



Parental Influence, Adolescents Substance Abuse and Mental Illness in Communities in Oyo State

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INTRODUCTION

Background to the Study

Globally, mental health disorders among adolescents have become a pressing public health concern, ranking among the leading contributors to morbidity and long-term disability. Conditions such as depression, anxiety disorders, and conduct-related behavioral problems are consistently reported as some of the most prevalent causes of psychological burden among this age group.¹ These mental health issues not only affect individual well-being but also place significant strain on families, schools, and broader health care systems. In many low- and middle-income countries, including Nigeria, the risk of adolescent mental illness is intensified by socioeconomic disparities, political instability, cultural stigmatization of mental health issues, and limited availability of specialized health services.

Adolescents in such contexts often endure multiple stressors simultaneously, such as poverty, family conflict, exposure to community violence, and academic pressure, all of which contribute to psychological distress.² Unlike in high-income settings where mental health services may be more accessible, adolescents in resource-constrained environments typically face barriers such as inadequate health infrastructure, shortage of trained professionals, and deep-rooted stigma that discourages help-seeking behaviors. Consequently, many young people remain undiagnosed and untreated, thereby increasing the severity and chronicity of mental health problems over time.

Mental illness during adolescence is particularly concerning because of its far-reaching consequences across various domains of life. At the academic level, mental health difficulties often impair cognitive functioning, concentration, and school attendance, leading to poor educational attainment and disengagement from learning. Socially, adolescents struggling with untreated mental illness may experience difficulties in forming and maintaining healthy peer relationships, feelings of social isolation, and increased susceptibility to risky behaviors. Furthermore, unresolved mental health conditions significantly increase the risk of maladaptive coping strategies such as substance abuse, delinquency, and involvement in criminal activities, all of which can perpetuate cycles of poverty and social disadvantage.³ Even more alarmingly, untreated depression and anxiety during adolescence are strongly associated with suicidal ideation and attempts, making early intervention and prevention efforts critical.

Research consistently highlights that nearly half of all lifetime mental health conditions emerge before the age of 14, underscoring adolescence as a decisive window of vulnerability but also of opportunity for effective preventive interventions.⁴ Intervening during this developmental phase can significantly alter the trajectory of mental health outcomes, reducing long-term risks and enhancing resilience. Preventive strategies that integrate psychosocial support, school-based interventions, family-centered programs, and community engagement are increasingly recognized as essential in promoting positive mental health outcomes among adolescents. This perspective reinforces the importance of developing comprehensive policies and context-specific interventions in Nigeria and other similar environments to address adolescent mental health challenges. By targeting this age



group, societies not only safeguard the immediate well-being of young people but also invest in healthier, more productive adult populations in the future. In this study, hopelessness, anxiety and motivation are considered as the indicators of mental illness of adolescents.

Therefore, hopelessness is a significant psychological factor that has been closely linked to depression, suicidal ideation, and poor coping strategies among adolescents. It refers to a pervasive sense of despair about the future, accompanied by the belief that one's life circumstances are unlikely to improve. Adolescents experiencing hopelessness often struggle with goal-setting, academic motivation, and resilience in the face of challenges.⁵ Research shows that hopelessness among adolescents may stem from persistent poverty, parental neglect, academic failure, or exposure to community violence.⁶ A growing body of evidence also suggests that hopelessness strongly predicts suicidal tendencies, particularly among youths in sub-Saharan Africa, where protective psychosocial structures are often weak.⁷ In Nigerian communities, where adolescents are frequently confronted with unemployment, family breakdown, and peer pressure, feelings of hopelessness can escalate, contributing to the onset of depression and other forms of mental illness. Addressing hopelessness through parental support, school counseling, and community-based mental health services has been shown to reduce its negative impact on adolescent wellbeing.⁸

Anxiety is one of the most prevalent mental health problems affecting adolescents, manifesting in excessive worry, nervousness, restlessness, and difficulty concentrating. While mild anxiety may be considered a normal response to stress, chronic anxiety disorders interfere with academic performance, peer relationships, and overall quality of life. Recent studies have shown that the prevalence of anxiety among adolescents is rising due to pressures related to academic expectations, peer influence, and exposure to social media.⁹ In low-resource settings, the problem is compounded by limited access to psychological support and the cultural tendency to downplay emotional distress.¹⁰ High levels of anxiety during adolescence have also been associated with an increased risk of substance abuse, aggressive behaviors, and long-term psychiatric conditions such as depression and panic disorders.¹¹ Furthermore, gender differences have been noted, with adolescent girls often reporting higher levels of anxiety compared to boys, largely due to social expectations and vulnerability to sexual harassment. Interventions such as school-based counseling, mindfulness training, and parental support have been found effective in reducing adolescent anxiety and improving resilience.¹²

Motivation plays a central role in adolescents' psychological wellbeing, academic success, and ability to navigate challenges during the transition to adulthood. Defined as the internal drive that directs behavior toward achieving goals, motivation can either serve as a protective factor against mental illness or as a risk factor when it is lacking. Research indicates that motivated adolescents are more likely to engage in positive coping strategies, maintain healthy peer relationships, and perform better academically.¹³ Conversely, low levels of motivation have been associated with feelings of helplessness, disengagement from school, and increased vulnerability to depression and substance use.¹⁴ In Nigerian communities, socioeconomic challenges, inadequate parental support, and poor school environments often diminish adolescents' motivation, thereby contributing to psychological distress.¹⁵ Studies have further emphasized that motivation is not only influenced by individual factors but also by external factors such as parental modeling, teacher support, and peer influence.¹⁶ Strengthening motivational levels among adolescents through mentorship programs, family support, and school-based interventions is therefore crucial for enhancing their resilience and mental wellbeing.

However, factors such as parental influence (parental support, parental modeling and communication patterns) and adolescents' substance abuse (truancy, aggression and risk-taking behaviors) are the predicting and determinant factors in this study.

Parental influence represents a multifaceted construct encompassing a broad spectrum of behaviors, attitudes, and interactions that significantly shape adolescents' psychological development and emotional wellbeing. This influence includes, but is not limited to, emotional support, behavioral modeling, disciplinary strategies, guidance, and communication patterns within the family system. Emotional support involves expressions of love, empathy, encouragement, and validation, which provide adolescents with a sense of security and belonging. Behavioral modeling refers to the demonstration of adaptive coping strategies, emotional regulation, and problem-solving skills that adolescents observe and internalize as templates for managing their own challenges.



Communication patterns within the family, including openness, active listening, and constructive dialogue, further reinforce adolescents' emotional resilience and ability to navigate stressors effectively. Research consistently demonstrates that the quality and consistency of parental involvement can serve as either a protective or risk factor for adolescent mental health. Supportive, nurturing, and positively modeled parenting can buffer adolescents against the onset of mental disorders such as depression, anxiety, and other emotional difficulties, fostering resilience, self-esteem, and adaptive coping. Conversely, inconsistent, neglectful, or overly punitive parenting practices can exacerbate vulnerability, heightening the likelihood of emotional dysregulation, behavioral problems, and long-term psychological distress.¹⁷

Parental support refers to the emotional, social, and instrumental resources provided by parents to nurture adolescents' growth and wellbeing. This includes providing love, encouragement, reassurance, and guidance, as well as fostering a sense of security and belonging. Adolescents who perceive high levels of parental support are more likely to develop resilience, cope effectively with stress, and exhibit lower levels of depressive and anxiety symptoms.¹⁸ Conversely, lack of emotional support, neglect, or inconsistent caregiving can heighten feelings of isolation, hopelessness, and emotional distress among adolescents. In contexts such as Nigeria, where socioeconomic pressures, school stress, and family instability are prevalent, parental support becomes even more crucial in mitigating the onset of mental health problems. Adolescents who receive consistent encouragement and emotional validation are better equipped to navigate the challenges of adolescence, maintain positive self-esteem, and develop adaptive coping strategies.

Parental modeling is another key dimension of parental influence, emphasizing the behaviors, attitudes, and coping strategies that adolescents observe and internalize from their caregivers. Parents who demonstrate healthy emotional regulation, problem-solving skills, and constructive responses to stress provide adolescents with behavioral templates for managing their own emotional challenges.¹⁹ On the other hand, exposure to maladaptive parental behaviors, such as hostility, aggression, or emotional unavailability, can negatively shape adolescents' own behavioral responses and heighten their susceptibility to anxiety, depression, and other psychological disorders. Recent studies indicate that adolescents' perception of positive parental modeling is associated not only with lower rates of mental illness but also with greater motivation, resilience, and adaptive social functioning.²⁰

Communication patterns within the family context also significantly influence adolescent mental health. Effective communication entails open dialogue, active listening, emotional validation, and problem-solving interactions between parents and adolescents. Research shows that adolescents who experience open and supportive communication with their parents report lower levels of depressive symptoms and anxiety, as well as enhanced coping abilities and social competence.²¹ Conversely, limited, inconsistent, or hostile communication can lead to emotional misunderstandings, feelings of rejection, and a sense of helplessness, which increase vulnerability to mental illness. In Nigeria, cultural norms sometimes limit discussions on mental health or emotional struggles, making effective parent-adolescent communication an essential protective factor. By fostering trust, empathy, and emotional transparency, parents can help adolescents navigate stressors, academic pressure, and social challenges more effectively.²²

Adolescents who engage in substance abuse often experience profound and lasting alterations in brain development that influence cognition, emotional regulation, and decision-making processes. Psychoactive substances, including alcohol, tobacco, cannabis, and other illicit drugs, interfere with neural pathways responsible for impulse control, memory, and emotional processing, making young people more susceptible to mood disorders, attention difficulties, and cognitive impairments. Beyond biological impacts, substance use frequently functions as a maladaptive coping mechanism for dealing with environmental stressors, including family conflict, academic pressure, or exposure to trauma. In Nigeria, adolescents in urban and rural settings may turn to substances to manage emotional pain or peer-related stress, compounding their vulnerability to psychological disorders. Research consistently demonstrates a bidirectional relationship whereby mental illness can increase the likelihood of substance use, while ongoing substance abuse further exacerbates symptoms of depression, anxiety, and emotional dysregulation. The cyclical nature of this relationship underscores the urgent need for preventive programs that address both substance use and mental health simultaneously, integrating school-based interventions, family counseling, and community support initiatives.²³

Truancy, or the habitual absence from school without valid justification, is a behavioral manifestation closely intertwined with substance abuse and mental health challenges among adolescents. Students who frequently skip school may do so to avoid academic stress, peer victimization, or household conflicts, while in some cases, absenteeism signals deeper psychological distress. Chronic truancy not only hinders academic achievement but also fosters social isolation, diminishes self-esteem, and exposes adolescents to high-risk environments conducive to substance use and delinquent behavior. Evidence from Nigerian studies indicates that adolescents who habitually miss school often exhibit higher rates of depressive symptoms, anxiety, and disengagement from social networks, highlighting how educational neglect can serve both as a symptom and a driver of mental health problems. Addressing truancy requires a holistic approach, including supportive family involvement, school-based counseling, and community monitoring to re-engage adolescents in learning while simultaneously addressing underlying emotional or behavioral difficulties.²⁴

Aggressive behaviors, encompassing physical altercations, verbal hostility, and bullying, frequently emerge during adolescence and are closely linked to the development or exacerbation of mental health problems. Such behaviors may reflect underlying stress, frustration, or exposure to violent home or community environments. Adolescents exhibiting aggression often face difficulties forming and maintaining healthy social relationships, experience peer rejection, and may develop anxiety, depression, or antisocial tendencies. Aggression is also commonly co-occurring with substance abuse, as adolescents may use drugs or alcohol to cope with guilt, regulate emotional arousal, or alleviate social anxiety associated with aggressive interactions. In Nigerian contexts, adolescents exposed to urban violence, domestic conflict, or peer pressure may be particularly vulnerable to aggressive tendencies, which in turn compound mental health risks. Interventions aimed at reducing aggression and associated mental illness often include anger management programs, peer mentorship, family therapy, and school-based social-emotional learning initiatives.²⁵

Adolescence is inherently a period of exploration, during which risk-taking behaviors including unsafe sexual activity, reckless driving, delinquent acts, and experimentation with substances are often observed. While some risk-taking is normative and contributes to learning, identity formation, and autonomy, excessive or hazardous behaviors can lead to serious physical, social, and psychological consequences. Adolescents engaging in high-risk behaviors are more likely to experience accidents, injuries, unplanned pregnancies, or legal complications, all of which may precipitate feelings of guilt, anxiety, and depression. In Nigeria, socioeconomic disparities, limited recreational opportunities, and peer influence can heighten engagement in risky behaviors, which frequently intersect with substance abuse, creating a compounding effect on mental health. Evidence suggests that adolescents who engage in repeated risk-taking without adequate parental guidance or community support exhibit higher vulnerability to long-term psychiatric disorders, emphasizing the need for targeted preventive strategies that combine education, counseling, and structured youth programs.²⁶ Therefore this study investigates parental influence, adolescents substance abuse and mental illness in communities in Oyo state.

Statement of the problem

Across the globe, mental illness among adolescents has become a major public health concern, affecting millions of young people and influencing their ability to cope with life's demands, succeed academically, and maintain healthy relationships. In many societies, particularly in developing countries, the mental health needs of adolescents are often overlooked or misunderstood. Symptoms of mental illness such as persistent sadness, hopelessness, withdrawal, or sudden aggression are frequently dismissed as normal teenage behavior rather than warning signs of deeper psychological distress. As a result, many adolescents suffer in silence without access to appropriate support systems. This neglect not only delays diagnosis but also worsens the severity of mental health conditions, leading to chronic difficulties in adulthood.

Mental illness among adolescents manifests in different forms, including depression, anxiety, behavioral disorders, substance abuse, and suicidal thoughts. The rising cases of hopelessness, truancy, aggression, and risk-taking behaviors among school-going adolescents reveal an alarming trend that threatens both their personal well-being and future development. Social factors such as unstable family environments, parental neglect, peer pressure, and exposure to violence further intensify the problem. In addition, the burden of academic pressure, unemployment fears, and the influence of social media create new layers of stress that many adolescents are ill-

prepared to handle. The consequences of untreated mental illness in adolescents are far-reaching. On a personal level, it leads to poor academic performance, social isolation, lack of motivation, and engagement in delinquent or destructive behaviors. Many adolescents turn to substance abuse as a coping mechanism, which compounds their psychological struggles and exposes them to further health risks. In more severe cases, the absence of timely intervention may result in suicidal attempts, thereby cutting short promising lives and reducing the potential of a nation's future workforce.

At the family level, the impact is equally profound. Parents and guardians often face emotional strain, financial burdens, and disrupted family harmony when adolescents struggle with mental health challenges. Schools and communities also bear the consequences, as increasing numbers of adolescents with mental health concerns affect learning environments, increase dropout rates, and contribute to social instability. Nationally, the issue threatens social development, economic productivity, and the attainment of broader developmental goals, as a mentally unstable adolescent population cannot effectively contribute to nation-building. Despite the seriousness of this challenge, mental illness among adolescents continues to receive inadequate attention. There are insufficient policies, limited availability of trained mental health professionals, and minimal school-based mental health services to address the growing crisis. Stigmatization and cultural misconceptions further discourage adolescents from seeking help, leaving many untreated. This neglect perpetuates a cycle of silence and suffering that hinders the healthy development of young people. Therefore this study investigates parental influence, adolescents substance abuse and mental illness in communities in Oyo state.

Aims and Objective(s) of the study

The main objective of the study is to determine parental influence, adolescents substance abuse and mental illness in communities in Oyo state. Specific objectives for this study are to:

1. examine level of mental illness in communities in Oyo state.
2. determine the level of parental influence (parental support, parental modeling and communication patterns) on mental illness of adolescence in communities in Oyo state.
3. examine the level of adolescents' substance abuse (truancy, aggression and risk-taking behaviors) on mental illness of adolescence in communities in Oyo state.

Research Questions

The following research questions were formulated to guide the conduct of the study and would be answered in the study:

1. What is the level of mental illness in communities in Oyo state?
2. What is the level of parental influence (parental support, parental modeling and communication patterns) on mental illness of adolescence in communities in Oyo state?
3. What is the level of adolescents' substance abuse (truancy, aggression and risk-taking behaviors) on mental illness of adolescence in communities in Oyo state?

Hypotheses

The following hypotheses will be tested at 0.05 level of significant:

Ho₁: There is no significant relationship between parental influence on mental illness in communities in Oyo state.

Ho₂: There is no significant relationship between adolescents' substance abuse (truancy, aggression and risk-taking behaviors) and mental illness of adolescence in communities in Oyo state.



H₀₃: There is no significant relationship between relative contribution of each of parental influence and adolescents substance abuse to mental illness in communities in Oyo state.

Significance of the Study

This study focuses on the critical interplay between parental influence, adolescent substance abuse, and mental illness within communities in Oyo State. The significance of this research lies in its potential to generate valuable insights that will benefit a wide range of stakeholders, including adolescents, parents, teachers, school administrators, community leaders, government agencies, and future researchers.

For adolescents, the findings of the study is expected to deepen their understanding of the consequences of substance abuse and its strong connection to mental health problems. By highlighting the role of parental influence, the findings can help adolescents recognize the importance of healthy family relationships and positive coping strategies. Increased awareness among young people can encourage more responsible behavior, reduce risky habits, and promote help-seeking attitudes when faced with emotional or psychological challenges.

Parents stand to benefit greatly from the study, as it will shed light on how their behaviors, communication patterns, support systems, and overall involvement in their children's lives can significantly shape adolescents' choices and mental well-being. The findings can help parents reflect on their parenting styles, become more attentive to early signs of distress, and foster open communication that discourages substance use and promotes mental resilience in their children.

Teachers and school management will also find the study valuable. Schools are often the first institutions to observe changes in students' behavior, academic performance, and social interaction. By understanding the links between parental influence, substance abuse, and mental health, educators can adopt more effective strategies for early identification and intervention. This could include developing school-based counseling services, referral systems, and awareness programs that address these issues holistically.

Communities in Oyo State will benefit as well. Strong community structures can serve as protective environments for adolescents. The study's findings can guide community leaders, religious organizations, and youth associations in creating supportive networks and targeted outreach programs. Such efforts can reduce the prevalence of substance abuse, decrease mental health stigma, and promote healthier social norms.

Government agencies and policymakers will find the study useful for developing and implementing more informed policies and programs that address adolescent health challenges. The research can provide evidence to support the allocation of resources to mental health services, parental education programs, and youth development initiatives. It can also help shape laws and regulations that protect adolescents from harmful substances and provide frameworks for community-based interventions.

The study contributes to the body of knowledge on adolescent development in Nigeria. Future researchers can build on its findings to explore related topics, replicate the study in other regions, or evaluate the effectiveness of intervention strategies. The insights gained will thus not only address immediate concerns in Oyo State but also contribute to national and global conversations on adolescent health, parental roles, and community engagement.

Scope and delimitation of the study

This study is delimited to an examination of the relationship between parental influence, adolescents' substance abuse, and mental illness within selected communities in Oyo State. It will focus primarily on adolescents within the school-going age and those actively residing in the identified communities, thereby excluding adolescents who may not be living within the study area or who are outside the target age group. The study considers different dimensions of parental influence such as parental support, parental modeling, and communication patterns, and how these factors either protect or expose adolescents to the risk of substance abuse and subsequent mental health challenges.



Furthermore, the investigation will cover the common types of substances frequently abused by adolescents in the area, including alcohol, tobacco, and other psychoactive substances that are accessible in community and peer environments. The scope will not extend to an in-depth clinical diagnosis of mental illness; rather, it will explore observable indicators such as anxiety, hopelessness, aggression, truancy, and risk-taking behaviors associated with substance abuse. Geographically, the study will be limited to communities within Oyo State, recognizing that findings may not be fully generalized to other states in Nigeria due to contextual differences in culture, socioeconomic conditions, and parental practices.

Operational Definition of Terms

The following terms are defined as used in this study:

Adolescents' Substance Abuse: The harmful or hazardous use of drugs, alcohol, or other substances by adolescents, often leading to impaired judgment, health risks, declining academic performance, and social or legal problems.

Aggression: Hostile or violent behavior exhibited by adolescents, which can include verbal hostility, physical fights, bullying, or defiance toward authority figures, often linked to frustration or emotional difficulties.

Anxiety: Excessive worry, fear, or nervousness that interferes with an adolescent's daily life, often manifesting as restlessness, poor concentration, or physical symptoms like rapid heartbeat and sweating, particularly in school or social situations.

Communication Patterns: The ways parents and adolescents exchange information, express feelings, and resolve conflicts. Healthy communication patterns involve openness, empathy, and mutual respect, while poor patterns involve criticism, neglect, or authoritarian styles.

Hopelessness: A negative cognitive and emotional state in adolescents where they feel a lack of purpose, believe the future holds no positive outcomes, and doubt their ability to change their circumstances. It is often linked to depression and suicidal idealization.

Mental Illness: A condition that significantly affects an adolescent's thoughts, emotions, behavior, or daily functioning, often leading to difficulties in school, relationships, and self-care. Common examples among adolescents include depression, anxiety disorders, and conduct disorders.

Motivation: The internal drive or external influence that directs adolescents toward goal-oriented behavior, such as academic achievement, extracurricular activities, or personal growth. Low motivation may manifest as disinterest in schoolwork or future planning.

Parental Influence: The overall impact parents have on their adolescent children's behavior, values, decisions, and well-being through their parenting style, involvement, and attitudes.

Parental Support and Modeling: Emotional, financial, and social assistance provided by parents to adolescents, including encouragement, guidance, and provision of resources that promote resilience and academic or personal success, which will invariably assist the adolescents to adopt parental behaviors, attitudes, or habits by observing and imitating their parents' actions, such as handling stress, resolving conflicts, or managing substance use.

Risk-Taking Behaviors: Engagement in activities that expose adolescents to potential harm, such as unsafe sexual activity, reckless driving, delinquency, or experimenting with drugs and alcohol, often influenced by peer pressure and developmental curiosity.

Truancy: Frequent or habitual absence from school without valid reason, often associated with disengagement, poor academic performance, and risk of delinquent behaviors among adolescents.





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LITERATURE REVIEW

This chapter presents the review of related literature to the study on parental influence, adolescents substance abuse and mental illness in communities in Oyo state. This chapter is under the following sub-headings: Conceptual Background, Theoretical background and Review of Empirical Studies.

Conceptual Review

Concept of Mental illness

Mental illness refers to a broad range of psychological or psychiatric conditions that affect an individual's thoughts, emotions, mood, and patterns of behavior. These conditions often disrupt a person's ability to function effectively in daily activities such as work, education, family interaction, and social relationships. Mental illness may manifest through persistent sadness, excessive fear, mood instability, confusion in thinking, or abnormal behavioral patterns that differ significantly from what is considered normal within a particular cultural context. Scholars emphasize that mental illness is not limited to severe psychiatric disorders alone; it also includes mild and moderate psychological conditions that, if untreated, may progressively interfere with an individual's wellbeing and quality of life. Mental illness is recognized globally as a major public health concern because it affects individuals across different age groups, genders, cultural backgrounds, and socioeconomic statuses. The increasing prevalence of mental health disorders worldwide has drawn significant attention from health professionals, researchers, and policymakers who aim to improve prevention, diagnosis, and treatment strategies.^{27, 28}

According to the American Psychiatric Association, mental illness is generally defined as a syndrome characterized by clinically significant disturbances in cognition, emotional regulation, or behavior that reflect dysfunction in the psychological, biological, or developmental processes underlying mental functioning. This definition highlights the idea that mental illness involves more than temporary emotional reactions to everyday stressors; rather, it represents persistent patterns of disturbance that significantly impair an individual's ability to function in important areas of life such as social relationships, academic engagement, occupational performance, and personal wellbeing. Mental illness is therefore diagnosed when symptoms persist over time and cause considerable distress or impairment in functioning. Mental health professionals rely on standardized diagnostic systems such as the Diagnostic and Statistical Manual of Mental Disorders to identify and classify different forms of mental disorders. These diagnostic frameworks help clinicians understand symptom patterns, determine appropriate treatment approaches, and ensure consistency in mental health research and clinical practice across different countries and cultures.^{28 29}

Mental illness encompasses a wide range of psychological disorders that vary in terms of symptoms, severity, causes, and treatment approaches. Some of the most common categories include mood disorders, anxiety

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disorders, psychotic disorders, personality disorders, and substance-related disorders. Mood disorders such as depression and bipolar disorder are characterized by disturbances in emotional states, including prolonged sadness, loss of interest in activities, or extreme mood fluctuations. Anxiety disorders involve excessive fear, worry, or nervousness that interferes with normal functioning, while psychotic disorders such as schizophrenia involve distorted perceptions of reality, including hallucinations and delusions. Personality disorders, on the other hand, involve deeply ingrained patterns of behavior and thinking that deviate significantly from cultural expectations and cause difficulties in interpersonal relationships. Substance-related disorders occur when the misuse of drugs or alcohol leads to psychological and behavioral disturbances. These different forms of mental illness demonstrate the complexity and diversity of mental health problems and highlight the need for specialized psychological and psychiatric interventions tailored to the specific needs of affected individuals.^{30 31}

Researchers have consistently emphasized that mental illness develops through the interaction of multiple factors rather than a single cause. Biological factors play a crucial role in the development of many mental disorders, including genetic predisposition, abnormalities in brain structure, and imbalances in neurotransmitters that regulate mood and cognition. For example, individuals with a family history of depression or schizophrenia may have a higher risk of developing similar conditions due to inherited genetic vulnerabilities. Psychological factors also contribute to mental illness, particularly maladaptive coping strategies, low self-esteem, unresolved emotional trauma, and dysfunctional patterns of thinking. Environmental influences such as poverty, childhood abuse, family conflict, social isolation, academic pressure, and exposure to traumatic events can further increase the likelihood of developing mental health problems. The bio-psycho-social model of mental illness therefore explains that mental disorders arise from the complex interaction of biological, psychological, and social influences, highlighting the importance of holistic approaches to mental health assessment and treatment.^{32 30}

Mental illness is closely related to the broader concept of mental health, which refers to a state of psychological wellbeing in which individuals are able to recognize their abilities, cope effectively with the normal stresses of life, work productively, and contribute meaningfully to their communities. When individuals maintain emotional balance, positive self-esteem, and adaptive coping mechanisms, they are more likely to experience good mental health. However, when this balance is disrupted by chronic stress, traumatic experiences, social pressures, or biological vulnerabilities, individuals may develop psychological symptoms that gradually progress into mental disorders. This relationship between mental health and mental illness highlights the importance of promoting positive mental health through preventive interventions such as counseling, social support, stress management, and mental health education. Early identification and treatment of psychological symptoms can significantly reduce the severity of mental illness and improve long-term outcomes for affected individuals.^{27 33}

Another important aspect of the concept of mental illness is the issue of stigma and discrimination experienced by individuals living with mental health disorders. In many societies, mental illness is often misunderstood and associated with negative stereotypes, leading to social rejection, marginalization, and limited access to mental health services. People with mental disorders may face barriers such as lack of social support, discrimination in employment opportunities, and reluctance to seek professional help due to fear of being labeled or judged. These societal attitudes can worsen the psychological distress experienced by individuals with mental illness and delay the process of recovery. Consequently, mental health advocates and healthcare professionals emphasize the importance of public awareness campaigns, mental health education, and supportive community programs aimed at reducing stigma and encouraging individuals to seek appropriate treatment. Addressing stigma is essential for promoting a more inclusive society in which individuals with mental health conditions can access the care and support needed for recovery and social integration.^{34 27}

In recent years, significant progress has been made in the treatment and management of mental illness through advancements in psychological therapy, psychiatric medication, and community-based mental health services. Treatment approaches such as cognitive behavioral therapy, psychotherapy, counseling, and pharmacological interventions have proven effective in reducing symptoms and improving the functioning of individuals with mental disorders. In addition, mental health professionals increasingly emphasize the importance of holistic treatment approaches that incorporate family support, lifestyle changes, stress management, and social rehabilitation programs. These approaches aim not only to reduce symptoms but also to enhance the overall quality of life and social functioning of individuals living with mental illness. With proper diagnosis, treatment,

and support systems, many individuals experiencing mental illness can achieve recovery, maintain stable mental health, and lead productive lives within their communities.^{31 30}

Hopelessness

The measurement scale for hopelessness was developed by Dr. Aron .T. in 1974 called Beck Hopelessness scale. The following are the sample items

- I look forward to the future with hope and enthusiasm.” (reverse scored)
- “My future seems dark to me.”
- “I don’t expect to get what I really want.”

Scoring:

- Each item = 0 or 1
- Total score range: 0–20
- Higher scores = greater hopelessness

Hopelessness is a psychological state characterized by persistent negative expectations about the future and a belief that one’s circumstances cannot improve regardless of personal effort or external assistance. It involves a pervasive feeling that desired goals or positive outcomes are unattainable, leading individuals to perceive their lives as lacking direction, meaning, or possibility for change. In psychological literature, hopelessness is often described as a cognitive and emotional condition in which individuals anticipate unfavorable outcomes and feel powerless to influence events in their lives. When individuals experience hopelessness, they may develop feelings of despair, discouragement, and emotional exhaustion, which can significantly affect their motivation and psychological wellbeing. Researchers emphasize that hopelessness is not merely a temporary emotional reaction to stressful events but a persistent mindset that shapes how individuals interpret their experiences and future possibilities.^{27 35}

Hopelessness is also understood as a complex psychological construct that includes cognitive, emotional, and motivational components. Cognitively, individuals experiencing hopelessness tend to develop pessimistic beliefs about themselves, their environment, and the future. Emotionally, hopelessness is associated with feelings of sadness, despair, helplessness, and discouragement. From a motivational perspective, hopeless individuals often lose the desire or energy to pursue goals because they believe their efforts will not lead to meaningful change. Scholars therefore view hopelessness as more than an emotional feeling; it is also a pattern of negative thinking that influences behavior and decision-making. Individuals who experience persistent hopelessness may withdraw from social relationships, lose interest in activities they previously enjoyed, and exhibit reduced motivation to engage in productive life activities.^{36 30}

In clinical psychology, hopelessness is widely recognized as a significant predictor of various mental health problems, particularly depression and suicidal ideation. The relationship between hopelessness and depression has been extensively examined in psychological research, with many studies identifying hopelessness as one of the core cognitive symptoms of depressive disorders. Individuals who feel hopeless often believe that their negative circumstances will continue indefinitely and that they lack the ability to change them. This belief may lead to feelings of worthlessness, emotional distress, and reduced life satisfaction. Empirical studies have also demonstrated that high levels of hopelessness are strongly associated with self-harm behaviors and suicide risk, particularly among adolescents and individuals experiencing severe psychological distress. Consequently, mental health professionals consider hopelessness an important indicator when assessing the severity of emotional disorders and designing appropriate intervention strategies.^{37 35}

Another important perspective in understanding hopelessness is the hopelessness theory of depression, which was developed within cognitive psychology. This theory proposes that individuals become hopeless when they interpret negative life events as having stable, global, and uncontrollable causes. In other words, people who attribute their failures or difficulties to factors they believe will persist indefinitely and affect many areas of their lives are more likely to develop feelings of hopelessness. According to this theoretical model, repeated experiences of uncontrollable negative events may lead individuals to believe that they lack the ability to influence their circumstances, thereby reinforcing pessimistic expectations about the future. Over time, such negative attributional patterns can contribute to the development of depressive symptoms and other emotional problems. This perspective highlights the role of cognitive processes in shaping how individuals interpret life events and explains why some individuals are more vulnerable to hopelessness than others when confronted with stressful experiences.^{36 38}

Furthermore, hopelessness may arise from various life circumstances, including chronic illness, poverty, social isolation, academic failure, traumatic experiences, or prolonged exposure to stressful life conditions. Individuals facing persistent hardships may gradually lose confidence in their ability to overcome challenges, especially when previous efforts to improve their situation have been unsuccessful. In such circumstances, hopelessness may become a psychological coping response in which individuals withdraw emotionally and mentally from future expectations in order to protect themselves from repeated disappointment. However, this coping response can become maladaptive because it reduces resilience and discourages individuals from seeking support or exploring potential solutions to their problems. Research suggests that social support, positive coping strategies, and access to mental health services can help individuals overcome hopelessness and rebuild a sense of hope and optimism about the future.^{30 33}

Hopelessness is also closely related to the concept of hope, which represents an individual's belief in the possibility of achieving desired goals and overcoming obstacles. While hope motivates individuals to persevere in the face of difficulties, hopelessness represents the opposite psychological state in which individuals perceive no possibility for improvement. Psychological scholars argue that hopelessness is not simply the absence of hope but a distinct cognitive condition characterized by entrenched pessimistic expectations about future outcomes. Individuals experiencing hopelessness often view their life circumstances as permanently negative and beyond their control, which limits their ability to imagine positive possibilities. As a result, hopelessness can significantly undermine psychological wellbeing and hinder personal growth. Understanding the concept of hopelessness is therefore important in psychological research and counseling practice, as it provides insight into the cognitive patterns that contribute to emotional distress and helps professionals develop interventions aimed at restoring hope, resilience, and positive expectations for the future.^{39 30}

Anxiety

Anxiety can be measured using the following scales

1. I often feel nervous or on edge without a clear reason.
2. I find it difficult to relax even in calm situations.
3. I worry excessively about everyday situations.
4. My thoughts race when I am under pressure.
5. I experience physical symptoms (e.g., sweating, trembling) when I feel stressed.

A Likert scale (1= Strongly Agree to 5 = Strongly Disagree) is the instrument to be used as scoring guide.

Anxiety is a psychological and physiological state characterized by feelings of tension, apprehension, nervousness, and excessive worry about potential threats or uncertain future events. It is a common emotional response experienced by individuals when they perceive situations as challenging, threatening, or demanding.

In moderate levels, anxiety can serve an adaptive function by preparing individuals to respond effectively to stressful situations, enhancing alertness, concentration, and motivation. However, when anxiety becomes excessive, persistent, or disproportionate to the actual situation, it may interfere with daily functioning and develop into a psychological disorder. Anxiety therefore exists along a continuum ranging from normal, situational anxiety to severe anxiety disorders that require professional intervention. Scholars note that anxiety involves both emotional and physical reactions, including restlessness, rapid heartbeat, sweating, muscle tension, and difficulty concentrating.^{28 30}

From a psychological perspective, anxiety is often described as a state of anticipatory fear in which individuals expect negative outcomes or perceive threats even when no immediate danger is present. This anticipatory nature distinguishes anxiety from fear, which usually occurs in response to a clearly identifiable and immediate threat. Anxiety tends to involve persistent worry about potential future events, leading individuals to constantly anticipate harm, failure, or negative consequences. As a result, individuals experiencing anxiety may engage in avoidance behaviors, excessive rumination, or heightened vigilance toward perceived threats. These cognitive and behavioral patterns can disrupt daily activities, academic performance, interpersonal relationships, and occupational functioning. Researchers emphasize that the cognitive component of anxiety plays a critical role in maintaining anxious responses because individuals often interpret neutral or ambiguous situations as threatening, thereby reinforcing feelings of distress.^{40 41}

Anxiety also has a significant biological and physiological basis. Neuroscientific research indicates that anxiety is associated with the activation of specific brain structures, particularly the amygdala, which plays a key role in detecting threats and triggering emotional responses. When individuals perceive danger, the brain activates the body's stress response system, leading to the release of hormones such as adrenaline and cortisol. These physiological reactions prepare the body for the "fight-or-flight" response, increasing heart rate, breathing rate, and muscle tension in order to respond to potential threats. While this biological response is useful in genuinely dangerous situations, chronic activation of the anxiety response can lead to persistent physiological arousal, fatigue, sleep disturbances, and other health problems. Consequently, prolonged anxiety may negatively affect both psychological wellbeing and physical health if not properly managed.^{30 42}

In clinical psychology, anxiety is often examined through the lens of anxiety disorders, which represent a group of mental health conditions characterized by excessive fear and persistent worry that interfere with normal functioning. Common forms of anxiety disorders include generalized anxiety disorder, panic disorder, social anxiety disorder, specific phobias, and separation anxiety disorder. Individuals with generalized anxiety disorder experience chronic and uncontrollable worry about various aspects of life, such as health, finances, or academic performance. Panic disorder is characterized by sudden episodes of intense fear accompanied by physical symptoms such as chest pain, dizziness, and shortness of breath. Social anxiety disorder involves extreme fear of social situations due to concerns about embarrassment or negative evaluation by others. These different types of anxiety disorders illustrate the diverse ways in which anxiety can manifest and affect individuals' emotional and behavioral functioning.^{28 27}

Several psychological theories have been proposed to explain the development and maintenance of anxiety. Cognitive theories suggest that anxiety arises from maladaptive thought patterns in which individuals overestimate threats and underestimate their ability to cope with challenging situations. Behavioral theories emphasize the role of learning processes, particularly classical and operant conditioning, in the development of anxiety responses. For example, individuals may develop anxiety after associating certain situations with unpleasant experiences, leading them to avoid similar situations in the future. Additionally, the bio-psycho-social perspective explains that anxiety results from the interaction of biological predispositions, psychological vulnerabilities, and environmental stressors. Factors such as genetic susceptibility, personality traits, traumatic experiences, academic pressure, and family environment can contribute to the development of anxiety symptoms.^{41 42}

Furthermore, anxiety is particularly prevalent among adolescents and young adults due to the developmental challenges associated with this stage of life. Academic pressure, peer relationships, family expectations, and concerns about future career opportunities can contribute to heightened anxiety levels among students. Research



indicates that when anxiety becomes overwhelming, it may negatively affect concentration, decision-making, academic achievement, and social interactions. However, effective coping strategies such as social support, problem-solving skills, relaxation techniques, and psychological counseling can help individuals manage anxiety and maintain emotional stability. Early identification and intervention are therefore essential in preventing anxiety from escalating into more severe mental health problems and in promoting overall psychological wellbeing.^{27 30}

Motivation

Motivation can be measured using the following scales

- I feel driven to achieve my goals even when faced with challenges.
- I put in effort even when tasks become difficult or boring.
- I am excited about working toward my future ambitions.
- I take initiative without needing to be pushed by others.
- I stay focused on tasks until they are completed.

A Likert scale (1= Strongly Agree to 5 = Strongly Disagree) is the instrument to be used as scoring guide.

Motivation is a fundamental psychological concept that explains the forces that initiate, guide, and sustain human behavior toward achieving specific goals. It refers to the internal and external factors that stimulate individuals to take action, persist in their efforts, and direct their behavior toward accomplishing desired outcomes. In educational and psychological contexts, motivation is often described as the driving force that energizes individuals to engage in activities, overcome obstacles, and maintain effort despite challenges. It influences how people think, feel, and behave in various life situations, including academic learning, work performance, and personal development. Researchers emphasize that motivated individuals tend to demonstrate greater persistence, commitment, and enthusiasm when pursuing their goals, which ultimately enhances productivity and achievement.^{43 44}

From a psychological standpoint, motivation involves a complex interaction of cognitive, emotional, and behavioral processes that determine the intensity and direction of an individual's actions. Cognitively, motivation influences how individuals set goals, evaluate tasks, and make decisions regarding their behavior. Emotionally, motivation is associated with feelings such as interest, enthusiasm, satisfaction, or frustration that may arise during the pursuit of goals. Behaviorally, motivation is reflected in the level of effort, persistence, and determination individuals display when engaging in activities. Scholars argue that individuals who possess high levels of motivation are more likely to demonstrate resilience and perseverance when confronted with difficulties, while those with low motivation may withdraw from tasks or show minimal effort. Consequently, motivation plays a critical role in shaping individuals' attitudes toward learning, work, and achievement.^{44 45}

Motivation is commonly categorized into two major types: intrinsic motivation and extrinsic motivation. Intrinsic motivation refers to the internal desire to engage in an activity for its own sake because it is enjoyable, interesting, or personally satisfying. Individuals who are intrinsically motivated perform tasks because they derive pleasure or fulfillment from the activity itself rather than from external rewards. In contrast, extrinsic motivation involves engaging in an activity in order to obtain external rewards or avoid negative consequences. Such rewards may include praise, recognition, financial incentives, academic grades, or social approval. While both types of motivation can influence behavior, researchers suggest that intrinsic motivation tends to produce deeper engagement, greater creativity, and long-term commitment to tasks compared to extrinsic motivation, which may sometimes result in temporary or externally driven participation.^{43 46}

Several theoretical perspectives have been developed to explain the mechanisms underlying motivation. One prominent theory is the Self-Determination Theory, which proposes that individuals are naturally inclined toward

growth and self-improvement when their basic psychological needs for autonomy, competence, and relatedness are satisfied. According to this theory, individuals are more likely to experience intrinsic motivation when they feel capable of performing tasks, have the freedom to make choices, and experience supportive relationships with others. Another important theoretical perspective is the Expectancy-Value Theory, which suggests that individuals' motivation to perform a task depends on their expectation of success and the value they attach to the task. When individuals believe they are capable of succeeding and consider the task important or meaningful, their level of motivation tends to increase.^{45 43}

Motivation also plays a crucial role in educational settings, where it significantly influences students' academic engagement, persistence, and performance. Students who are highly motivated tend to participate actively in classroom activities, demonstrate greater concentration during learning tasks, and show stronger determination to overcome academic challenges. Conversely, students with low levels of motivation may experience difficulty sustaining attention, completing assignments, or maintaining consistent academic effort. Educators therefore emphasize the importance of creating supportive learning environments that encourage curiosity, autonomy, and personal relevance in order to enhance students' motivation to learn. Strategies such as providing constructive feedback, setting achievable goals, and promoting collaborative learning can help foster motivation and improve educational outcomes.^{44 46}

Furthermore, motivation is closely linked to psychological wellbeing and personal development. Individuals who possess strong motivation are more likely to set meaningful goals, pursue personal growth, and maintain resilience when confronted with life challenges. Motivation encourages individuals to adopt positive attitudes toward self-improvement and empowers them to strive for success despite setbacks. In contrast, a lack of motivation may result in feelings of apathy, reduced productivity, and diminished life satisfaction. For this reason, psychologists and educators consider motivation an essential factor in promoting achievement, emotional wellbeing, and overall life satisfaction. Understanding the concept of motivation therefore provides valuable insights into how individuals initiate and sustain behaviors that lead to personal fulfillment and success.^{45 46}

Parental Influence

The followings are the parental influence measurement scales

1. Parenting style (Nominal scale)

1. Authoritative, authoritarian, permissive, neglectful

2. Level of parental monitoring (Ordinal scale)

1. Low, medium, high

3. Parental involvement score (Interval scale)

1. Based on Likert-scale questionnaire responses

4. Time spent with child (Ratio scale)

1. Hours per day/week

5. Parental support/attachment level (Ordinal or Interval scale)

1. Rated from weak to strong (or via scale scores)

Parental influence refers to the impact that parents or primary caregivers have on the development, attitudes, behaviors, and overall wellbeing of their children. It encompasses the ways in which parents shape their children's social, emotional, cognitive, and behavioral development through parenting practices, communication patterns, value systems, and the home environment they create. Parents are often regarded as the first and most

Commented [EE4]: There is discussion on the measurement of the concepts - state at least 5 scales for each concept (mental illness, parental influence, and substance use)

ALL THESE MUST HAVE THEIR MEASUREMENT TOOLS DESCRIBED, pointing to which one will be adopted/adapted.

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important agents of socialization in a child's life, as they play a critical role in guiding children's early experiences, shaping their beliefs, and influencing their responses to various life situations. Through consistent interaction and guidance, parents contribute significantly to the formation of children's personality, self-concept, and decision-making abilities. Scholars emphasize that parental influence extends beyond childhood and continues to affect adolescents' and young adults' attitudes, aspirations, and behavioral outcomes.^{47 48}

From a developmental perspective, parental influence operates through several mechanisms, including modeling, reinforcement, supervision, and emotional support. Children often learn behaviors and attitudes by observing their parents' actions and interactions with others. When parents demonstrate positive behaviors such as responsibility, empathy, and effective problem-solving, children are more likely to adopt similar behaviors in their own lives. Reinforcement also plays an important role, as parents shape behavior through praise, rewards, discipline, and corrective feedback. In addition, parental monitoring and supervision help regulate children's activities, peer associations, and lifestyle choices, thereby reducing exposure to risky behaviors. Emotional support from parents, such as warmth, encouragement, and responsiveness, also contributes to children's psychological security and confidence. These forms of parental involvement create an environment that fosters healthy emotional and social development.^{49 47}

Parental influence is also closely related to parenting styles, which describe the overall patterns of attitudes and behaviors that parents use when interacting with their children. Research commonly identifies four major parenting styles: authoritative, authoritarian, permissive, and neglectful. The authoritative parenting style, characterized by warmth, responsiveness, and reasonable discipline, is generally associated with positive developmental outcomes such as high self-esteem, strong academic motivation, and responsible behavior among children. In contrast, authoritarian parenting, which involves strict control and limited emotional warmth, may lead to fear, low self-confidence, or reduced independence in children. Permissive parenting, where parents provide warmth but little control or guidance, may contribute to impulsive behavior and lack of discipline. Neglectful parenting, which is marked by limited involvement in a child's life, often results in poor emotional adjustment and social difficulties. These parenting styles illustrate how different patterns of parental behavior can significantly shape children's psychological and behavioral development.^{50 48}

Furthermore, parental influence plays a significant role in shaping children's academic development and educational outcomes. Parents who show interest in their children's education, provide learning resources, and encourage positive study habits tend to raise children who demonstrate stronger academic motivation and higher levels of achievement. Parental expectations and attitudes toward education also influence how children perceive the value of learning and academic success. For instance, when parents emphasize the importance of education and provide consistent academic support, children are more likely to develop positive learning attitudes and persistence in their studies. Conversely, limited parental involvement or negative attitudes toward education may reduce students' motivation and engagement in academic activities. Therefore, parental support, guidance, and involvement are widely recognized as important predictors of students' academic success and educational aspirations.^{49 51}

In addition to academic outcomes, parental influence also affects adolescents' emotional wellbeing and social behavior. Adolescents who experience supportive and nurturing relationships with their parents tend to develop stronger emotional stability, higher self-esteem, and better coping skills when dealing with life challenges. Parental warmth and open communication encourage adolescents to express their thoughts and emotions freely, which helps strengthen trust and mutual understanding within the family. On the other hand, parental neglect, conflict, or harsh discipline may contribute to emotional distress, behavioral problems, and difficulties in interpersonal relationships. Studies have shown that positive parental relationships act as protective factors that reduce the likelihood of risky behaviors such as substance abuse, aggression, and delinquency among adolescents.^{52 48}

Moreover, parental influence is shaped by various contextual factors such as socioeconomic status, cultural values, educational background, and family structure. Families with higher socioeconomic resources may have greater access to educational opportunities, learning materials, and supportive environments that facilitate children's development. Cultural beliefs and traditions also influence parenting practices, including expectations

regarding discipline, independence, and family responsibilities. In many societies, parents play a central role in transmitting cultural values and moral principles that guide children's behavior and social interactions. These contextual factors demonstrate that parental influence is not uniform but varies across families and communities depending on social, economic, and cultural circumstances.^{47 52}

Parental Support

The followings are the parental support measurement scales

- My parents/guardians encourage me to do my best.
- I can rely on my parents/guardians when I need help.
- My parents/guardians listen to my concerns and feelings.
- My parents/guardians provide guidance when I face difficulties.
- I feel emotionally supported by my parents/guardians

Likert scale (e.g., 1 = Strongly Disagree to 5 = Strongly Agree).

Parental support refers to the emotional, psychological, social, and material assistance that parents provide to their children in order to promote their overall development and wellbeing. It involves the encouragement, care, guidance, and resources that parents offer to help their children cope with challenges, achieve personal goals, and develop positive life outcomes. Parental support is widely recognized as a crucial component of healthy child and adolescent development because it contributes to the formation of self-confidence, emotional stability, and social competence. Scholars emphasize that children who perceive strong support from their parents are more likely to develop positive attitudes toward learning, maintain healthy relationships, and demonstrate resilience when confronted with stressful situations. In this regard, parental support plays an important role in shaping children's psychological adjustment and behavioral patterns.^{47 52}

From a psychological perspective, parental support encompasses several dimensions, including emotional support, instrumental support, informational support, and appraisal support. Emotional support refers to expressions of love, warmth, empathy, and encouragement that help children feel valued and understood. Instrumental support involves the provision of tangible resources such as financial assistance, learning materials, and opportunities that facilitate children's growth and development. Informational support includes the guidance, advice, and knowledge that parents share with their children to help them make informed decisions and solve problems effectively. Appraisal support refers to constructive feedback and affirmation that help children evaluate their abilities and improve their performance. These various forms of support collectively contribute to children's sense of security, belonging, and self-worth.^{53 48}

Parental support is particularly important in the academic development of children and adolescents. Parents who actively support their children's education by providing encouragement, monitoring academic progress, and creating a conducive learning environment tend to raise students who demonstrate higher levels of motivation, academic engagement, and achievement. When parents show interest in their children's school activities, assist with homework, and communicate regularly with teachers, students are more likely to develop positive attitudes toward learning and persist in their academic pursuits. Conversely, lack of parental support may lead to decreased motivation, lower academic performance, and reduced educational aspirations among students. Consequently, educational researchers consider parental support a key factor influencing students' academic success and overall educational development.^{54 55}

In addition to academic outcomes, parental support plays a vital role in the emotional and psychological wellbeing of children and adolescents. Supportive parental relationships create a secure environment in which children feel comfortable expressing their thoughts, emotions, and concerns. This sense of emotional security helps children develop effective coping strategies when facing life challenges, such as academic pressure, peer

conflicts, or personal difficulties. Adolescents who receive consistent emotional support from their parents are more likely to develop higher self-esteem, stronger resilience, and better emotional regulation skills. On the other hand, insufficient parental support may contribute to feelings of loneliness, anxiety, or depression, particularly during the critical developmental stage of adolescence.^{56 57}

Furthermore, parental support also influences children's social behavior and interpersonal relationships. Through supportive communication and positive role modeling, parents teach children important social values such as empathy, respect, cooperation, and responsibility. These social skills enable children to interact effectively with peers, teachers, and other members of society. Research has shown that children who receive consistent support from their parents tend to demonstrate prosocial behavior, stronger interpersonal skills, and greater social competence. In contrast, limited parental involvement or support may increase the likelihood of behavioral problems, social withdrawal, or engagement in risky behaviors among adolescents. Therefore, parental support functions as an important protective factor that promotes healthy social development and reduces the risk of maladaptive behaviors.^{54 58}

Moreover, the level and form of parental support may vary depending on several contextual factors such as family structure, socioeconomic status, cultural values, and parental educational background. Families with higher socioeconomic resources may have greater capacity to provide educational materials, extracurricular opportunities, and supportive learning environments for their children. Cultural beliefs and traditions also influence how parents express support, including expectations regarding discipline, independence, and family responsibilities. Despite these variations, the fundamental role of parental support remains consistent across cultures, as it serves as a foundation for children's emotional security, academic success, and social development. Understanding the concept of parental support is therefore essential in educational and psychological research because it highlights the importance of family involvement in fostering positive developmental outcomes among children and adolescents.^{55 57}

Parental Modeling

The measurement scale for parental modeling are

- "My parents handle conflicts calmly."
- "I often see my parents behave aggressively when upset."
- "My parents demonstrate respectful communication."
- "I imitate behaviors I observe from my parents."

Scoring is by the use of Likert scale 1 to 5:

1 = Strongly Disagree → 5 = Strongly Agree:

Parental modeling refers to the process through which children learn attitudes, behaviors, values, and social norms by observing and imitating their parents or primary caregivers. It is based on the idea that parents serve as important role models whose actions significantly influence the development of children's behavior and personality. Through daily interactions and observation, children often internalize the behaviors demonstrated by their parents and adopt them as part of their own behavioral patterns. This process plays a fundamental role in socialization because children tend to emulate behaviors that are repeatedly demonstrated by significant figures in their lives. As a result, parental modeling contributes to the development of children's moral values, social conduct, emotional regulation, and lifestyle choices. Scholars emphasize that the behaviors parents display in their everyday lives—such as communication styles, problem-solving approaches, and attitudes toward work or education—can strongly shape how children learn to behave in similar situations.^{59 60}

From a theoretical perspective, parental modeling is largely explained by social learning principles, which propose that individuals acquire new behaviors through observation and imitation of others. Children do not

only learn through direct instruction or reinforcement but also through observing how their parents behave in different contexts. When parents demonstrate positive behaviors such as responsibility, empathy, honesty, and perseverance, children are more likely to replicate these behaviors in their own lives. Conversely, when parents display negative behaviors such as aggression, dishonesty, or substance abuse, children may also adopt similar behavioral patterns. The observational learning process is particularly powerful during childhood and adolescence because parents are often the most immediate and influential figures within the family environment.^{59 57}

Parental modeling also plays an important role in shaping children's attitudes toward education and academic engagement. Parents who demonstrate positive attitudes toward learning, reading, and intellectual curiosity tend to raise children who value education and show greater interest in academic activities. For instance, when parents regularly engage in reading, discuss educational topics, or show commitment to personal development, children are more likely to develop similar attitudes toward learning and self-improvement. Additionally, parents who model effective time management, discipline, and perseverance in achieving goals can encourage children to adopt these qualities in their academic pursuits. Consequently, parental modeling contributes to the development of positive academic behaviors such as persistence, self-regulation, and motivation to succeed in school.^{57 55}

In addition to academic development, parental modeling significantly influences children's social and emotional behavior. Through observing their parents' interactions with family members, friends, and the broader community, children learn appropriate ways of expressing emotions, resolving conflicts, and building relationships. Parents who demonstrate respect, patience, and empathy in their interactions with others help children develop strong interpersonal skills and emotional intelligence. These modeled behaviors provide children with practical examples of how to manage emotions and communicate effectively in social situations. On the other hand, exposure to negative parental behaviors such as hostility, poor communication, or emotional withdrawal may contribute to difficulties in children's social adjustment and emotional regulation.^{54 57}

Furthermore, parental modeling also affects children's lifestyle choices and health-related behaviors. Studies have shown that children often imitate their parents' habits related to nutrition, physical activity, substance use, and other health practices. For example, parents who maintain healthy eating habits, engage in regular exercise, and avoid harmful substances are more likely to raise children who adopt similar healthy behaviors. Conversely, unhealthy parental habits may increase the likelihood that children will engage in risky behaviors. This demonstrates that parents' everyday lifestyle choices serve as powerful behavioral examples that influence children's attitudes toward health and wellbeing.^{59 57}

Moreover, the effectiveness of parental modeling is influenced by the quality of the parent-child relationship and the consistency between parents' words and actions. Children are more likely to imitate behaviors demonstrated by parents whom they respect, trust, and feel emotionally connected to. When parents' behaviors align with the values and expectations they communicate to their children, the modeling process becomes more credible and influential. However, when there is inconsistency between what parents say and what they do, children may become confused or less likely to adopt the behaviors being encouraged. Therefore, parents who consciously model positive attitudes, responsible behavior, and ethical values can significantly contribute to the healthy development and social competence of their children.^{57 58}

Communication Patterns

Parent-Child Communication Scale was developed by Barnes and Olson 1982

It can be used to measure communication.

- "I can discuss my beliefs with my parents without feeling restrained."
- "My parent tries to understand my point of view."
- "I am sometimes afraid to ask my parent for what I want."

Communication patterns refer to the consistent and recurring ways individuals interact, exchange information, and express ideas, emotions, and expectations within relationships or social systems. In family and social contexts, communication patterns describe the typical style, frequency, and structure of interactions that occur among family members or within groups. These patterns often develop over time and become relatively stable forms of interaction that shape how individuals interpret messages, resolve conflicts, and maintain relationships. Scholars explain that communication patterns include both verbal and non-verbal forms of interaction, such as spoken language, tone of voice, facial expressions, gestures, and body language, which together create shared understanding among individuals. Effective communication patterns promote openness, trust, and mutual understanding, while dysfunctional communication patterns may contribute to misunderstanding, tension, and relational conflicts.^{61 62}

In family systems, communication patterns play a vital role in shaping interpersonal relationships and the emotional climate of the household. Family communication is generally defined as the process through which family members exchange messages to create understanding, maintain relationships, and foster emotional bonds within the family unit. This interaction can occur face-to-face or through various communication channels, and it often involves both formal and informal exchanges. Researchers note that communication within families tends to possess unique characteristics such as intimacy, privacy, emotional closeness, and the use of both verbal and non-verbal cues. Through regular communication, family members are able to share experiences, solve problems, transmit values, and support one another in times of difficulty. Therefore, the nature of communication patterns within a family significantly influences the level of harmony, cooperation, and emotional security experienced by its members.^{62 63}

Scholars have identified different types of family communication patterns that determine how parents and children interact and make decisions. One widely discussed framework categorizes family communication patterns based on two major orientations: conversation orientation and conformity orientation. Conversation orientation refers to the degree to which family members are encouraged to participate in open discussions, freely express their opinions, and share ideas with one another. Families with high conversation orientation typically encourage open dialogue, active participation, and mutual exchange of thoughts. Conformity orientation, on the other hand, refers to the extent to which family members are expected to conform to shared beliefs, values, and rules established by parents or authority figures. Families with strong conformity orientation often emphasize obedience, respect for authority, and uniformity in attitudes and behaviors among family members.^{64 65}

Based on the interaction between conversation orientation and conformity orientation, researchers commonly identify four major family communication patterns: consensual, pluralistic, protective, and laissez-faire patterns. Consensual communication patterns combine high levels of conversation and conformity, meaning that family members are encouraged to discuss ideas openly while still respecting parental authority and family norms. Pluralistic communication patterns involve high conversation orientation but low conformity orientation, allowing children to freely express opinions and participate in decision-making processes. Protective communication patterns are characterized by low conversation orientation and high conformity orientation, where obedience and parental authority are emphasized with limited open discussion. Laissez-faire communication patterns involve low levels of both conversation and conformity, resulting in limited interaction and minimal guidance from parents.^{65 66}

Communication patterns within families also have significant implications for children's psychological, emotional, and social development. Positive communication patterns characterized by openness, empathy, and respect tend to promote trust, emotional closeness, and healthy relationships between parents and children. Such patterns encourage children to express their feelings, develop confidence, and learn effective problem-solving skills. Conversely, negative communication patterns such as aggression, criticism, avoidance, or silence may lead to misunderstandings, emotional distress, and conflict among family members. Research indicates that constructive communication within families contributes to improved mental health, stronger interpersonal relationships, and better adjustment among adolescents and young adults.^{61 67}

Furthermore, communication patterns are influenced by several factors including cultural values, parental attitudes, technological changes, socioeconomic conditions, and generational differences. For instance, advances in digital technology have introduced new forms of communication such as messaging applications, video calls, and social media, which can alter how families interact and maintain relationships. While technology may enhance connectivity among family members, it can also reduce face-to-face interaction if not properly managed. Cultural norms and traditions also shape communication styles by determining how authority, respect, and emotional expression are practiced within families. These factors demonstrate that communication patterns are dynamic and may evolve over time as family structures and societal conditions change.^{63 68}

Adolescents substance abuse

The adolescence substance use can be measured by the following scales

- **Frequency of use (Ratio scale)**
 - Number of times substances are used per day/week/month
- **Quantity consumed (Ratio scale)**
 - Amount taken (e.g., number of cigarettes, drinks)
- **Type of substance used (Nominal scale)**
 - Alcohol, tobacco, cannabis, etc.
- **Age of first use (Ratio scale)**
 - Exact age when substance use started
- **Level of use severity (Ordinal scale)**
 - Non-user, experimental, regular, dependent

Adolescents' substance abuse refers to the harmful or excessive use of psychoactive substances such as alcohol, tobacco, cannabis, and other illicit drugs by individuals within the adolescent developmental stage. Adolescence is a critical period characterized by rapid physical, emotional, and social changes, during which young people often experiment with new behaviors, including substance use. Substance abuse among adolescents occurs when the use of these substances becomes frequent, compulsive, or harmful, leading to negative consequences for the individual's health, academic performance, relationships, and overall development. Researchers have emphasized that adolescents are particularly vulnerable to substance abuse due to developmental factors such as curiosity, identity exploration, and susceptibility to peer influence.⁶⁹ When substance use becomes persistent, it can interfere with normal brain development and increase the risk of long-term dependency and psychological problems.⁷⁰

Substance abuse during adolescence is also viewed as a multidimensional behavioral and public health issue influenced by psychological, environmental, familial, and sociocultural factors. Adolescents may engage in substance use as a coping mechanism for stress, emotional distress, trauma, or mental health challenges such as depression and anxiety. In many cases, the behavior may begin as experimentation but gradually progresses to habitual or problematic use. Studies indicate that adolescents who experience family conflict, poor parental monitoring, and low emotional support are more likely to engage in substance abuse.⁷¹ Furthermore, exposure to substance use within the family or community can normalize the behavior and increase adolescents' likelihood of adopting similar patterns. These findings suggest that the social environment plays a crucial role in shaping adolescents' attitudes toward drugs and alcohol.⁷²

Another important dimension of adolescent substance abuse relates to its psychological and developmental implications. The adolescent brain is still undergoing maturation, particularly in areas responsible for decision-making, impulse control, and emotional regulation. Because of this ongoing development, adolescents who abuse substances are at greater risk of cognitive impairment, poor academic performance, and behavioral problems. Substance abuse has also been associated with increased risk-taking behaviors, including unsafe sexual practices, delinquency, and school dropout. Early initiation of substance use significantly increases the probability of developing substance dependence in adulthood.⁷³ Consequently, preventing substance abuse during adolescence is considered essential for promoting healthy psychological and social development.⁷⁴

Scholars also emphasize that peer influence and social learning processes play a significant role in adolescents' substance abuse. Adolescents often model the behavior of their friends and social groups, especially when they perceive substance use as socially acceptable or as a means of gaining acceptance. Peer pressure, curiosity, and the desire to conform to group norms frequently contribute to experimentation with drugs and alcohol. Social media exposure and portrayals of substance use in entertainment media may also reinforce permissive attitudes toward substance use among young people. Research has shown that adolescents who associate with peers who use drugs are significantly more likely to develop similar behaviors.⁷⁵ This highlights the importance of positive peer networks and school-based preventive interventions in reducing substance abuse among adolescents.⁷⁶

In addition, adolescent substance abuse has serious health, social, and academic consequences that can persist into adulthood if not properly addressed. Health consequences may include addiction, mental health disorders, impaired cognitive functioning, and increased vulnerability to accidents and injuries. Socially, adolescents who abuse substances often experience strained family relationships, involvement in antisocial activities, and reduced participation in constructive social activities. Academically, substance abuse is associated with decreased motivation, poor concentration, declining grades, and increased absenteeism from school. Public health experts therefore emphasize the importance of early prevention programs, parental guidance, and school-based interventions aimed at reducing adolescents' exposure to drugs and alcohol.⁷⁷ Addressing the issue requires collaborative efforts among families, schools, communities, and policymakers to create supportive environments that discourage substance abuse and promote healthy lifestyles.⁷⁸

Aggression

Aggression concept can be measured using the following

- "I have threatened people I know."
- "I get into fights a little more than the average person."
- "I have trouble controlling my temper."
- "I sometimes feel that people are laughing at me behind my back."

Scoring: It is by the use of Likert scale 1 to 5

The concept of aggression has been widely discussed in psychology, sociology, and behavioral sciences because of its strong influence on human interaction and social stability. Aggression generally refers to behaviors, actions, or attitudes that are intended to harm, injure, or threaten another person either physically or psychologically. It may occur in different contexts such as family relationships, school environments, workplaces, and wider social settings. Contemporary scholars view aggression as a complex and multidimensional phenomenon influenced by biological, psychological, and social factors. It is therefore not limited to physical violence alone but also includes verbal hostility, emotional intimidation, and other harmful behaviors directed toward others.⁷⁹⁻⁸⁰

Aggression is often described as a deliberate behavior aimed at causing harm to another individual who is motivated to avoid such harm. In psychological literature, aggressive acts may manifest in several forms including physical aggression such as hitting, pushing, or fighting, as well as verbal aggression such as insults,

threats, and abusive language. These behaviors usually arise from intense emotions such as anger, frustration, jealousy, or perceived injustice. Scholars have noted that aggression is sometimes used as a means of expressing internal distress or communicating unmet emotional needs when individuals lack healthier coping strategies. Consequently, aggression may function as a maladaptive response to stressful or threatening situations.^{80 81}

Another important perspective considers aggression as a multidimensional construct involving emotional, cognitive, and behavioral components. The emotional component typically involves feelings of anger or hostility, while the cognitive component relates to negative thoughts, hostile interpretations of others' intentions, or a desire for revenge. The behavioral component, on the other hand, involves overt actions directed at harming others or damaging property. Because of these interacting components, aggression is regarded as a complex psychological phenomenon that cannot be explained by a single cause. Rather, it results from the interaction of personal characteristics, environmental influences, and situational triggers.⁸²

Researchers have also emphasized that aggression can occur in both direct and indirect forms. Direct aggression involves open confrontation, such as physical attacks or verbal threats directed at another person. Indirect aggression, sometimes referred to as relational aggression, involves behaviors intended to harm another person's social relationships or reputation. Examples include gossiping, social exclusion, spreading rumors, or manipulating friendships. These forms of aggression are particularly common among adolescents and young adults and can have serious psychological consequences such as emotional distress, anxiety, and reduced self-esteem.⁸³

Aggression may also be classified into reactive and proactive types. Reactive aggression is typically impulsive and occurs in response to perceived threats, frustration, or provocation. Individuals who engage in reactive aggression often act out of anger without carefully considering the consequences of their actions. Proactive aggression, in contrast, is more deliberate and goal-oriented. It is used strategically to gain power, control, or access to resources such as social status or material benefits. Understanding these different forms of aggression helps researchers and practitioners design more effective interventions aimed at reducing aggressive behavior in individuals and communities.⁸⁴

From a social and developmental perspective, aggression is also influenced by environmental experiences such as exposure to violence, family conflict, peer pressure, and cultural norms. Studies have shown that individuals who frequently witness violence or aggressive behavior in their surroundings may gradually learn to adopt similar behaviors. Such exposure can increase emotional arousal, reinforce hostile attitudes, and normalize aggressive responses to conflict situations. For example, research among university students found that exposure to real-life violence was significantly associated with increased levels of physical aggression, verbal aggression, anger, and hostility.⁸⁵

Furthermore, aggression has significant implications for psychological well-being and social functioning. Persistent aggressive behavior is associated with numerous negative outcomes including interpersonal conflicts, academic problems, mental health disorders, and involvement in criminal activities. In school environments, aggressive students may experience difficulties in forming positive peer relationships and may also struggle academically due to disciplinary problems. As a result, aggression has become an important public health and educational concern that requires early identification and effective preventive strategies.⁸⁶

For mental illness in general, the following scales can be used for measurement

Diagnostic category (Nominal scale)

- Type of disorder (e.g., depression, anxiety, schizophrenia)

Severity level (Ordinal scale)

- Mild, moderate, severe



Symptom score from standardized tests (Interval scale)

- Scores from psychological scales (e.g., depression inventories)

Duration of illness (Ratio scale)

- Length of time symptoms have been present (months/years)

Frequency of symptoms (Ratio scale)

- Number of episodes (e.g., panic attacks per week)

Theoretical Background

Neurochemical/Neurotransmitter Theory

The Neurochemical or Neurotransmitter Theory explains human behaviour in terms of the chemical processes that occur within the brain and nervous system. According to this perspective, behaviour, emotions, and psychological functioning are influenced by chemical messengers known as neurotransmitters that transmit signals between nerve cells. These neurotransmitters regulate important psychological processes such as mood, motivation, impulse control, learning, and emotional responses. When the balance of these chemicals becomes disrupted, it can lead to various behavioral and psychological problems including aggression, depression, anxiety, and substance abuse. Thus, the neurochemical theory emphasizes that biological processes in the brain play a fundamental role in shaping human behaviour and mental health⁸⁷.

Neurotransmitters are chemical substances released by neurons that allow communication between brain cells across synapses. They transmit signals that influence how individuals think, feel, and behave. Major neurotransmitters that have been widely studied in behavioral science include serotonin, dopamine, nor epinephrine, gamma-aminobutyric acid (GABA), and glutamate. Each of these chemicals performs different regulatory functions within the brain. For instance, serotonin is involved in mood regulation and impulse control, dopamine is associated with reward and motivation, nor-epinephrine influences alertness and arousal, while GABA functions as an inhibitory neurotransmitter that helps reduce excessive neural activity. When these chemicals function normally, they help maintain emotional balance and stable behaviour⁸⁸.

One of the central assumptions of the Neurotransmitter Theory is that behavioral disturbances often arise from imbalances in these brain chemicals. For example, low levels of serotonin have been consistently associated with impulsivity, irritability, and aggressive behaviour. Serotonin normally helps regulate emotional responses by inhibiting excessive activity in brain regions responsible for anger and fear. When serotonin levels are insufficient, individuals may find it difficult to regulate their emotions and may react impulsively to stressful or frustrating situations. Consequently, low serotonin-generic activity has been linked with increased tendencies toward aggression, violent behaviour, and poor impulse control⁸⁹.

Dopamine also plays a significant role in the neurochemical explanation of behaviour. Dopamine is closely linked with the brain's reward system and is responsible for feelings of pleasure, motivation, and reinforcement of certain behaviors. When dopamine activity becomes excessively high or dysregulated, individuals may develop a heightened desire for stimulating or rewarding experiences. This imbalance can contribute to risk-taking behaviors, addiction, and sensation-seeking tendencies. Conversely, inadequate dopamine activity may reduce motivation, pleasure, and engagement in goal-directed activities, which can lead to psychological problems such as depression or reduced behavioral regulation⁹⁰.

Another important neurotransmitter discussed in neurochemical theory is gamma-aminobutyric acid (GABA), which functions primarily as an inhibitory chemical in the brain. GABA reduces excessive neuronal activity and helps maintain emotional stability. When GABA levels are low, individuals may experience heightened anxiety, irritability, and increased emotional reactivity. This imbalance can make individuals more susceptible to aggressive or impulsive behaviour because the brain lacks sufficient inhibitory control over emotional responses.

In contrast, adequate GABA activity helps promote calmness, emotional regulation, and balanced behavioral responses⁹¹.

The Neurochemical Theory also emphasizes that behaviour results from the interaction of several neurotransmitter systems rather than the action of a single chemical. For instance, aggression and emotional instability may emerge from a combination of low serotonin, excessive dopamine activity, and imbalances in other neurochemicals such as norepinephrine or glutamate. These chemicals interact with specific brain structures including the prefrontal cortex, amygdala, and limbic system, which are responsible for emotional regulation, decision-making, and impulse control. When these systems are properly balanced, individuals are able to regulate their emotions effectively and respond appropriately to environmental stimuli⁹².

Furthermore, neurochemical factors do not operate in isolation but interact with environmental and psychological influences. Factors such as stress, childhood experiences, family environment, and social learning can influence neurotransmitter functioning in the brain. For example, prolonged stress or exposure to traumatic experiences may disrupt normal neurotransmitter functioning, thereby increasing vulnerability to emotional disorders or maladaptive behaviors. Therefore, the neurochemical explanation of behaviour is often integrated with psychological and social perspectives to provide a more comprehensive understanding of human behaviour⁹³.

Psychoanalytic Theory (Freud)

The Psychoanalytic Theory, developed by Sigmund Freud, is one of the earliest psychological frameworks used to explain human behaviour and personality development. This theory proposes that human behaviour is largely influenced by unconscious processes, internal conflicts, and early childhood experiences. Many thoughts, feelings, and behaviors are shaped by unconscious motives that individuals may not be fully aware of. Psychological functioning is determined by the interaction of internal drives, emotional experiences, and unresolved conflicts originating from childhood. These unconscious forces often influence individuals' emotions, behaviors, and interpersonal relationships throughout their lives⁹⁴.

Central to Freud's psychoanalytic theory is the structure of personality, which he divided into three major components: the id, ego, and superego. The id represents the primitive and instinctual part of the personality that operates according to the pleasure principle. It seeks immediate satisfaction of biological drives such as hunger, thirst, and sexual desires without considering social norms or consequences. The ego functions according to the reality principle and acts as a mediator between the desires of the id and the demands of the external world. It helps individuals make rational decisions and regulate impulsive behaviors. The superego represents the moral aspect of personality and develops through socialization and parental influence. It contains internalized values, cultural standards, and moral rules that guide behaviour and help individuals distinguish between right and wrong⁹⁵.

Freud also emphasized the role of psychosexual development in shaping personality and behaviour. Personality develops through a series of stages during childhood, including the oral, anal, phallic, latency, and genital stages. Each stage is characterized by specific psychological conflicts that must be resolved for healthy development. When conflicts at any stage are not adequately resolved, individuals may experience fixation, which can influence their personality traits and behavioral tendencies later in life. Unresolved childhood conflicts may contribute to emotional instability, anxiety, or aggressive behaviour in adulthood⁹⁶.

Another important aspect of psychoanalytic theory is the concept of unconscious conflict and defense mechanisms. Individuals often experience internal conflicts between instinctual desires and societal expectations. To protect themselves from psychological distress, the ego employs defense mechanisms such as repression, denial, projection, rationalization, and displacement. These psychological strategies operate largely at the unconscious level and help individuals reduce anxiety and maintain emotional stability. However, excessive reliance on defense mechanisms may distort reality and contribute to maladaptive behaviour or emotional difficulties⁹⁷.

Psychoanalytic theory has also been used to explain aggressive and antisocial behaviors. Freud suggested that aggression arises from an innate destructive instinct known as the death instinct or Thanatos. This instinct drives individuals toward destructive or aggressive acts directed either toward others or toward themselves. Society and moral rules attempt to regulate these impulses through the development of the superego. When the superego is weak or poorly developed, individuals may have difficulty controlling aggressive impulses, which may manifest as hostility, violence, or other maladaptive behaviors⁹⁸.

Modern psychologists acknowledge that although some aspects of Freud's theory have been criticized for lacking empirical support, the psychoanalytic perspective remains influential in understanding personality development, emotional conflict, and unconscious motivation. Contemporary psychoanalytic researchers have expanded Freud's ideas by integrating them with modern psychological and neuroscience findings. These developments have helped provide deeper insights into how early childhood experiences, emotional trauma, and unconscious mental processes influence human behaviour and mental health⁹⁹.

Social Learning Theory

The Social Learning Theory was developed by Albert Bandura to explain how individuals learn behaviors, attitudes, and emotional reactions through observing and imitating others within their social environment. According to this theory, behaviour is not shaped solely by internal drives or biological factors but is largely influenced by social experiences and interactions. Bandura argued that people learn new behaviors by watching the actions of others, particularly significant individuals such as parents, teachers, peers, and media figures. Through this observational process, individuals acquire behavioral patterns that may later be reproduced in similar situations. Social learning theory therefore emphasizes the importance of modelling, imitation, and environmental influence in the development of human behaviour⁹¹.

A central concept of social learning theory is observational learning, which occurs when individuals acquire new behaviors by watching others perform them. Unlike traditional learning theories that emphasize direct reinforcement or punishment, Bandura proposed that learning can occur simply through observation without immediate practice. When individuals observe a model performing a behaviour and notice the consequences that follow, they may decide to imitate or avoid the behaviour depending on whether the outcome appears rewarding or harmful. For example, children who observe aggressive behaviour in parents, peers, or media characters may learn that aggression is an acceptable way of responding to conflict, especially if such behaviour appears to bring rewards or social recognition⁹².

Bandura also emphasized the role of modelling in behavioral development. A model refers to any individual whose behaviour serves as an example for others to observe and imitate. Models may include parents, teachers, community leaders, celebrities, or fictional characters seen in television, films, or digital media. Individuals are more likely to imitate models who are perceived as powerful, attractive, successful, or similar to themselves. As a result, behaviors demonstrated by influential models can strongly shape individuals' attitudes, emotional responses, and behavioral patterns. In adolescents particularly, peer models and media personalities often play a powerful role in shaping behavioral tendencies and social norms⁹³.

Another important component of social learning theory is the concept of vicarious reinforcement. This occurs when individuals observe the consequences of another person's behaviour and adjust their own actions accordingly. If a model receives rewards, praise, or social approval for a particular behaviour, observers are more likely to imitate that behaviour. Conversely, if the model is punished or criticized, observers may avoid performing the same behaviour. Through this process, individuals learn not only from their own experiences but also from the experiences of others within their environment. Vicarious reinforcement therefore plays a significant role in shaping attitudes, moral judgments, and behavioral choices⁹⁴.

Social learning theory also introduced the concept of reciprocal determinism, which explains the dynamic interaction between personal factors, behaviour, and the environment. According to Bandura, behaviour is influenced not only by environmental stimuli but also by individual cognitive processes such as beliefs, expectations, and self-perceptions. At the same time, individuals can influence their environment through their

actions and choices. This reciprocal interaction means that behaviour results from the continuous interplay between personal characteristics, social surroundings, and behavioral experiences. As a result, individuals are not merely passive recipients of environmental influence but active participants in shaping their own behaviour and learning experiences⁹⁵.

Furthermore, social learning theory highlights the importance of self-efficacy, which refers to an individual's belief in their ability to successfully perform a particular behaviour. Self-efficacy influences motivation, persistence, and behavioral choices. Individuals with strong self-efficacy are more likely to attempt challenging tasks, persist in the face of difficulties, and adopt positive behavioral strategies. Conversely, those with low self-efficacy may avoid challenging situations or feel incapable of controlling their behaviour. Bandura emphasized that self-efficacy develops through experiences such as successful performance, observing others succeed, social encouragement, and emotional regulation⁹⁶.

In explaining behavioral problems such as aggression, social learning theory suggests that aggressive behaviors may develop when individuals repeatedly observe and imitate aggressive models in their environment. Exposure to family conflict, peer violence, or aggressive media content may reinforce the belief that aggression is an acceptable response to frustration or conflict. Over time, repeated observation and reinforcement of such behaviors can lead individuals to internalize aggressive responses as normal behavioral patterns. Consequently, interventions aimed at reducing aggression often focus on providing positive role models, promoting prosocial behaviour, and teaching effective coping and conflict-resolution skills⁹⁷.

Empirical Studies

Parental influence and Mental illness

A longitudinal study was conducted to examine the relationship between parenting practices and adolescent mental health. The study involved adolescents and their mothers and investigated how different maternal behaviors influenced psychological outcomes. The findings revealed that negative parenting behaviors such as hostility, harsh discipline, and poor supervision significantly predicted the development of mental health problems among adolescents. Adolescents who experienced such negative parental behaviors reported higher levels of depression, anxiety, and emotional instability. However, the study also found that parental warmth and supportive parenting practices served as protective factors that reduced the likelihood of mental illness among adolescents⁹⁸.

Another study examined the influence of parenting practices on adolescents' mental health among secondary school students. The study revealed that ineffective parenting behaviors such as inconsistent discipline, lack of parental monitoring, and punitive parenting were significantly associated with psychological distress among adolescents. The findings further showed that adolescents who perceived high parental acceptance and emotional support demonstrated better mental health outcomes. The study concluded that positive parental involvement and effective communication between parents and children play important roles in promoting adolescents' psychological well-being⁹⁹.

A study investigated the relationship between negative parenting styles and psychological crises among adolescents. The study involved a large sample of adolescents aged between 13 and 17 years. The results showed that rejecting and over-controlling parenting styles were significantly associated with higher levels of mental health problems such as anxiety, depression, and emotional instability. The study also discovered that adolescents' self-esteem partially mediated the relationship between parenting style and mental health outcomes, indicating that negative parental influence can reduce adolescents' confidence and increase vulnerability to psychological distress¹⁰⁰.

Research examined the association between parental mental illness and the development of psychological disorders among children and adolescents. The findings revealed that children whose parents suffered from mental health disorders were more likely to develop mental health problems themselves. The study suggested that both genetic predispositions and environmental influences contribute to this inter-generational transmission



of mental illness. Furthermore, it emphasized that growing up in a family environment affected by parental mental illness can expose children to emotional stress and unstable care giving conditions, which may increase the risk of developing psychological disorders¹⁰¹.

Another study explored the association between parenting styles and mental disorders among pre-university students. The findings indicated that authoritarian and neglectful parenting styles were significantly associated with higher levels of depression, anxiety, and emotional difficulties among students. In contrast, authoritative parenting, which is characterized by warmth, responsiveness, and appropriate supervision, was associated with better psychological well-being. The study concluded that parenting approaches that combine discipline with emotional support are important for promoting adolescents' mental health¹⁰².

Research investigated the impact of parental psychological distress on adolescents' mental health. The study found that parents who experienced high levels of stress, anxiety, or depression often transmitted these emotional difficulties to their children through family interactions and emotional climate within the household. Adolescents living in such environments reported increased levels of emotional problems and psychological distress. The study emphasized that parents' emotional well-being plays a crucial role in shaping the psychological health of their children¹⁰³.

A meta-analysis examined the association between parenting styles and adolescents' mental health outcomes. The findings revealed that authoritarian and neglectful parenting were strongly associated with higher levels of psychological problems among adolescents. On the other hand, authoritative parenting was consistently linked with better mental health outcomes, including lower levels of anxiety, depression, and behavioral problems. The study concluded that parenting style is a significant predictor of adolescents' psychological adjustment¹⁰⁴.

Another study examined the influence of family environment and parental stress on adolescents' mental health during challenging social conditions. The study found that increased parental stress and family conflicts were associated with higher levels of anxiety and depressive symptoms among adolescents. The researchers explained that stressful family environments can negatively affect adolescents' emotional stability and coping abilities, thereby increasing their susceptibility to mental illness¹⁰⁵.

Research investigated the relationship between parental monitoring and adolescents' mental health outcomes. The results showed that low parental monitoring and limited parental involvement were significantly associated with higher levels of psychological distress among adolescents. Adolescents who reported low parental supervision were more likely to engage in risky behaviors and experience emotional problems. The study concluded that active parental involvement and supervision are essential for protecting adolescents from mental health problems¹⁰⁶.

Finally, a study examined the influence of family relationships and parental support on adolescents' psychological well-being. The findings indicated that adolescents who experienced supportive and nurturing relationships with their parents reported lower levels of depression and anxiety. Conversely, adolescents who experienced family conflict, parental rejection, or emotional neglect were more likely to develop mental health problems. The study concluded that positive parent-child relationships are critical for promoting emotional stability and mental health among adolescents¹⁰⁷.

Adolescents substance abuse and Mental illness

A comprehensive study examined the relationship between substance use and mental health outcomes among adolescents receiving mental health services. The study utilized a large sample of adolescents undergoing treatment for psychological disorders and investigated patterns of alcohol, cannabis, and prescription drug misuse among the participants. The findings revealed that adolescents who were diagnosed with mental health disorders such as depression, anxiety, and behavioral problems were significantly more likely to engage in substance use compared with their peers who did not report psychological distress. The study further indicated that adolescents often use substances as a coping mechanism to manage emotional pain, stress, and psychological challenges. However, such coping strategies tend to worsen mental health conditions over time, leading to

increased severity of depression, anxiety, and emotional instability. The study concluded that the coexistence of substance abuse and mental illness among adolescents presents a major challenge for mental health professionals and requires integrated intervention strategies that address both substance use behaviors and psychological disorders simultaneously¹⁰⁸.

Another study examined substance use patterns among adolescents admitted to a psychiatric inpatient facility. The study aimed to determine the prevalence of substance abuse among adolescents who were already receiving treatment for mental health disorders. The findings revealed that a significant proportion of adolescents admitted for psychiatric care reported prior use of substances such as alcohol, cannabis, and other illicit drugs. Adolescents who engaged in substance abuse exhibited more severe psychiatric symptoms including mood disturbances, aggression, impulsivity, and suicidal ideation. Furthermore, the study highlighted that substance use often complicates the treatment process for mental health conditions because it interferes with therapeutic interventions and medication effectiveness. The study emphasized the need for early identification of substance abuse among adolescents with mental health problems and recommended that mental health treatment programmes incorporate substance abuse prevention and rehabilitation components¹⁰⁹.

A systematic review and meta-analysis investigated substance use among young people in sub-Saharan Africa, focusing on the association between substance abuse and mental health challenges. The study synthesized findings from numerous empirical studies conducted across several African countries. The results showed that substance use among adolescents was highly prevalent and strongly associated with psychological conditions such as depression, anxiety, emotional distress, and behavioral disorders. Several contributing factors were identified including poverty, peer pressure, family instability, and exposure to stressful life circumstances, which often push adolescents toward substance use as a means of coping with emotional difficulties. The study further demonstrated that substance abuse increases the risk of developing long-term mental health disorders by affecting brain development, emotional regulation, and cognitive functioning during the critical developmental stage of adolescence¹¹⁰.

Research examined emerging patterns of substance use among adolescents and young adults and their implications for mental health outcomes. The findings revealed that adolescents who frequently consumed alcohol or used illicit drugs were significantly more likely to experience symptoms of depression, anxiety, and other emotional disturbances. Substance use was often associated with poor coping strategies and reduced psychological resilience among adolescents. Many adolescents who experienced emotional distress or traumatic life events resorted to substance use in an attempt to escape or temporarily relieve psychological pain. Unfortunately, the repeated use of substances often leads to dependency and exacerbates mental health problems. The study concluded that substance abuse among adolescents should be addressed as a serious public health concern because of its long-term psychological consequences¹¹¹.

A national survey on drug use and health examined the association between depressive symptoms and substance use among adolescents. The survey involved a large sample of adolescents across different demographic backgrounds and investigated the prevalence of alcohol and drug use among those experiencing major depressive episodes. The results indicated that adolescents with depressive symptoms were significantly more likely to engage in substance use compared with adolescents who did not report depression. Nearly three out of every ten adolescents experiencing depression reported using substances such as alcohol, marijuana, or prescription drugs. Adolescents experiencing emotional distress may turn to substances as a form of self-medication, but this behaviour often intensifies psychological problems and may lead to more severe mental health disorders if not addressed through early intervention and support systems¹¹².

A systematic review focused on the prevalence of substance use disorders and mental health problems among adolescents experiencing homelessness. The study reviewed multiple research findings from different regions and revealed that homeless adolescents are particularly vulnerable to both substance abuse and mental health disorders. Many adolescents experiencing homelessness reported frequent use of substances such as alcohol, cannabis, and other drugs as a coping strategy to deal with stress, trauma, and harsh living conditions. Substance abuse often worsens existing psychological problems and increases the risk of developing additional mental health conditions such as depression, anxiety, and behavioral disorders. The study emphasized that the

interaction between social vulnerability, substance abuse, and mental illness creates a complex cycle that significantly affects the psychological well-being of adolescents¹¹³.

Another study examined the global burden of mental and substance use disorders among adolescents and young adults across different countries and cultural contexts. Substance use disorders frequently occur alongside other mental health conditions, particularly depression, anxiety disorders, and behavioral problems. Early exposure to substances during adolescence can disrupt normal brain development and increase vulnerability to mental health disorders later in life. Furthermore, adolescents who engage in substance abuse are more likely to experience academic difficulties, social problems, and impaired emotional regulation. The study concluded that preventing substance abuse among adolescents is essential for improving mental health outcomes and reducing the long-term burden of psychiatric disorders¹¹⁴.

A systematic review focused on substance abuse among adolescents in Nigeria and its psychological implications. The findings revealed that the misuse of substances such as alcohol, tobacco, cannabis, and prescription medications was becoming increasingly common among Nigerian adolescents. Adolescents who engaged in substance abuse often reported symptoms of depression, anxiety, emotional instability, and behavioral problems. In addition, substance abuse negatively affects adolescents' academic performance, social relationships, and overall psychological well-being. The study concluded that substance abuse among adolescents in Nigeria represents a serious social and mental health challenge that requires coordinated intervention from parents, schools, and health professionals¹¹⁵.

Research investigated adolescent substance abuse and its relationship with psychological and behavioral outcomes. The findings indicated that adolescents who frequently used substances were more likely to exhibit aggressive behaviors, emotional instability, and poor impulse control. Substance abuse among adolescents was associated with increased levels of psychological distress, including symptoms of depression and anxiety. Prolonged substance use can affect the functioning of the brain and impair adolescents' ability to regulate emotions effectively. Consequently, adolescents who abuse substances may become more vulnerable to developing long-term mental health disorders if appropriate interventions are not implemented¹¹⁶.

Appraisal of Literature

The literature on parental influence, adolescent substance abuse, and mental illness reveals a complex and interrelated network of factors that significantly shape adolescent psychological development. Research consistently indicates that parental behaviors, including the level of supervision, communication patterns, and emotional support, play a crucial role in determining adolescents' vulnerability to both substance use and mental health challenges. Parental influence extends beyond direct guidance; it also encompasses modeling of attitudes, values, and coping strategies. Adolescents who experience consistent parental warmth, responsiveness, and constructive communication are generally more resilient, demonstrating lower levels of emotional distress, anxiety, and depressive symptoms. Conversely, neglectful, authoritarian, or inconsistent parenting practices have been strongly associated with heightened susceptibility to psychological difficulties, including hopelessness, low motivation, and anxiety, as well as maladaptive coping mechanisms such as substance use.

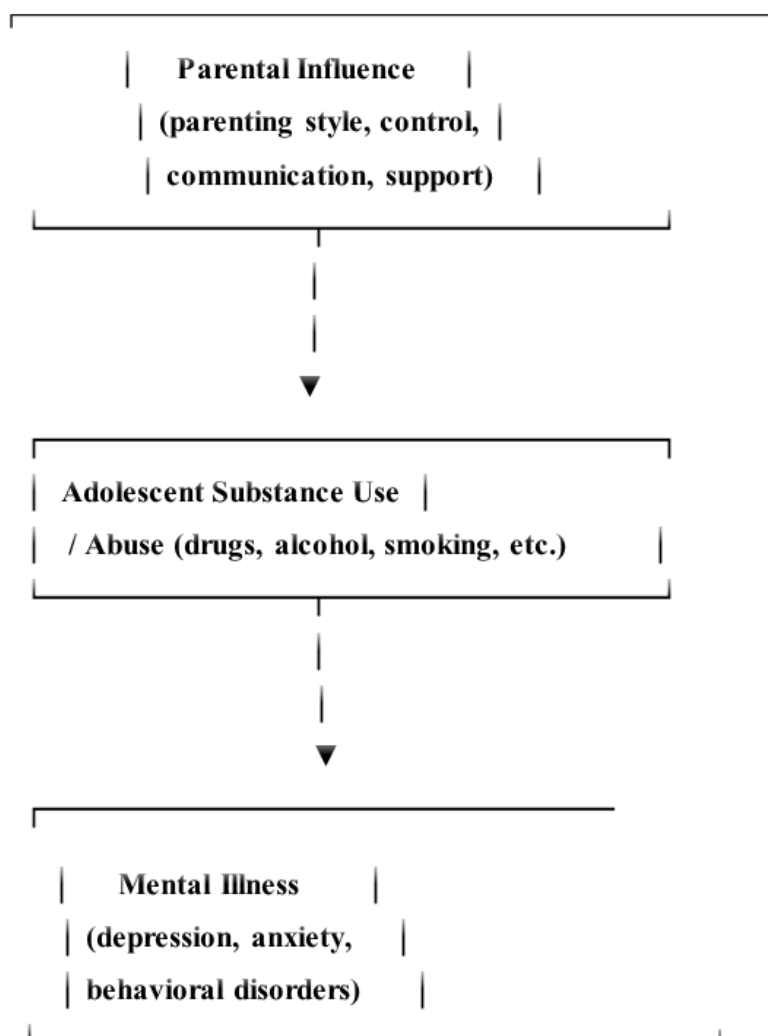
Substance abuse among adolescents is frequently conceptualized as both a coping strategy and a symptom of underlying psychological distress. Empirical studies have shown that adolescents exposed to negative parental behaviors, family conflict, or limited supervision are more likely to engage in the use of alcohol, tobacco, and other illicit substances. Substance use is often employed as a means of self-medication to alleviate emotional pain, manage stress, or escape from challenging environmental circumstances. However, the literature emphasizes that this strategy is largely maladaptive, as substance abuse can exacerbate existing mental health problems, including depression, anxiety, emotional instability, and impaired impulse control. Repeated engagement in substance use during adolescence also disrupts normal brain development and cognitive functioning, further entrenching psychological vulnerabilities.

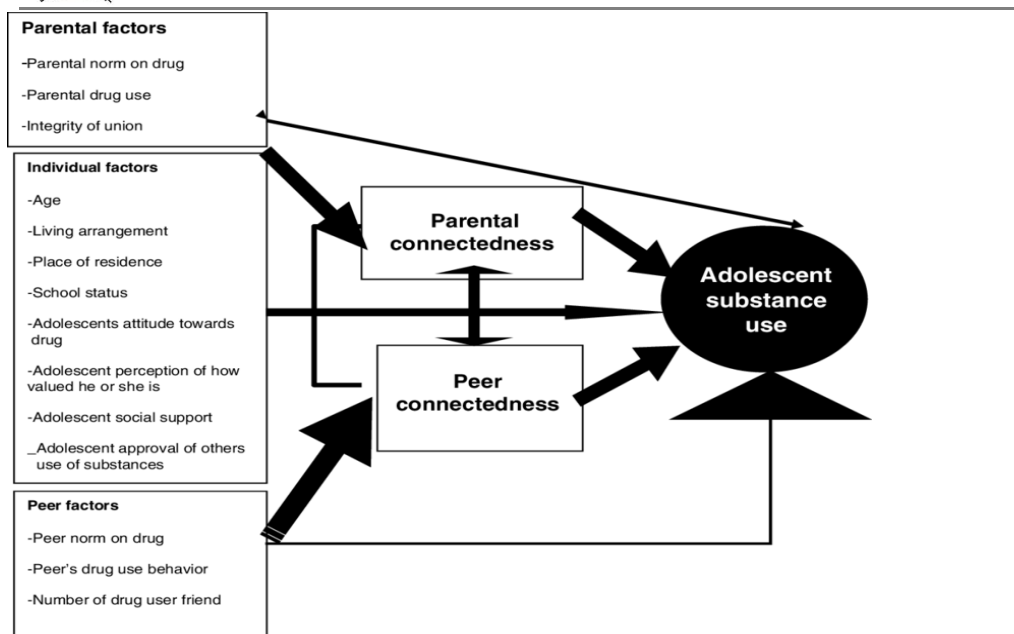
The interconnection between parental influence, substance abuse, and mental illness underscores the importance of considering these factors holistically. Adolescents who receive positive parental guidance and supervision are

less likely to initiate substance use and are more likely to develop adaptive coping mechanisms that support emotional regulation and resilience. In contrast, negative parenting environments can create a cascade of risk, where maladaptive behaviors and psychological difficulties reinforce one another. For instance, insufficient parental monitoring or emotional neglect may increase exposure to substance-using peers, which, in turn, heightens the risk of developing mental health disorders. This dynamic illustrates that parental influence not only directly affects adolescent mental health but also indirectly shapes vulnerability through behavioral pathways such as substance use.

Conceptual Framework

Conceptual framework diagram showing the relationships between parental influence, adolescent substance abuse, and mental illness.





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METHODOLOGY

This chapter presents the methodology adopted for the study. It describes the procedures that will be used in conducting the research in a systematic and organized manner. Specifically, the chapter discusses the research design, population of the study, sample and sampling techniques, research instruments, procedure for data collection, and the methods of analyzing the data from the respondents. These methodological procedures will ensure that the objectives of the study were achieved and that reliable and valid data were obtained from the participants.

Research Design

This study will adopt the descriptive survey research design of correlational type. The descriptive survey design is considered appropriate for studies that seek to obtain information from a group of people regarding their opinions, attitudes, behaviors, or characteristics without manipulating any of the variables involved in the study. The correlational aspect of the design focuses on examining the degree of relationship that will exist among the variables under investigation. The choice of this research design goes along the nature and objectives of the study. In this study, the researcher will not manipulate or control any of the independent variables but rather sought to examine how these variables relate to one another as they naturally occur among the respondents. This

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design therefore will allow the researcher to collect data from a relatively large number of respondents within a short period of time and to analyze the relationships among the variables of interest. Furthermore, the correlational survey design will enable the researcher to determine both the direction and magnitude of the relationships among the variables being studied. It will help to establish whether the relationship between variables is positive or negative and also shows the strength of such relationships. Consequently, the researcher considers the design suitable for investigating the relationships among mental illness, parental influence, and adolescents' substance abuse among in-school adolescents in communities in Oyo State.

Population of the Study

The population of a study refers to the entire group of individuals who possess the characteristics that are of interest to the researcher. In this study, the target population consisted of all in-school adolescents residing in communities (Obgomosho zone, Ibadan zone and Oke-Ogun zone) in Oyo State, Nigeria. These adolescents are students who are currently enrolled in secondary schools and fall within the adolescent developmental stage. Adolescence is a critical developmental stage characterized by rapid physical, emotional, social, and psychological changes. During this period, adolescents are often exposed to various environmental influences, including family, peers, and societal factors that may affect their behaviour and mental wellbeing. In-school adolescents in Oyo State therefore constitute an appropriate population for examining issues relating to mental illness, parental influence, and substance abuse. Oyo State is one of the states in the South-West geopolitical zone of Nigeria and comprises several local government areas with numerous secondary schools. These schools accommodate a large number of adolescents from different socioeconomic and cultural backgrounds. The selection of in-school adolescents in communities within the state provided the researcher with access to a diverse population of respondents who could provide relevant information for the study.

Sample and Sampling Techniques

Proportional sampling:

The researcher will use proportional sampling method to select respondents from the three zones in the State. The researcher will select a local government by random sampling method from each of the zones. The same method will be used to select the school that will be used.

The sample for this study consisted of three hundred (300) in-school adolescents drawn from communities in Oyo State. A sample refers to a subset of the population that is selected to participate in a research study. The use of a sample allows the researcher to obtain data that are representative of the population without studying the entire population, which may be difficult due to time, financial, and logistical constraints. The respondents will be selected using the simple random sampling technique. This sampling technique will be appropriate because it gives every member of the population an equal and independent chance of being selected for participation in the study. By using this technique, the researcher minimized the possibility of bias in the selection process and ensured that the sample adequately represented the population. The sample included both male and female in-school adolescents who were currently enrolled in secondary schools within communities in Oyo State. The selection of participants from different schools and communities helped to ensure diversity in the responses and enhanced the generalizability of the findings. The choice of simple random sampling was also based on the assumption that the participants share relatively similar characteristics as adolescents within the same educational and community settings.

Research Instrument

The instrument used for data collection in this study was a structured questionnaire designed by the researcher. Questionnaires are widely used in survey research because they enable researchers to gather information from a large number of respondents in a relatively short period of time. They also allow respondents to provide their responses independently and honestly without external influence. The researcher will distribute the questionnaires among in-school adolescents in selected communities in Oyo State. The items in the questionnaire will be carefully constructed using simple and clear language in order to ensure that the

respondents can easily understand the questions and provide appropriate response. The use of simple language is particularly important because the respondents which are adolescents who might find complex or technical expressions difficult to interpret.

The questionnaire use for this study will divided into six sections. Section A contained demographic information relating to the personal characteristics of the respondents such as gender, age range, and religion. This section was included to obtain background information that could help in describing the respondents and understanding the distribution of the sample.

Section B elicited information on mental illness among adolescents. The items in this section were designed to assess the presence or extent of psychological and emotional conditions that may affect adolescents' mental health and wellbeing.

Mental Illness Scale for Adolescents (MISA)

The Mental Illness Scale was developed to assess dimensions of mental health challenges among in-school adolescents. The instrument focuses on three major domains: hopelessness, anxiety, and motivation, which are commonly identified as critical indicators of psychological distress among young people. The scale consists of 15 items, distributed across the three dimensions, and is designed to capture the cognitive, emotional, and behavioral tendencies that reflect adolescents' mental health status. The response format follows a four-point Likert scale: Strongly Agree (4), Agree (3), Disagree (2), and Strongly Disagree (1). This structure enables respondents to indicate the degree of their agreement with each statement, allowing for a nuanced understanding of their experiences and perceptions. The choice of a four-point scale eliminates the option of neutrality, thereby encouraging adolescents to take a position that best reflects their feelings. The questionnaire is particularly useful for identifying patterns of mental health concerns among adolescents in school settings. It can guide school counselors, psychologists, and educators in detecting early signs of emotional distress, which may otherwise go unnoticed. By addressing hopelessness, anxiety, and motivation, the tool captures both the negative and positive aspects of adolescents' psychological functioning. For instance, items measuring hopelessness assess feelings of despair and pessimism, while those focusing on motivation highlight goal orientation and perseverance¹¹⁷.

Two sample items from the scale include:

- "I often feel that my future is meaningless" (Hopelessness).
- "I feel motivated to achieve my academic and personal goals" (Motivation).

The instrument was subjected to reliability testing, producing a Cronbach's alpha coefficient of 0.82, indicating a high level of internal consistency across the items. This demonstrates that the scale is a reliable measure for evaluating mental illness dimensions among in-school adolescents. Overall, the Mental Illness Scale is a practical and research-based tool that can be applied in both educational and community contexts. It provides valuable insights for parents, teachers, policymakers, and researchers who are committed to promoting adolescent mental health and addressing issues related to hopelessness, anxiety, and low motivation¹¹⁸.

Section C focused on parental influence. The items in this section examined the roles played by parents in shaping the behaviour, attitudes, and lifestyle choices of adolescents, including the level of supervision, communication, and support provided by parents.

Parental Influence Scale

The Parental Influence Scale (PIS) was developed to measure how parental support, parental modeling, and communication patterns shape adolescents' behaviors and mental health outcomes. The scale was designed for in-school adolescents and specifically tailored for use in community and school-based research within Nigeria. The scale is particularly useful for understanding the role of parents in influencing adolescent decision-making, susceptibility to substance abuse, and vulnerability to mental illness. By exploring three critical dimensions of

parental influence, the tool provides a comprehensive perspective on family dynamics and their implications for adolescent well-being. The response format is based on a four-point Likert scale ranging from Strongly Agree (4) to Strongly Disagree (1). This format eliminates a neutral option, thereby encouraging adolescents to express a definite opinion¹²⁰.

Two sample items from the scale are:

1. My parents encourage me to do well in school.
2. I can easily talk to my parents about personal issues.

The preliminary pilot test of the scale yielded a Cronbach's alpha reliability coefficient of 0.84, indicating a high level of internal consistency across the three dimensions¹²¹.

Section D elicited information on adolescents' substance abuse. The items were designed to assess the extent to which adolescents engage in the use of substances such as alcohol, tobacco, and other drugs, as well as the factors that may influence such behaviour.

Adolescent Crafft Screening Test

The Adolescent CRAFT SCREENING TEST was developed Dr. John .R. Knight as a culturally sensitive tool to assess substance abuse patterns and related behavioral tendencies among in-school adolescents. It provides a structured way to evaluate how parental, peer, and personal factors influence substance use and risky behaviors in adolescents within community and school settings. The scale is particularly useful for teachers, counselors, school psychologists, and researchers in identifying adolescents who may be vulnerable to substance abuse. It also helps policymakers and community health workers in designing preventive and intervention programs targeted at reducing truancy, aggression, and risk-taking behaviors linked to substance use.

The response format follows a four-point Likert scale, ranging from Strongly Agree (4), Agree (3), Disagree (2), to Strongly Disagree (1). This response structure allows adolescents to express the degree to which they engage in or agree with certain behaviors and attitudes related to substance abuse¹²³.

Two examples of items from the scale include:

1. "I sometimes miss school because of my involvement with friends who use drugs."
2. "I often take risks without thinking about the consequences, especially when influenced by substances."

The instrument demonstrated a Cronbach's alpha coefficient of 0.87, indicating a high level of internal consistency across the three dimensions: Truancy, Aggression, and Risk-taking behaviors. This makes it a reliable tool for both research and practical interventions in schools and community settings¹²⁴.

Administration of the Research Instrument

In order to administer the research instrument effectively, the researcher will first obtain an introductory letter from Lead City University. This letter will serve as an official document introducing the researcher and explaining the purpose of the study to the authorities of the selected secondary schools. After obtaining the introductory letter, the researcher will visit the selected schools and present the letter to the school administrators to seek permission to conduct the study. Once the authority grant the permission, arrangements will be made for the administration of the questionnaires to the selected students.

The questionnaires will be administered to the respondents with the assistance of research assistants, which included colleagues and some teachers in the participating schools. Before the administration of the questionnaires, the researcher will provide clear explanations to the participants regarding the purpose of the study and how they will respond to the questionnaire items. The respondents will be also informed about the



importance of their participation in the study and how their responses will contribute to academic research and knowledge development. They were assured that the information provided would be treated with strict confidentiality and that their identities would not be disclosed at any stage of the study. The participants were further informed that the study was purely for academic purposes and that they were free to respond honestly to the questions without fear of any negative consequences.

Method of Data Analysis The data collected from the respondents will be analyzed using both descriptive and inferential statistical methods. Descriptive statistics such as frequency counts, mean, and standard deviation will be used to summarize and describe the characteristics of the respondents and their responses to the questionnaire items. These statistical tools helped to present the data in a clear and organized manner for easy interpretation. In addition to descriptive statistics, the researcher will employ inferential statistical techniques to examine the relationships among the variables in the study. Specifically, Pearson Product Moment Correlation (PPMC) will be used to determine the nature and strength of the relationships between the variables under investigation. The correlation analysis will help to identify whether significant relationships exist between mental illness, parental influence, and adolescents' substance abuse.

Furthermore, multiple regression analysis will determine the combined and relative contributions of the independent variables to the dependent variable. This method will enable the researcher to assess the extent to which mental illness and parental influence predict adolescents' substance abuse. All statistical analyses will be carried out at a 0.05 level of significance. This means that the results will be considered statistically significant if the probability value (p-value) is less than or equal to 0.05. The use of these statistical techniques provided appropriate answers to the research questions and helped in drawing meaningful conclusions from the data collected in the study.

END NOTES

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