, revealing worse conditions in slum areas and gender differences in SRQ and YSR. Khan et al. (2008) assessed the prevalence of child behaviour issues in rural Bangladesh, finding that 14.6% of patients had behaviour impairments, mainly involving somatic complaints and associated with malnutrition and cognitive, motor, or seizure disabilities. These findings have implications for public health planning and health service delivery. Billah & Khan's (2014) cross-sectional study in Faridpur, Bangladesh, found that 49% of urban adolescent male students were depressed, with 66% being smokers. Factors such as domestic violence, familial disharmony, stressful events, and love failure also contributed to depression. Hossain et al.'s (2014) systematic review found a high prevalence of mental disorders in Bangladesh, with 6.5-31% in adults and 13.4-22.9% in children. Community awareness is limited, and treatment is often negative and not prioritized in healthcare. Mental health services are primarily concentrated in tertiary care hospitals in big cities, lacking primary care. Islam & Biswas'(2015) study aimed to investigate the prevalence of mental health and the health system in Bangladesh, finding no comprehensive mental health policy to strengthen the entire health system. Mental illness prevalence declined between 1974 and 2005, with 16.1% of adults having a disorder. Bangladesh needs to address social stigma surrounding mental illness and improve accessibility to mental health services, with a Mental Health Act needed to uphold equity and human rights. Arafat & Yasir (2016) investigated suicide rates in Bangladesh, finding 39.6 per 100,000 population per year, primarily in females, low-income individuals, married couples, and housewives, with limited research. Kabir

(2017) found rural Bangladeshi intermediate college students have higher anxiety, depression, and obsessive-compulsive disorder, while Gaffar & Deeba (2017) recommend family-focused interventions for substance-dependent adolescents. Nuri et al. (2018) and Anjum et al. (2019) conducted studies in Bangladesh to identify equitable health systems and improve access to care for mental health patients. They found that 27.5% of patients consulted psychiatric care, 30% went to non-medical providers, and 42.5% went to non-psychiatric medical care. They also found a higher prevalence of depressive symptoms among urban and semi-urban adolescents. A study by Hasan et al. (2019) revealed that female pharmacy students in Bangladesh experience higher stress levels due to various factors.Sultana & Tareque (2019) compared Bangladesh's National Adolescent Health Strategy to global strategies and proposed a tentative policy analysis to achieve Sustainable Development Goals by 2030. Jahan et al. (2019) found that emotional and behavioral disorders were prevalent in school-going children in Dhaka, Bangladesh. Moonajilin et al. (2020) conducted a cross-sectional survey to understand the relationship between overweight/obesity and mental health disorders among Bangladeshi adolescents. Khan et al. (2020) found that suicide among Bangladeshi adolescents is linked to health-risk behaviors like sexual activity and alcohol misuse. Hossain et al. (2020) highlighted the socio-psychological impact of Covid-19 on university students, Islam et al. (2020) identified a knowledge gap, and Mallik & Radwan (2020) found girls have more emotional and behavioral disorders. O'Raw's(2020) study explores mental health attitudes among students, parents, and teachers in rural and city Bangladesh, revealing a lack of understanding and stigmatization. Khan et al.'s(2020) study found 25% of adolescents in Dhaka city reported depressive symptoms, with females being more common. Factors associated with depression include female age, weight perception, school safety, sleep disturbance, low life satisfaction, sugary drink intake, and skipping breakfast. Khulna University's Islam & Rakib (2020), study found that 87.1% of students consider mental disorders a disease, 84.3% are aware, but 45.7% don't seek advice, 90% never consult psychiatrists, and 35.7% feel ashamed. Mirdha et al.'s(2021) study on Bangladeshi adolescent depression revealed high rates, influenced by age, education, household habits, and television viewing, urging the government to implement mental health programs. Mammun et al. (2021) found high depression, anxiety, and stress among Bangladeshi students during COVID-19, with risk factors including lower-class background, smoking, and less exercise. Sultana (2021) found

female students at higher risk. Anjum et al. (2021) found that 30.1% of Bangladeshi adolescents experience moderate to severe depressive symptoms, with females more affected. Shohel et al. (2022) highlighted social stigma and delay in seeking professional help. Hossain et al. (2022) found over 50% of university students suffer from depression and anxiety. Sifat et al. (2022) studied the mental health impacts of COVID-19 on school-going adolescents in Dhaka, Bangladesh, revealing lockdowns, disease fear, and digital device use negatively impacted their well-being. Rezvi et al. (2022) found moderate to severe anxiety (37%) and depression (54%) among university students. Ria et al.'s study reveals prevalent depressive symptoms among Bangladeshi adolescents, including sadness (45.3%), aggression (40.5%), confusion (27.7%) worthlessness (27.7%), fatigue and insomnia (18%), with females more affected. Rahman et al. (2022) investigated mental health conditions among university students in Bangladesh during COVID-19, finding normal depression, anxiety, and stress levels. Mahun et al. (2022) found moderate to severe depression, anxiety, and stress among students, with factors like smoking, lower-class background, and low exercise contributing to these issues. Rahman et al. (2022) investigated mental health conditions among university students in Bangladesh during COVID-19, finding normal depression (52.2%), anxiety (58.1%), and stress levels (24.9%). A study by Mamun et al. (2022) found that moderate to severe depression, anxiety, and stress were prevalent (52.2%, 58.1%, and 24.9%, respectively) among Bangladeshi university students, with factors like smoking, lower-class background, and low exercise associated. Kamruzzaman et al. (2022) found that private university students in Bangladesh experience higher rates of depression, anxiety, and stress compared to public students. Sifat et al. (2022) found that mental health knowledge and positive views of services are significant predictors of service use. Nahar et al. (2022) found high rates of loneliness, anxiety, and depressive symptoms among female university students during the COVID-19 pandemic. Islam et al.'s study found that post-interventional use disorder (PID) and depressive symptoms are prevalent among school-going adolescents in Bangladesh, influenced by factors like age, education, and living situation. Nayan et al.'s study found that women were more likely to experience severe depression76.9% aged 21-25 and anxiety (91.49% accuracy), with RF outperforming other models for depression prediction (89% accuracy).

Conclusion

Each research question was validated in respect to the study's findings.

1. ***Research Question 1:*** What is the existing status of Mental Health related problems of school going children in Bangladesh?

Out of 2121 students, 31.59% scored Very High in total difficulty, indicating significant problems in daily life. 19.47% scored High, borderline, indicating need for attention and preventive measures. 23.52% had slightly raised scores, indicating normal or minor difficulties.

2. ***Research Question 2:*** What are the common types or different dimensions of Mental Health problems among them?

The study reveals a high prevalence of mental health issues among students, including emotional problems (91.43% in Bengali medium schools, 70% in male students), conduct problems (80.33% in Bengali medium schools, 65.57% in nuclear families), hyperactivity problems (100% in Bengali, government, 80% in urban, and 80% in male students), peer problems (8.97% in Bengali medium schools, 66.80% in nuclear families), and pro-social problems (83.33% in Bengali medium schools, 77.91% in nuclear families).

3.*Research Question 3:* What are the prevalence rates of Mental Health problems of school going children in terms of different variables, viz. gender, age, locality of school?

Mental health problems among school-going children vary based on demographic factors. Approximately 34.15% of students experience these issues, with 16-year-olds at 34.43%. Urban schools have a higher prevalence (59.01%) than rural ones (40.99%). Nuclear families have higher rates (63.43%). Fathers with higher education contribute to 40.75%, while mothers with secondary education have 34.18%. Urban schools have a higher prevalence (58.81%) than non-urban schools (41.19%). Bengali medium schools have a higher prevalence (89.55%).

Limitations of the Study

The present study is delimited to the following areas:

1. The study is limited only to Bangladesh and its surrounding/specific districts.
2. The students studying in classes 6 to 8 will be considered as the sample for the study.
3. The demographic variables under study are limited to only gender, age, habitat, family type, locality of the schools, type of school, medium of school, father`s education and mothers' educational level.
4. The age limits of the students are limited to only 11-17 years.
5. For evaluating the hypothesis, the researcher employed only a 5% level of significance.
6. The researcher acknowledged that the responses provided by the participants are not all accurate and may contains error and biases which could not be identified and reduced.

Scope for further study

The scope of the study encompasses a comprehensive exploration of mental health issues among 2121 school-going students. It investigates the prevalence of overall mental health problems and analyses the impact of various factors such as age, gender, habitat, family type, school type, medium of instruction, and parental education levels on mental health outcomes. The study delves into dimension-wise problems, specifically focusing on emotional problems, providing a nuanced understanding of the intricate relationship between these factors and mental health challenges in adolescents.

The study provides a comprehensive understanding of the prevalence and correlates of mental health problems among school-going adolescents. It underscores the multifaceted nature of these issues, emphasizing the importance of tailored interventions targeting specific age groups, genders, and sociodemographic contexts. The findings contribute valuable insights for policymakers, educators, and mental health professionals in developing targeted strategies to address the mental health challenges faced by school-going students.

Longitudinal Analysis: Conduct a longitudinal study to track mental health changes over time and identify patterns of development.

Cultural Factors: Investigate cultural influences on mental health to develop culturally sensitive interventions.

Intervention Efficacy: Assess the effectiveness of existing mental health interventions and identify areas for improvement.

Teacher and Parental Perceptions: Explore how teacher and parental perceptions align with students' self-reported mental health, providing a comprehensive understanding.

Digital Engagement: Investigate the impact of digital technology and social media on adolescent mental health.