



Bullying as a Correlate of Mental Well-Being among in-School Adolescents in Ikenne Local Government Area, Ogun State, Nigeria

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ABSTRACT

This study examined the relationship between bullying and the mental well-being of in-school adolescents in Ikenne LGA Ogun State, Nigeria. The study was guided by two research questions, and one hypothesis. The study employed a correlational research design. The population of the study comprised 4709 in-school adolescents in Ikenne LGA. A sample of 406 in-school adolescents was selected using a multistage sampling technique. Data were collected using adapted standardized instruments: titled Bullying-Mental Health Questionnaire (B-MHQ). The instrument's reliability was assessed using Cronbach's alpha, which was 0.867. Data were analyzed using descriptive statistics and Pearson Product-Moment Correlation coefficient at a 0.05 level of significance. The findings revealed the prevalence of bullying among students, with verbal bullying (Grand Mean = 2.96) being the most common, followed by physical bullying (Grand Mean = 2.91) and relational bullying (Grand Mean = 2.88). Mental well-being challenges were also prevalent, with loneliness (GM = 13.54) emerging as the most prominent issue, followed by insomnia (GM = 12.98), anxiety (GM = 12.84), and depression (GM = 11.90). The results further indicated that bullying had largely weak and non-significant relationships with mental well-being. However, physical bullying showed weak but significant positive relationships with loneliness ($r = .124, p < .05$) and insomnia ($r = .104, p < .05$), while other dimensions showed no significant associations. The study concluded that although bullying is prevalent among secondary school students, its relationship with mental well-being is complex and not uniformly significant across all dimensions. It is therefore recommended that schools implement comprehensive anti-bullying programs, strengthen counselling services, and promote supportive school environments to enhance students' psychological well-being.

Keywords: Mental Well-Being, Physical bullying, Social bullying, Verbal bullying, Adolescents

INTRODUCTION

In recent years, the mental well-being of adolescents has become a major public health concern globally, particularly among secondary school students who are increasingly exposed to a wide range of psychological, social, and environmental stressors. Reports of rising cases of depression, anxiety, emotional instability, suicidal ideation, behavioural misconduct, and school dropout have heightened the urgency of addressing adolescent mental health challenges. These concerns have drawn significant attention from educators, parents, counsellors, and mental health professionals, as adolescence represents a formative stage of life during which experiences can have lasting implications on an individual's development and future functioning.

Adolescence, as defined by the World Health Organization (WHO), encompasses individuals between the ages of 10 and 19 years and represents a critical transitional period between childhood and adulthood. This stage is characterized by rapid biological changes, cognitive development, emotional maturation, and the formation of identity. Adolescents are often confronted with the need to navigate complex social relationships, academic expectations, and evolving personal values. These demands, combined with the pressure to conform to societal norms and peer expectations, may create internal conflicts and psychological strain. Consequently, adolescents are particularly vulnerable to emotional disturbances, behavioural challenges, and mental health problems.

Globally, it is estimated that between 10% and 20% of children and adolescents experience mental health disorders, with nearly half of all mental illnesses beginning before the age of 14 (Cilar et al., 2020; Lai et al., 2008; WHO, 2020). More recent data indicate that approximately one in seven adolescents lives with a mental disorder, while suicide remains one of the leading causes of death among young people aged 15–29 years (WHO, 2025). These statistics underscore the magnitude of the problem and highlight the need for early identification of risk factors associated with poor mental well-being.

In the Nigerian context, adolescent mental health has not received commensurate attention despite its significance for national development. Adolescents represent a substantial proportion of the population and are regarded as the foundation for future socio-economic progress. However, studies have shown that between 15% and 21% of adolescents in Nigeria experience depressive symptoms, with a meta-analysis estimating a prevalence rate of approximately 17% among secondary school students (Onifade et al., 2025). Poor mental well-being during adolescence has been linked to a wide range of adverse outcomes, including impaired academic performance, poor interpersonal relationships, substance abuse, and increased risk of self-harm and suicide.

Mental well-being in adolescence extends beyond the mere absence of mental illness; it encompasses emotional stability, effective coping strategies, positive self-concept, resilience, and the ability to function productively within social and academic environments. When adolescents experience poor mental well-being, they may exhibit symptoms such as persistent sadness, anxiety, irritability, social withdrawal, low self-esteem, and difficulty concentrating. These symptoms can interfere significantly with their daily functioning and overall development. Furthermore, poor mental well-being may weaken adolescents' capacity to regulate emotions, solve problems effectively, and adapt to life challenges (Sisto et al., 2019). It is also associated with both internalizing problems, such as depression and anxiety, and externalizing behaviours, including aggression and antisocial conduct (Cilar et al., 2020; Vaingankar et al., 2022).

The determinants of adolescent mental well-being are multifaceted and interrelated. Factors such as peer relationships, family environment, socio-economic conditions, and school climate all play crucial roles in shaping adolescents' psychological outcomes (Onyejiaku & Onyejiaku, 2011; Vaingankar et al., 2022). This study examined if bullying is one of the factors that determine the mental wellbeing of adolescents.

Bullying is widely recognized as a form of aggressive behaviour that is intentional, repetitive, and involves a power imbalance between the perpetrator and the victim (Hannan & Wahyuningsih, 2022). This imbalance may be physical, psychological, or social, and it places the victim in a position of vulnerability. Bullying can occur in various forms, including physical, verbal, and relational (social) bullying. Physical bullying involves acts such as hitting, kicking, pushing, or damaging personal belongings, often resulting in both physical harm and psychological trauma. Verbal bullying includes name-calling, insults, threats, and humiliation, which can significantly undermine an individual's self-esteem and emotional stability. Relational or social bullying, though less visible, is equally harmful and involves behaviours such as exclusion, spreading rumours, and manipulation of social relationships, leading to feelings of isolation and rejection (Hidayati et al., 2021; Suciartini & Sumartini, 2019).

The impact of bullying on adolescents' behaviour is profound and far-reaching. Victims of bullying often experience a range of psychological difficulties, including anxiety, depression, loneliness, low self-esteem, and emotional distress. In many cases, these effects extend beyond immediate experiences and may have long-term consequences on the individual's mental health and social functioning. Research has shown that bullying victimization is associated with sleep disturbances, poor academic engagement, and difficulties in forming and maintaining healthy relationships (Garmy et al., 2019). In more severe cases, victims may develop symptoms of post-traumatic stress disorder (PTSD), exhibit psychotic-like experiences, and report somatic complaints such as headaches, stomachaches, and chronic pain (Han et al., 2025; Zhao et al., 2023).

General strain theory focused on the link between emotional and psychological stressors and bullying. The theory explained that adolescents who are victims of bullying – whether in person or online – often experience strains such as rejection, humiliation, and social isolation (Agnew, 1992). These accumulated strains can generate



negative emotions such as anger, frustration, anxiety, and hopelessness, which compromise resilience and coping resources (Yudes-Gómez et al., 2018; Boer et al., 2021). When adolescents lack effective coping strategies, the strain increases their risk of poor mental well-being, manifesting in depressive symptoms, anxiety, and, in extreme cases, suicidal ideation.

Beyond its direct effects, bullying may also undermine adolescents' resilience and coping mechanisms, making them more susceptible to stress and less able to manage life challenges effectively. This increased vulnerability may heighten the risk of self-harm, suicidal ideation, and other maladaptive behaviours. Additionally, some adolescents who experience bullying may, in turn, engage in aggressive behaviour, thereby perpetuating a cycle of violence within the school environment (Modeck et al., 2014). This cyclical nature of bullying not only affects individuals but also disrupts the overall school climate and learning environment.

Several scholars have conducted research related to bullying and mental well-being, both globally and locally, among adolescents. Afolabi and Animashaun (2024), in their study conducted in Ibadan, Nigeria, found that bullying had both short-term and long-term adverse effects on adolescents' psychological well-being, including anxiety, fear, anger, loneliness, and school avoidance. Similarly, Asibong et al. (2021) reported high prevalence rates of bullying among secondary school students in Calabar, with a substantial proportion of students either directly involved or exposed to bullying. The study further established a strong association between bullying and mental health symptoms. In addition, Adebayo et al. (2023) examined the prevalence and correlates of bullying among secondary school students in South-West Nigeria and found that bullying was not only widespread but also significantly associated with psychosocial problems, particularly difficulties in peer relationships. The study emphasized that bullying remains a critical issue that requires urgent intervention due to its negative implications for students' mental well-being and academic outcomes. However, despite the strong body of evidence linking bullying to poor mental health outcomes, some studies have reported mixed or inconsistent findings. For instance, Ighaede-Edwards et al. (2023) found high rates of bullying among adolescents but reported that certain psychological and demographic variables did not significantly predict mental health outcomes in all cases. Similarly, Arhin et al. (2019), in a study conducted in Ghana, observed that while bullying victimization was associated with psychological distress, the strength of the relationship varied, suggesting the presence of moderating or intervening factors. These inconsistencies highlight the need for further empirical investigation, particularly within specific local contexts, to better understand the nature and extent of the relationship between bullying and mental well-being. Given the high prevalence of bullying in Nigerian secondary schools and the growing concerns about adolescent mental health, it becomes imperative to examine how bullying functions as a correlate of mental well-being among students.

Therefore, this study focuses on investigating bullying as a correlate of mental well-being of in-school adolescents in Ikenne Local Government Area (LGA) of Ogun State, Nigeria. By providing context-specific evidence, the study aims to contribute to the existing body of knowledge and inform the development of targeted interventions and policies aimed at promoting adolescent mental health and creating safer school environments.

Research Questions

This study is guided by the following research questions:

1. What is the prevalence of bullying behaviour of in-school adolescents in Ikenne LGA?
2. What is the prevalence of mental well-being of in-school adolescents in Ikenne LGA?

Hypothesis

1. There is no significant relationship between bullying and the mental well-being of in-school adolescents in Ikenne LGA.

METHOD

A correlational research design was employed to examine the relationships between the variables under study without manipulating them, focusing on how changes in one variable is associated with changes in another. The study was carried out in Ikenne Local Government Area of Ogun State, Nigeria. The population comprised 4709 in-school adolescents in 6 secondary schools. Sample size of 369 was determined by Taro Yamane formula and ten percent of the sample size was added for possible attrition, which resulted to 406. A multistage sampling procedure was adopted in the study. At the first stage, the schools were stratified into two categories: public and private senior secondary schools. At the second stage, a purposive sampling technique was used to select three (3) public and three (3) private senior secondary schools with the largest student enrolment in each category. At the third stage, proportionate random sampling method was employed to determine the number of respondents. This ensured that schools with larger populations contributed more respondents than those with smaller populations. This study obtained ethical approval from Babcock University Health Research Committee (BUHREC). The instruments for data collection was a 3-in-1 questionnaire. The questionnaire is titled “Bullying, and Mental Health Questionnaire (B-MHQ)”, which is a combination of a self-structured and two adapted standardized instruments. In the adapted standardized instruments, relevant items were selected and modified to ensure clarity, cultural relevance, and suitability for Nigerian in-school Adolescents, while preserving the original intent of the items. The adapted instruments were subsequently subjected to validity and reliability testing to confirm its appropriateness for the study population. The instrument is sectioned as A, B, and C. Section A is self-structured and was designed to collect demographic information of the respondents, such as age, gender, class, type of school (public or private). Section B measured students’ experiences with bullying and victimization. The items are adapted from the Revised Olweus Bullying/Victim Questionnaire (Olweus, 1996). Twelve (12) items were selected and modified to suit the Nigerian school context, covering physical, relational (social) and verbal forms. Examples of items are:

I have been called mean or hurtful names by other students

I have been hit, kicked, or pushed by other students

I have been deliberately left out of group activities by others

Respondents were required to indicate how often each experience applies to them using a five-point Likert scale ranging from 1 = Never to 5 = Very Often.

Section C assessed students’ overall mental health across four domains: depression, anxiety, loneliness, insomnia. The items were adapted from standardized scales including the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995), UCLA Loneliness Scale (Russell, 1996), Athens Insomnia Scale (Soldatos et al., 2000). The adapted version, titled the Comprehensive Mental Health Assessment Questionnaire (CMHAQ), contained sixteen (16) items. The reliability of each of the instrument sections was ascertained through a pilot study with overall Cronbach Alpha coefficient of 0.867. The data collected were analyzed using descriptive and correlational statistics. Descriptive statistics was used for the to answer the research questions while Pearson Product-Moment Correlation Coefficient (PPMC) was used to test the hypothesis at 0.05 level of significance.

RESULT

Research Question one: What is the prevalence of bullying behaviour among secondary school students in Ikenne LGA?

Table 1: Descriptive Statistics for the Prevalence of Bullying Behaviour

S/N	Item	Mean	Std. Dev.
	Verbal Bullying		
1	I have been called hurtful names by other students	3.0026	1.39847
2	Other students have teased or mocked me	3.1221	1.09599
3	I have been threatened verbally by a classmate	2.6364	1.44436
4	Rumors have been spread about me	3.0883	1.42247

	Grand Mean	2.96235	
	Physical Bullying		
5	I have been hit, pushed, or kicked by other students	2.8597	1.35249
6	My belongings have been taken or damaged on purpose	2.3273	1.32756
7	I have been physically hurt by someone at school	2.8416	1.33594
8	I have experienced bullying on school premises	3.6104	1.25578
	Grand Mean	2.90975	
	Relational (Social) Bullying		
9	I have been deliberately excluded from group activities	3.0286	1.27137
10	My friends have ignored me because of what others said	3.2857	1.26920
11	I have been embarrassed on social media or in class	2.4831	1.33477
12	Other students have tried to turn my friends against me	2.7377	1.35064
	Grand Mean	2.883775	

The results in Table 1 present the prevalence of bullying behavior among in-school adolescents in Ikenne LGA across verbal, physical, and relational (social) forms. The result indicate that all three forms of bullying are present among the respondents, with slight differences in their levels. Verbal bullying has the highest grand mean of 2.96235, showing that it is the most reported form of bullying among students. Physical bullying follows with a grand mean of 2.90975, indicating that acts such as hitting, pushing, or damaging belongings are also experienced by students, though at a slightly lower level than verbal bullying. Relational (social) bullying has the lowest grand mean of 2.883775, suggesting that behaviours like exclusion, spreading influence within friendships, and social embarrassment are also present, but less reported compared to the other forms.

Overall, the grand mean values (2.96235, 2.90975, and 2.883775) are very close, indicating that the three forms of bullying occur at similar levels, with verbal bullying ranking highest, followed by physical bullying, and then relational bullying.

Research Question Two: What is the prevalence of mental well-being among secondary school students in Ikenne LGA?

Table 2: Descriptive Statistics for Status of Mental Well-Being

Item	Domain	Mean	SD
	Depression		
1	I often feel sad or down for no clear reason	2.73	1.36
2	I have lost interest in activities I used to enjoy	2.84	1.39
3	I find it hard to feel hopeful about the future	3.14	1.44
4	I feel tired or have little energy most of the time	3.19	1.42
	Grand Mean	11.9	5.61
	Anxiety		
5	I feel nervous or tense in most situations	3.06	1.44
6	I often worry about things that might go wrong	3.31	1.39
7	I find it difficult to relax even when I try	3.16	1.42
8	My mind is filled with fearful or uneasy thoughts	3.31	1.38
	Grand Mean	12.84	5.63
	Loneliness		
9	I feel isolated from people around me	3.09	1.45
10	I have no one to talk to when I feel down	3.34	1.38
11	I often feel left out by others	3.43	1.36
12	I feel lonely even when I am with other people	3.68	1.29
	Grand Mean	13.54	5.48

	Insomnia		
13	I have trouble falling asleep at night	3.26	1.33
14	I wake up during the night and find it hard to go back to sleep	3.55	1.30
15	I often feel tired because I did not sleep well	3.28	1.35
16	My sleep problems affect my mood or performance during the day	2.89	1.42
	Grand Mean	12.98	5.4

The results in Table 2 present the prevalence of mental well-being among in-school adolescents in Ikenne LGA across the four domains. Loneliness has the highest grand mean of 13.54 (SD = 5.48), indicating that it is the most prominent issue among the respondents. Insomnia follows with a grand mean of 12.98 (SD = 5.40), showing that sleep-related difficulties are also widely experienced. Anxiety records a grand mean of 12.84 (SD = 5.63), which is very close to insomnia, indicating a similar level of occurrence. Depression has the lowest grand mean of 11.90 (SD = 5.61), though it remains close to the other domains. Overall, the grand mean values (11.90, 12.84, 13.54, and 12.98) are close to one another, indicating that mental well-being challenges are prevalent among in-school adolescents in Ikenne LGA, with loneliness being the most prominent issue, followed by insomnia, anxiety, and depression.

Hypothesis one: There is no significant relationship between bullying and the mental well-being of in-school adolescents in Ikenne Local Government Area.

Table 3: Correlation Matrix for Bullying and Mental Well-Being

Variables	DEP	ANX	LON	INS	VB	PB	RSB
Depression (DEP)	1	-.003	-.030	.179**	-.057	.075	-.099
Anxiety (ANX)		1	.308**	.122*	.014	-.066	-.042
Loneliness (LON)			1	.008	.011	.124*	.050
Insomnia (INS)				1	.029	.104*	.076
Verbal Bullying (VB)					1	.007	.021
Physical Bullying (PB)						1	.378**
Relational/Social Bullying (RSB)							1

Note: *p < 0.05, **p < 0.01; N = 385

Table 3 presents the correlation matrix for the relationship between bullying (verbal, physical, and relational/social) and the dimensions of mental well-being among the students. The results indicate that verbal bullying has weak and non-significant relationships with all dimensions of mental well-being, including depression (r = -.057, p > .05), anxiety (r = .014, p > .05), loneliness (r = .011, p > .05), and insomnia (r = .029, p > .05).

Physical bullying shows weak but statistically significant positive relationships with loneliness (r = .124, p < .05) and insomnia (r = .104, p < .05), indicating that students who experience higher levels of physical bullying are more likely to report loneliness and sleep disturbances. Other relationships with depression, and anxiety, are not statistically significant. Relational/social bullying also shows weak and non-significant relationships with the dimensions of mental well-being, including depression (r = -.099, p > .05), anxiety (r = -.042, p > .05), loneliness (r = .050, p > .05), and insomnia (r = .076, p > .05).

Thus, the findings show that bullying has limited significant relationships with mental well-being. Only physical bullying demonstrates significant associations with loneliness and insomnia. Based on these results, the null hypothesis stating that there is no significant relationship between bullying and mental well-being is largely retained, except in the areas of loneliness and insomnia where physical bullying shows significant relationships.

DISCUSSION OF FINDINGS



The findings from question one indicate that bullying behaviour is prevalent among secondary school students in Ikenne LGA, with many students experiencing different forms of victimization within the school environment. Verbal bullying, including name-calling, teasing, and rumor spreading, appears to be the most dominant form. Physical bullying, such as being pushed, hit, or having personal belongings tampered with, is also commonly reported, while relational bullying, including social exclusion and peer rejection, is present but comparatively less pronounced. Hence, the pattern suggests that bullying is widespread and multifaceted, with verbal bullying emerging as the most prominent, followed by physical and then relational forms.

These findings are largely consistent with empirical studies conducted in Nigeria, although some variations exist. For instance, Adebayo et al. (2022) reported that a substantial proportion of adolescents in Osogbo experienced bullying, with verbal bullying being the most frequently reported form. This aligns closely with the present findings, reinforcing the idea that verbal bullying tends to be more common among students. This similarity may be due to the ease with which verbal bullying occurs in school settings, as it requires minimal physical effort and is often normalized within peer interactions, making it more pervasive and less likely to attract disciplinary action. Similarly, Raji et al. (2021), in a study conducted in Sokoto, found that bullying perpetration was highly prevalent among adolescents, with verbal bullying slightly more common than physical bullying. This further supports the present findings and highlights the widespread and multifaceted nature of bullying across different regions in Nigeria. The consistency across these studies may be attributed to shared contextual factors such as peer group dynamics, school climate, and limited supervision of subtle aggressive behaviours.

However, some studies diverge from the pattern observed in the present study. For example, Ighaede-Edwards et al. (2023), in a study conducted in Edo State, found that physical bullying was the most prevalent form, with behaviours such as being pushed, kicked, or having belongings taken occurring more frequently than verbal or relational bullying. This contrasts with the present findings, where verbal bullying is more dominant. Such differences may be explained by variations in school environments, disciplinary structures, and socio-cultural norms across regions. In some contexts, physical aggression may be more visible or more frequently reported, while in others, verbal bullying may be more common but less strictly regulated. Additionally, differences in research design, measurement tools, and sample characteristics may also contribute to these variations. Overall, while the present findings align with many Nigerian studies in demonstrating that bullying is widespread and involves multiple forms, the differences in the dominant type of bullying across studies highlight the influence of contextual and environmental factors on students' experiences.

The findings from question two indicate that mental well-being challenges are prevalent among secondary school students in Ikenne LGA. The results show that students experience a range of psychological difficulties in their daily lives, including depressive symptoms, anxiety, loneliness, and sleep-related problems, suggesting that mental health concerns are a significant issue within this population. Loneliness appears to be the most prominent challenge, as many students reported feelings of isolation, exclusion, and lack of meaningful social support, even when surrounded by others. This supports the findings of Cilar et al. (2020) and Vangankar et al. (2022), who also observed that adolescents often struggle with social disconnection despite being in interactive environments such as schools. However, the present finding suggests a stronger expression of loneliness, which may be linked to reduced quality of peer relationships and increased dependence on virtual interactions that do not adequately meet emotional needs.

Sleep-related problems are also prevalent among the students, with many experiencing difficulties initiating and maintaining sleep, as well as the effects of poor sleep on daily functioning. This is consistent with Asibong et al. (2021), who found that adolescents commonly experience disrupted sleep patterns, often associated with academic demands and lifestyle behaviours such as excessive screen time. The similarity in findings may reflect shared developmental and environmental pressures faced by secondary school students. Anxiety-related experiences are equally prevalent, with students frequently reporting worry, tension, and difficulty relaxing. This aligns with Vangankar et al. (2022), who reported that anxiety is common among adolescents due to academic stress and uncertainty about the future. However, this finding differs from Onifade et al. (2025), who reported lower levels of anxiety among students in their study. This difference may be attributed to variations in school environments, coping resources, and the level of psychological support available to students across different settings. Depressive symptoms are also prevalent, although they appear less pronounced compared to loneliness,



anxiety, and insomnia. Students reported loss of interest in activities and difficulty feeling hopeful about the future. This finding agrees with Afolabi and Animashaun (2024), who found that depressive symptoms are present among adolescents but may not always be the most dominant form of psychological distress. This pattern may be influenced by cultural factors, where emotional difficulties are more likely to manifest as social withdrawal or persistent worry rather than clearly expressed depressive feelings.

In all, the findings show that mental well-being challenges are prevalent among in-school adolescents in Ikenne LGA, with loneliness being the most evident concern, followed by sleep problems, anxiety, and depression. The consistency with previous studies highlights the widespread nature of these issues, while the observed differences point to the role of contextual and environmental factors in shaping adolescents' mental health experiences

The findings from the hypothesis revealed that bullying, across its verbal, physical, and relational/social dimensions, is associated with predominantly weak and non-significant relationships with the indicators of mental well-being among the students. Specifically, verbal bullying shows weak and non-significant relationships with depression, anxiety, loneliness, and insomnia. Similarly, relational/social bullying shows weak and non-significant relationships with depression, anxiety, loneliness, and insomnia. These results support the null hypothesis, suggesting that bullying is not significantly associated with the dimensions of mental well-being in this study. However, physical bullying shows weak but statistically significant positive relationships with loneliness and insomnia. This indicates that higher reports of physical bullying tend to occur alongside increased feelings of loneliness and sleep-related difficulties among the students. The findings were evaluated in light of General Strain Theory, which suggest that exposure to bullying should be associated with poorer mental well-being. However, contrary to these expectations, verbal and relational/social bullying showed weak and non-significant relationships with depression, anxiety, insomnia, and loneliness. Physical bullying, on the other hand, demonstrated a weak but statistically significant positive relation with loneliness and insomnia, while its association with other dimensions was not significant. These results suggest that the impact of bullying may vary by type, with physical forms exerting more immediate or observable effects on certain aspects of psychological well-being, while verbal and relational forms may be moderated by contextual or individual factors.

These findings are consistent with several empirical studies in which non-significant associations were reported. For instance, Folayan et al. (2020) found weak relationships between bullying victimization and psychological variables such as self-esteem and resilience among Nigerian adolescents. Similarly, Adebayo et al. (2023) reported that although bullying was present, it was not significantly associated with several mental health indicators. In the same vein, Okeke et al. (2023) and Ighaede-Edwards et al. (2023) observed weak or non-significant associations between bullying and various aspects of adolescent mental well-being. These studies support the present findings that verbal and relational/social bullying are not significantly associated with depression, anxiety, loneliness, and insomnia.

However, the present findings differ from studies that reported significant associations. For example, Elhamid et al. (2020) observed significant associations between bullying victimization and psychological distress among adolescents. Similarly, Afolabi and Animashaun (2024) reported that bullying was significantly associated with depression and anxiety among secondary school students in Nigeria. Asibong et al. (2021) and Awhangansi et al. (2024) also reported significant associations between bullying and various aspects of mental well-being. These differences may be related to variations in study context, measurement approaches, sample characteristics, and the forms or intensity of bullying examined. The only significant associations observed in the present study were between physical bullying and loneliness and insomnia. This aligns with findings from Osei et al. (2019) and Zhao et al. (2023), who reported that certain aspects of mental well-being, such as social isolation and sleep difficulties, may show stronger associations with bullying experiences. Physical bullying, due to its direct and observable nature, may be more closely linked with these outcomes compared to other forms.

CONCLUSION



The findings provide important insights into both the prevalence of bullying and the mental health status of adolescents within the study area, as well as the nature of the relationship between these variables. Bullying - verbal, physical, and social/relational have been found to be common among the in-school adolescents. Among these, verbal bullying emerged as the most prevalent, followed closely by physical bullying, while social/relational bullying was slightly less frequent but still evident. This indicates that bullying is not only widespread but also multifaceted, affecting students in different ways within the school environment.

The study also established that mental well-being challenges are prevalent among the students. Specifically, loneliness was identified as the most prominent issue, followed by insomnia, anxiety, and depression. These findings suggest that a considerable proportion of students' experience psychological distress, which may negatively affect their academic performance, social interactions, and overall development.

However, the findings from the hypothesis testing showed that bullying, in general, has weak and largely non-significant relationships with the dimensions of mental well-being examined in this study. Verbal and relational bullying did not show significant associations with depression, anxiety, loneliness, or insomnia. Physical bullying, on the other hand, showed weak but statistically significant relationships with loneliness and insomnia. This suggests that while bullying is prevalent, its direct influence on mental well-being may not be as strong or uniform as often assumed, and its impact may vary depending on the form of bullying and specific psychological outcomes considered.

Overall, the study concludes that although bullying is a persistent issue among in-school adolescents, its relationship with mental well-being is complex and not entirely straightforward. The weak associations observed imply that other factors, such as individual coping mechanisms, social support systems, and environmental influences, may play significant roles in shaping adolescents' mental health outcomes. Therefore, addressing adolescent mental well-being requires a holistic approach that goes beyond focusing solely on bullying.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

Implementation of Comprehensive Anti-Bullying Programs: Schools should develop and implement structured anti-bullying programs that address all forms of bullying—verbal, physical, and social/relational. These programs should focus on prevention, early identification, and intervention, and should involve teachers, students, and school administrators.

Strengthening School Counselling Services: There is a need to strengthen counselling services in secondary schools by employing trained school counsellors and psychologists. These professionals should provide regular mental health support, counselling sessions, and interventions targeted at students experiencing bullying and psychological distress.

Promotion of Social and Emotional Learning (SEL): Schools should incorporate social and emotional learning into their curriculum to help students develop emotional regulation, empathy, conflict resolution skills, and healthy interpersonal relationships. This will enhance students' ability to cope with bullying experiences and reduce aggressive behaviours.

Parental Involvement and Awareness: Parents and guardians should be educated on the signs and effects of bullying and poor mental well-being. Schools can organize workshops and seminars to equip parents with the knowledge and skills needed to support their children emotionally and monitor behavioural changes.

Creation of Safe and Supportive School Environments: School authorities should foster an inclusive and supportive school climate where students feel safe to report bullying without fear of victimization. Anonymous reporting systems and clear disciplinary measures should be established to address bullying incidents promptly.



Regular Mental Health Screening: Schools should conduct periodic mental health assessments to identify students experiencing loneliness, anxiety, depression, or sleep-related problems. Early detection will enable timely intervention and reduce the risk of severe psychological outcomes.

Peer Support and Mentorship Programs: Establishing peer support groups and mentorship programs can help reduce feelings of loneliness and isolation among students. Positive peer relationships can serve as protective factors against both bullying and poor mental well-being.

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