

The psychosocial management of adolescent learners' depression in the Amuwo Odifin district

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DECLARATION

I Precious Chibuike Chukwuere solely declare that this whole study, *Psychosocial management of adolescent learners' depression in Amuwo Odofin*, is my original work and has not been submitted to this or any other higher institution of learning for the award of a degree. All sources cited in this work have been duly indicated and acknowledged by means of comprehensive references.

PC Chukwuere (29255805)

Date

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I use this medium to acknowledge the following persons for their huge roles toward the success of this study.

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DEDICATION

I dedicate this work solely to God Almighty, the governor among the nations, for giving me grace and strength to accomplish this study.

ABSTRACT

The study focused on the psychosocial management of adolescent learners' depression in Amuwo Odofin, Lagos state, Nigeria. In order to obtain in-depth understanding of the psychosocial management of adolescent learner's depression, a case study was carried out in two secondary schools where the researcher interviewed learners, teachers and parents. The main aim of the study was to explore the perceptions of adolescent learners on depression and the psychosocial management within secondary school settings. To achieve the objective of the study, a qualitative research approach and a case study research design was used. Data was collected from 24 purposefully selected participants from two schools, including parents through in-depth interview and observation. Data were analysed using Creswell's 8 steps of data analysis; concepts, categories and themes were generated from the participants' actual responses. The research findings were presented in a narrative form for better understanding as well as maintaining proper ethics. Findings revealed that participants view adolescent learners' depression as a state of hopelessness, helplessness, feeling of withdrawal, emotional state and others. Among the management approaches, counselling, maintaining good teacher and learner behaviour emerged at the forefront. Furthermore, the findings also revealed poor management of adolescent learners' depression among schools as the sites have neither counsellors nor counselling units. Recommendations regarding psychosocial management of adolescent learner's depression were made for enhancement of adolescent psychosocial wellbeing in order to curtail the rise in adolescent learner depression.

Key words: Psychosocial, management, adolescent, learners, depression.

KEY CONCEPTS

Psychosocial management, depression, adolescent

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ABBREVIATIONS

ACBT:	Adapted Cognitive Behavioural Therapy
APA:	American Psychiatric Association
CDC:	Centre for Disease Control
DMN:	Default Mode Network
DSM:	Diagnostic and Statistical Manual
NIMH:	National Institute of Mental Health
OFT:	Optimal Functioning Therapy
RNT:	Repetitive Negative Thinking
WHO:	World Health Organisation

APPENDIX

Appendix A: Interview guide.

Appendix B: Turn-it-in report.

Appendix C: Consent letter from school A.

Appendix D: Consent form signed by school B vice principal.

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Appendix F: Consent form from one of the parents.

Appendix G: Certificate of editing.

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Depression in the contemporary society is alarming and has become a global concern according to World Health Organisation (WHO, 2017:1). Most adolescents lack the mental capacity to cope with challenges of life thereby easily getting overwhelmed, leading to depression which is a mood disorder (a psychiatric condition). If such mood disorder is not properly managed, the consequences are low productivity among adolescent and poor performance in schools (Platt, *et al.* 2013:809-821). According to the Diagnostic and Statistical Manual of Mental Disorder (APA-5, 2013:155), depression is a state of loss of interest in pleasure or the person's usual activities characterized by recurrent symptoms of low mood that is present across most situations for more than two weeks such as feelings of worthlessness, helplessness, hopelessness, guilt, poor decision making, irritability, low self-esteem, feeling sad, poor remembrance, insomnia, loss of interest in pleasures, poor concentration or fatigue. Thapar *et al.* (2012:56-67) further assert that depression is defined as an illness with multiple symptoms. Pearce (1977:79-82) states that depression can be defined in three ways:

- (a) a normal emotional response to adversity.
- (b) mood swings that disrupt daily living activities giving rise to a disorder.
- (c) an illness characterized by a poor mood; extraordinary from usual with an obvious cause and disease pattern.

It has been ascertained currently that depression affects 350 million people annually (APA, 2013:155). Females are mostly affected, thus about twice as often as males. According to the National Institute of Mental Health (NIMH:7-10), depression is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks. WHO (2017:1) states that many people

with depression present with at least two weeks of depressed mood, loss of interest, low energy giving rise to intolerance of routine activities with a high tendency of demonstrating anxiety signs and symptoms. Gilbert (2017:314) states that common symptoms of depression include fatigue and loss of weight. Rappaport *et al.* (2017:269-279) reported that depression is characterised by a deficit in emotion regulation and interpersonal problems which present with negative effects over a period of time.

Depression further affects people in all communities across the world, constituting the global burden of diseases. It often starts at a young age, reducing people's functioning and often recurring. It is a leading cause of disabilities worldwide in terms of total years lost due to disability (WHO 2017:1). However, Webster (2016: np) stated that psychosocial comprises psychological and social aspects of human life. According to Jong (2011:12) psychosocial disorders are generally social, physical, and culturally bound instances of mental suffering.

Psychosocial in this context refers to social factors, people's thoughts and behaviours. According to Newell and Gournay (2009:95) psychosocial management is a comprehensive term which generally comprises all the psychological and social methods employed in taking care of all mental illness. Vogel (2012:114-117) suggested that adolescents should be offered psycho-education within the involvement of the schools and parents for the proper management and curtailing adolescent learner depression. The researcher investigated the psychosocial management and exploration of adolescent depression. The reasons for focusing on this selected age group are substantiated below.

WHO (2012:8-10) states that adolescence is that stage in human development that occurs after childhood and before adulthood from 10-19years. According to Bennik *et al.* (2013:1-11) this adolescent stage is usually associated with numerous incidents of depression. Bennik *et al.* (2013:7-11) also affirm that adolescent depression has a tendency to recur during adulthood. Bennett (2012:188-194) attributed adolescent early depressive risk factors to obnoxious life events, poor peer coping, inferiority complex, poor parenting, parental depression and psychological issues pertaining to puberty. Three quarters of adult mental cases have their history in the adolescent period as depression is not an exception (Barhafumwa *et al.* 2016:263-273, Lund *et al.*, (2009:1128-1130). According to Chinawa *et al.* (2015:46-51), it is estimated that depression affects up to 8.3% of older adolescents in the United States, also noting that in any single day, about 2% of school-aged children and about

8% of adolescents meet the criteria for depressive diagnosis while in primary setting, the rate of adolescent depression is as high as 28%.

Chinawa *et al.* (2015:46-51) further reported that adolescents suffer depression despite controversies surrounding adolescent depression, arguing that adolescent stage is a critical stage for developing depressive disorder. Recently, the World Health Assembly called on the World Health Organization and its member states to take action in curtailing adolescent depression (WHO, 2017:1). Also, anxiety can be among the symptoms of depression. Problems associated with depression can become chronic or recurrent, giving rise to psychological and emotional dysfunction to the extent that it could lead to self-care deficit. At worst, depression can lead to suicide (WHO, 2017:1). Therefore in this research, the researcher explored adolescents' and teachers perceptions of adolescents depression as well as psychosocial management within secondary school settings; and parents' perceptions and management of adolescent learners' depression among secondary school students in Amuwo Odofin Local Government Area. Importantly, the drive behind the research is based on the understanding that adolescent depression is widespread in the world, sub-Saharan Africa and Nigeria in particular and that there is an existing research gap in Amuwo Odofin secondary schools. The future of every progressive society solely depends on the younger (adolescents) generation, and this reason compels this study.

1.2 DEFINITION OF KEY CONCEPTS

Adolescent: WHO (2012:2-10) defines adolescence as that stage in human development that occurs after childhood and before adulthood from 10 – 19 years. According to Noller and Callan (2016:1) adolescence is that period between childhood and adulthood marking the commencement of puberty signs. DiClemente, *et al.* (2013:1) defines adolescence as a developmental period of fast physical, sociocultural, psychological and cognitive changes characterised by efforts to surmount and challenge and establish a sense of identity and autonomy. Therefore the researcher adopts these precursors to define adolescents as young people aged 14-19 years with distinct characteristics and with a marked high rate of physiological and psychosocial development and cognitive changes characterised by challenges of self-identity and shared autonomy.

Psychosocial Management: According to Newell and Gournay (2009:95), psychosocial management is a comprehensive term which generally comprises all the psychological and

social methods employed in taking care of all mental illnesses. Jong (2011:12) defines psychosocial management as holistic care given to an individual with the intention of correcting a physical, social, moral and cultural bound mental disorder. Kalra *et al.* (2013:376-380) affirms that psychosocial management is a type of management centered on restoring the best human psychological functions. In this study, psychosocial management refers to evidence-based management which is delivered within a mental illness context for the management of depression.

Depression: Thapar *et al* (2012:56-67) defines depression as a collective symptom with a defined illness. In APA (2013:155), depression is defined as a state of loss of interest in pleasure or the person's usual activities, characterized by recurrent symptoms of low mood present across most situations for more than 2-weeks and generally characterised by feelings of worthlessness, helplessness, hopelessness, guilt, poor decision-making, irritability, low self-esteem, feeling sad, poor remembrance, insomnia, loss of interest in pleasures, poor concentration or fatigue. Pearce (1977:79-82) states that depression can be defined in three ways:

- (a) a normal emotional response to adversity.
- (b) mood swings that disrupt daily living activities giving rise to a disorder.
- (c) an illness characterized by a poor mood; extraordinary from usual with an obvious cause and disease pattern.

For this study, depression is defined as a period characterized by feelings of hopelessness, sad mood, withdrawal, low self-esteem and worthlessness that last more than 2 weeks among learners in secondary schools in Amuwo Odofin, Nigeria.

1.3 PROBLEM STATEMENT

Depression is a global health burden regarded as the most internalising condition within adolescents. It is estimated that by year 2020, the second cause of disability could be depression (Tu a, *et al.* 2014:335-343). Adding to this, adolescent depression has detrimental effects on the general wellbeing of the adolescent, ranging from poor academic performance, rising prevalence of substance abuse, psychological instability, constituting major risk factors for suicide, and it is the second to third leading cause of death among adolescents (Thapar *et al.* 2012:56-67). Subsequently, adolescent depression increases the risk of recurrent

depression in an adult subsequent life due to lack of adequate management (Kim, *et al.* 2015). Furthermore, adolescent depression has numerous consequences on the adolescent ranging from prolonged psychiatric effects such as suicidal ideation and suicide, poor academic performance and increase in substance abuse (Platt *et al.* 2013:809-821). Importantly, there is a research gap in the area of adolescent depression and the psychosocial management for adolescent learners' depression in Amuwo Odofin, Nigeria because there is no overt published work in that area. Furthermore, the researcher, as a mental health nurse, is concerned about the affairs of adolescents and how they fare in the future, as the future of each society solely depends on adolescents. Such incidents of depression constitute a major challenge among adolescents and if not properly dealt with, it could continue jeopardising the future of the adolescents and the society.

1.4 SIGNIFICANCE OF THE STUDY

The outcome of the study could facilitate in-depth understanding of the perceptions of adolescent learners about depression, schools and parents, specifically the psychosocial management strategies used in curtailing adolescent depression among secondary school students in Amuwo Odofin, Lagos State, Nigeria. The study also has the potential to contribute significantly to the existing nursing body of knowledge on adolescent depression.

1.5 RESEARCH QUESTIONS

Main research question

What are the perceptions and psychosocial management strategies of adolescent learners' depression among secondary school learners in Amuwo Odofin Local Government Area?

The above main question will be divided into the following sub-questions:

- What are the perceptions of adolescent learners about depression?
- What are the teachers' and parents' perceptions of adolescent depression?
- How can adolescent depression be managed from a psychosocial health perspective?

1.6 AIMS AND OBJECTIVES OF THE STUDY

Main aim of the study was to:

Explore and describe the perceptions of adolescent learners, teachers and parents regarding depression and the psychosocial management within two secondary schools in Amuwo Odofin Local Government Area, Lagos Nigeria.

The objectives derived from the main aim of this study were to:

- Explore the perceptions of adolescent learners regarding adolescent depression.
- Explore the perceptions of teachers and parents concerning adolescent depression
- Describe the current management of adolescent learners' depression.
- Recommend how to improve current psychosocial management of adolescent learners' depression.

1.7 RESEARCH DESIGN AND METHODOLOGY

For accurate gathering and analysis of data, the researcher employed research designs and methodologies which include: qualitative research approach, a case study research design, identifying a population sample, participant selection, and discreetly identifying the methods of data collection (interview and observation) and method of data analysis.

1.8 CONTRIBUTION OF THE STUDY

This study contributes toward proper management and curtailing the speedy rise in adolescent depression among students in Amuwo Odofin Local Government Area, Lagos State, Nigeria, Africa and the World through enlightenment of the public on better management strategies, diligently tackling of the research outcomes and also contributing to the broad knowledge in the nursing field.

1.9 DIVISION OF CHAPTERS

The research is structured into six chapters which include:

Chapter 1: Overview of the research: This chapter provides a brief overview of the recent history of the study which includes an introduction and background to the study, including research problem, research questions and objectives and as defining terms used in the study.

Chapter 2: Literature review: This chapter reviews what scholars and researchers have written on the topic under study.

Chapter 3: Research design and method: This chapter discusses the research design and methods that are used in the study and instruments of data collection as well as methods of data analysis.

Chapter 4: Analysis, presentation of findings: This chapter discusses the study findings, presentations and provides a succinct interpretation.

Chapter five: Summary of chapters, conclusions and recommendations: This chapter provides closure to the study in dealing with the summary, conclusions and recommendations for further study.

1.10 CHAPTER SUMMARY

This chapter presented an introduction to the topic psychosocial management of adolescent learner's depression in Amuwo Odofin Local Government, Nigeria. This was achieved through the introduction and an outline of the study background which focuses on depression and was subsequently narrowed down to adolescent depression. Significance of the study, definition of key concepts, problem statement, research questions, aim and objectives of the study, preliminary research design, methodology and the contribution of the study, were all presented followed by division of chapters that constitute this research.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This section offers a review of literature that provides proper insight and understanding of the study. Literature review exposes a researcher to other research work related to the topic under study and also enables the researcher in ascertaining the contours in the topic that are under-explored (Creswell, 2014:57). Adolescent depression has been discussed by different researchers, WHO, (2017:1), APA 2013:155, Bennik *et al.*, (2013:1-8), Bennett, (2012: 184–194), Munhoz *et al.*, 2015:281-286, Kim *et al.*, (2015:281-286), Ibrahim *et al.*, (2012:1-6), Stellenberg & Abrahams, (2015:1-8), but adolescent depression and the psychosocial management has not been conducted in Amuwo Odofin Local Government Area. This literature review explored adolescent depression under the following subheadings: definition of cognitive theory of depression, Beck's definition of depression, application of cognitive definition of depression to the study, conceptualizing adolescent depression; adolescent depression; nature of adolescent depression in Nigeria, perceived predictors of adolescent depression, measures to mitigate adolescent depression and research gap. This literature review illuminates the gap and ground this research, because similar research has not been done in Nigeria. Subsequently this chapter is also used to integrate the findings of this research.

2.2.1 Definition of cognitive theory of depression

Beck (1967:651-656, 1987:5-37) developed a theory known in psychological research as the Beck's cognitive theory of depression out of his curiosity to probe into the dream content of his depressed patient. Beck (2008:969-977) noticed that the depressed patient's dreams were filled with the theme of defeat, rejection, loss and abandonment and the dreamer was represented as defective. This dreamer considered punishing himself as a result of the negative themes recurrent in the dream content. According to Lakdawalla *et al.* (2007:2) Beck cognitive theory of depression was organized for proper understanding of development and maintenance of depression. Beck theory shares the general hypothesis "that the ways in which people or individuals attend to, interpret and remember negative life events contribute to the possibility that the person experiences depression" (Lakdawalla *et al.*, 2007:2).

“Some researchers in the past have explored the aetiology of depression culminating around three seminal cognitive theories: Beck’s theory of depression (BT; Beck 1987:5-37), the Hopelessness theory of depression (HT; Abramson *et al.* 1989) and the Response Style theory (RST; Susan, (1991:569-582), Lakdawalla *et al.* 2007:2). All these theories point out peculiar cognitive vulnerability factors (dysfunctional attitudes, negative cognitive style and ruminative response style respectively) which were summarised and are believed to contribute to the early development and maintenance of depression”. Beck used a theoretical construct termed “schema.” “Schema is a structural unit of stored information that also function to interpret new experiences”. They works as templates against which new information is compared and incorporated, varying from representations of simple concepts, for instance, schema works in a simple way of identifying an object as a chair to complex interpretive rules like applying a schema about hotels allow a person such that the bellhop hesitates because he expects a tip” (Rehm, 1990:35).

2.2.2 Beck’s definition of depression

In 1972, Beck defined depression in cognitive terms considering the essential element as the “Cognitive triad”:

- (a) a negative view of self,
- (b) a negative view of the world and
- (c) a negative view of the future (Rehm, 1990:35).

Beck suggests that depressed individual views the world through an organized set of depressive schemata that interrupt their experience about self, their world and the future in a negative pattern. Prior to his theory in 1963, Beck identified some forms of cognitive distortion such as in his friend who appeared preoccupied, depressed and thinking within himself “what did I do to make him angry with me?” He stated that distractions occur when an individual channels attention on the negative aspects of matters in obvious positive information (Rehm, 1990:35).

Beck further proposed that depression arises as a result of interference that emanates from a disrupted cognition and schema driven processes whereas interference arrived at in non-depressive individuals are based on relevant situational information and that depressed people exaggerate negative things and underemphasize positive ones. When these schema are generated by events, they tend to activate information processing units which in turn channel to negative aspects of life, giving rise to misinterpretation of information. This leads to

generally bad perceptions about life with the manifestation of symptoms like loss of motivation, mood change, feelings of helplessness and hopelessness, feelings of withdrawal, feelings of being a failure and generally poor performance (Beck, 2008:2). In his attempt to probe more into the causes of depression, he found out that people who had awkward childhood experiences like loss of parents could be depressed later. He also said that such loss could trigger the onset or development of depression in the adolescent period or adulthood (Beck, 2008:2). Beck and his colleagues also found out those individuals who had a stressful experience in childhood are vulnerable cognitive-wise to develop depression in later phases of life as those experiences are organized and stored as schema which can be easily activated in the later life when another awkward situation occurs thus giving rise to depression.

Beck further stated that although previous research pointed out at loss of a dear one or job as the main precipitant of depression, modern research on cognitive vulnerability has proved that even mild stressful experiences or events can precipitate depression in vulnerable individuals. He pointed out that children, adolescents and adults who are vulnerable to depression experience depressive symptoms when their schema is precipitated. Usen *et al.* (2016:23) affirmed Beck's cognitive theory as they found out that cognitive distortion greatly affects in-school adolescents. When in-school adolescents are unable to cope with school challenges, coupled with family problems as the case may be, the combination is likely to blow out to full depression which deters the adolescent's future.

2.2.3 Application of cognitive definition of depression to the study

Adolescents who possess negative self-schemata maybe as a result of school bullying, not performing well in class or as a result of family challenges are at high risk of suffering from depression which will in turn hamper their academic performance and social relationships giving rise to risky behaviours and disorganised future. Usen *et al.* (2016:25) affirmed Beck's cognitive theory as they found out that cognitive distortion greatly affects in-school adolescents. Rohde (2015:136-141) also supported Beck's cognitive theory of depression, saying that the way an individual interprets life events predisposes them to depression, and that most individuals who are vulnerable to depression usually magnify negative events, have a tendency of remembering the bad rather than the good. From these, cognitive theory of depression gave a deeper understanding of depression hence the theory was found suitable and most adaptable in explaining adolescent depression and its psychosocial management.

2.3 CONCEPTUALIZING ADOLESCENT DEPRESSION

According to the fifth edition of APA, (2013:155) depression is defined as a state of loss of interest in pleasure or the person's usual activities characterized by recurrent symptoms of low mood that is present across most situations for more than 2-weeks characterised by feelings of worthlessness, helplessness, hopelessness, feelings of guilt, poor decision making, irritability, low self-esteem, feeling sad, poor remembrance, insomnia, loss of interest in pleasures, poor concentration or fatigue. Pearce (1977:79-82) stated that depression can be defined in three ways:

(a) a normal emotional response to adversity

(b) mood swings that disrupt daily living activities giving rise to a disorder

(c) an illness characterized by a poor mood extraordinary from usual with an obvious cause and disease pattern.

In the opinion of Thapar *et al.* (2012:56-67) the term depression is defined as a collective symptom with a defined illness.

In this context, depression is a period characterized by feelings of hopelessness, sad mood, being withdrawn, low self-esteem, worthlessness that last more than two weeks. Thus, Thapar *et al.* (2012:56-67) referred to depression as a collective symptom with a defined illness. In this study, adolescent depression refers to a period in adolescent life characterised by deep thought, sad mood, insomnia, feelings of being withdrawn, hopelessness, helplessness, mood swings, poor concentration, low self-esteem, poor decision-making and feelings of guilt that last more than two weeks. Chinawa *et al.* (2015:46-51) reported that adolescents suffer depression despite controversies surrounding adolescent depression arguing that the adolescent stage is a critical stage for developing depressive disorder.

By implication, adolescent depression is a serious illness which affects the adolescent's general life style and learning process. Thapar *et al.* (2012:56-67) is convinced that depression constitutes a suicide major risk factor and it is the second to third leading cause of death in adolescents. According to Tu-a *et al.* (2014:335-343) globally, depression is regarded as the most internalizing condition within adolescents, estimating that by year 2020, the second cause of disability could be depression. Rappaport *et al.* (2017:269–279) affirms

that depression is characterised by a deficit in emotional regulation and interpersonal problems which presents with negative effects over a period of time. Bennett (2012: 184-194) attributed adolescent early depressive risk factors to obnoxious life events, poor peer coping, inferiority complex, poor parenting, parental depression and psychological issues pertaining to puberty. Failing to address the rise in adolescent depression would really worsen its effect on the society at large.

2.3.1 Adolescent depression

The adolescent stage is a vital and delicate one in the life of a human being as it is marked with diverse developmental changes which predispose the individual to various life styles, and as obvious as it is, the future of every society depends on the adolescents. Consequently, adolescence demands more attention in order to properly direct the individual along the expected developmental pathways. Depression at this stage is rampant and so calls for more attention because of its consequences both to the individual, family and society at large. WHO (2012:2-10) states that adolescent stage is that stage in human development that occurs after childhood and before adulthood which ranges from 10 – 19 years. It is one of the critical transitions in human life characterized by speedy growth and changes that follow infancy. Biological processes drive many aspects of these developmental processes, with the onset of puberty marking the passage from childhood to adolescence.

Depression, according to Schrobsdorff (2016:np), is defined as a constant low mood lasting more than two weeks on many occasions with symptoms including low self-esteem, loss of drive in pleasurable activities, insomnia, low energy and confusion. WHO (2017:1) estimated the increase in global prevalence of depression by more than 18% between 2005 and 2015. Psychiatric illness is considered one of the major challenges in the society and has been an area of focus for intervention. Before now, adolescent depression has not been given much attention but currently psychiatric nurses have come to understand that adolescents also suffer depression. Friedrich *et al.*, (1982:403-407), Siegel & Griffin, (1984:475-487); Teri, (1982a:475-487), 1982b:277-284)) discovered that 27% of high school students are moderately depressed while 5% were more depressed.

According to statistics, a survey of physical and mental health in Taiwan in 1999 reported that adolescent depression is mostly caused by stressful events (Department of Statistics Ministry of Interior, Taiwan 1999). Baron and Perron (1986:165-170); Campbell *et al.* (1992:150-170), Kandel & Davies (1982:1205-1212); Shapiro (1988:np), Munhoz *et al*

(2015:281-286), Chinawa et al., (2015:46-51) have also observed that females are mostly affected by depression. Worchel *et al.* (1987:411-414) also reported that systemic challenges mostly affect females while external challenges affect males greater. WHO (2017:1) furthermore states that depression affects more than 300 million people of all age brackets globally.

According to Blos (1968:245-263) adolescent depression has been associated with different factors including lack of dream actualization, while Armsden *et al.* (1990:683-697) believe that frigid family connections and poor family care are other factors. Incidence of adolescent depression is currently on the increasing side. According to Lewinsohn *et al.* (1993:133-144) new research showed 20% of adolescents met the demand for diagnosis of depression. Schrobsdorff (2016:np) reported high increase in the prevalence of adolescent depression in the past 12 months from 8.7% in 2005 to 11.5% in 2014 which is 37% increase. This study adopted Beck's (1967:651-656, 1987:3-37) cognitive theory of depression. According to APA (2013:155) depression is defined as a state of loss of interest in pleasure or the person's usual activities characterized by recurrent symptoms of low mood that is present across most situations for more than 2-weeks. Depression is characterised by feelings of worthlessness, helplessness, hopelessness, feelings of guilt, poor decision making, irritability, low self-esteem, feeling sad, poor remembrance, insomnia, loss of interest in pleasures, poor concentration or fatigue. WHO (2017:1) states that many people with depression present with at least two weeks depressed mood, loss of interest, low energy giving rise to activities intolerance and that people with depression also suffer anxiety symptoms. Gilbert (2017:53-314) states that common symptoms of depression include fatigue and loss of weight. Rappaport *et al.* (2017:269-279) reports that depression is characterised by deficit in emotion regulation and interpersonal problems which presents with negative effects over a period of time.

2.3.2 Prevalence of adolescent depression

According to NIMH (2015:3-5), depression is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks. Thapar *et al.* (2012:56-67) reported that adolescent depression is a global common mental health problem. Bennett (2012:184-194) also reported that the prevalence of adolescent depression has become a serious issue due to the high number of adolescents

receiving antidepressants and high rate of adolescent suicide. Adolescent depression increases the risk of recurrent depression in adult life. WHO (2016:10) stated that adolescent depression leads to reoccurrence in adult stage. According to WHO (2017:1) depression affects people in all communities across the world constituting a global burden of diseases. It often starts at a young age, reducing people functioning and often reoccurring. At present it is the leading cause of disability worldwide in terms of total years lost due to disability as confirmed by Kim, *et al.* (2014:1).

Chinawa *et al.* (2015:46-51) reported that adolescents suffer depression despite controversies surrounding adolescent depression, arguing that the adolescent stage is a critical stage for developing depressive disorder. According to Chinawa *et al.* (2015:46-51) in a study, it is estimated that depression affects up to 8.3% of older adolescents in the United States, also noting that in any single day, about 2% of school children and about 8% of adolescents meet the criteria for depressive diagnosis while in primary settings, the rate of adolescent depression is as high as 28%. Ziaian *et al.* (2012:1-9) in an Australian study reported 7.2% rate of depression among adolescents and children of refugees. Lakdawalla *et al.* (2007:2) also affirmed that adolescent stage is marked with diverse changes that culminate in the high prevalence of depression.

Munhoz, *et al.* (2015:281-286) shared that adolescent depression varies from the lowest in the Netherlands (2.2%) to the highest recorded in China (22.9%). According to Munhoz *et al.* (2015:281-286) in a study conducted in Brazil, among 14 – 19years adolescents, girls were found to have the highest prevalence of adolescent depression than boys, also depression was prevalent among substance abusers and adolescents from low income families. According to Munhoz *et al.* (2015:281-286) also in a study conducted in Brazil among pregnant adolescent girls in gestation period aged 10 – 19, depression was reported highest among those with less support, challenging life experience, those who were not always going to school and who had violence in the previous year. Anderson *et al.* (2015:294-317) further went on to say that adolescent depression constitutes a global mental health burden which has affected an estimated 8.1% of 2 million adolescents aged 12-17 years in 2009.

In addition, depression among adolescents gives rise to poor educational performance, severe social problems and a prevalence of substance abuse (Thapar *et al.* 2012:56-67 Gilbert (2017:53-314) stated that common symptoms of depression include fatigue and loss of weight. Rappaport *et al.* (2017:269-279) reported that depression is characterised by deficit in

emotion regulation and interpersonal problems which presents with negative effects over a period of time. According to Bennik *et al.* (2013:1-11) adolescent stage is usually associated with numerous incidents of depression. Anderson *et al.* (2015:294-317) in their work confirm Thapar *et al.* (2012:56-67) in stating that adolescent depression affects their education performance.

Moreno *et al.* (2015:601-607) stated that depression among adolescents is a serious and most common health issue which always has detrimental effects like anxiety disorder, drug abuse and suicide. Usen *et al.* (2016:23) in their work on cognitive distortion as a predictor of in-school adolescent depression reported that negative ways through which adolescents perceive the happenings around them leads to cognitive distortion and this cognitive distortion can explode to a full depression when the adolescents start facing challenges in their academic performance, leading to depression that lasts for a long time. They went ahead to state that with the developments in technology and psychosocial support, this depression can be controlled. Usen *et al.* (2016:23) in affirmation with Nevid and Rathus (2005), are of the opinion that people who are depressed see the world from an angle of darkness that disrupts their interpretation of life experiences and this could be severely detrimental to adolescents in schools.

According to Ho *et al.* (2015:635-646), during the adolescent period, depression increases speedily, affecting 4%-17% of adolescents globally. Since such figures have become too alarming, they went further and said that adolescent depression has at least four times tendency of leading to recurrent episodes more than that of adult onset. They also observe that symptoms show a great chance of future relapse with suicidal tendencies across the individual life span. Further in their functional magnetic resonance imaging study, they found out that depression during adolescent period is connected to inflexibly increased Default Mode Network DMN as made obvious by the maturation of adolescent DMN all through the adolescent period. Their study went on to suggest that early onset of adolescent depression seriously hampers the unique developmental pathway and functioning of one's brain network.

Perou *et al.* (2013:30-35) in Carrellasa *et al.* (2017:166-173) affirmed that depression is among the prevalent psychopathological illnesses among adolescents. Carrellasa *et al.* (2017:166-173) observed that in the United States, adolescent depression has proven to have detrimental effects which has made the Centre for Disease Control (CDC) seeing it as one of the most concerns in public health. Both researchers went on further to say that an estimated

2.8 million adolescents between the ages 12-17 years suffered at least an episode of depression in the past year which is about 11.4% of people that falls within that age group. Depression has also been identified as the most contributing factor to suicide while suicide precedes accidents as the major cause of adolescent deaths.

Platt *et al.* (2013:809-821) in their work affirmed that adolescent stage is a critical stage in child development which makes an adolescent vulnerable to depression. The researchers also state that there is a high prevalence of adolescent depression which has general consequences on the adolescent ranging from prolonged psychiatric effects such as suicidal tendency or suicide and abuse of substances, poor academic performance and wide range of psychosocial disruption. Platt *et al.* (2013:809-821) further suggests that management of adolescent depression is much cost effective both to the adolescent family and society at large and the need for adequate prevention and treatment of such a health burden is of importance. It is submitted again that in order to curtail the burden of adolescent depression, there is need for an empirical understanding of the aetiology of depression at adolescent stage. According to Gladstone *et al.* (2011:1) (cited by Cairns *et al.* (2014:61-75) prevention of depression at adolescent stage is the most effective period due to the high level of changes at that period which have massive potential effects both behavioural and long term mental health.

Johar and Truong (2014:4431-4444) in their quest to investigate the direct and indirect effects of depression on adolescents found out that depression suffered during adolescent stage has a subsequent direct effect on the person adult wages, and it is estimated that it lowers male adult work by 9% while that of adult female work wage is lowered by 4%. Lia *et al.* (2015) in their study conducted on Asian adolescents found out that internet addiction is associated with adolescent depression. Carrellas *et al.* (2017:166-173) supported the fact that depression is prevalent among adolescents and they further stated that adolescent depression is the second to accidents among the killers of youths in the United States which has become a public health concern over the years. Naicker *et al.* (2013:533-538) stated that adolescent stage is a period of transition from childhood to adulthood with marked changes including adaptation and academic challenges which makes the adolescent vulnerable to depression.

Ranney *et al.* (2016:401-410) maintained that depression is one of the prevalent psychiatric condition among adolescent with high rate of hospital emergency admission with a devastating effects like behavioural abnormalities. With the high prevalence rate of

adolescent depression, it calls for adequate preventive measures in order to reduce or prevent the associated consequences (Rohde, 2015:136-141). Radovic *et al.* (2015:795) stated that depression as it is constitute a major disease burden among adolescent giving rise to other psychotic conditions with high rate of behavioural problems and poor psychosocial coping, in most cases, depression among adolescents is left untreated degenerating the adolescent future as most parents lack the capacity to identify it earlier while those identified earlier finds it difficult in seeking for medical treatment due to finance or negative treatment approaches of the health care providers.

The next section gives a brief description of the nature of adolescent depression in Nigeria.

2.3.3 Nature of adolescent depression in Nigeria

According to Chinawa *et al.* (2015:46-51) in a study conducted among secondary school students in two States from Eastern part of Nigeria, they reported a high prevalence of adolescent depression which they attributed to family history of depression, parental separation and other childhood stressors. Usen *et al.* (2016:23) in their study conducted in South-South Nigeria on cognitive distortion as predictor of in-school adolescent depression found out that poor academic performance of student is associated with cognitive distortion. In a more recent study in Nigeria by Briggs and Alikor (2010:246-251) reported that an estimated 69% female student was depressed against 31% estimated for males. Fakunmoju and Bammeke (2015:1-10) in their study conducted on students in both rural and urban centre in South-West Nigeria found out that adolescent depression is associated with physical abuse suffered from the hands of their parents, they further suggested that as evidenced from the result of their study, that teacher abuse causes depression to a lesser extent. According to the author, Nigeria as a developing country is characterised by many challenges political wise, families, and individual life's of which the adolescents are not an exception, these challenges especially from families, peers coping and growing up of adolescent has posed a great problem both to their academic performance and their all-round psychosocial and psychological development toward a better future which calls for more concern.

Ajidahun (2012:23-31) in her work conducted in some selected secondary schools in Lagos state Nigeria, acknowledged adolescent stage as a critical period in the life of a youth characterised with divers biological, emotional, psychological and developmental changes hence requires a proper monitoring which should be the utmost concern of the parents and the school management in order to guide the student on the right path. According to Fakunmoju

and Bammeke (2015:1-10), in another study conducted by (Adeniyi *et al.* 2011:7-10, Yen *et al.* 2008:575-583, Kumayayi 2014:197) they reported that adolescents not living with parents and being in a senior secondary school class was among the factors exposing adolescent to depression in Nigeria. According to Adewuya *et al.* (2006:105-110) adolescent depression is on the increase with an estimated prevalence of 8% and it is caused as a numerous developmental challenges characterising adolescent period. Adolescents after recovering from depression has tendency of exhibiting some mild symptoms with social problem. According to Ogun *et al.* (2012:152) in their work, found out that depression in Nigeria is more prevalent among epileptic children and adolescent and as such calls for concern. The next section reviews perceived predictors of adolescent depression.

2.3.4 Perceived predictors of adolescent depression

Oldehinkel *et al.* (2014:1067-1075) in their work hypothesized that adverse experiences encountered by children during their childhood modifies their later life stress sensitivity and risk of developing depression, they further explained that childhood adversities disrupt the child's stressor threshold thereby making the child vulnerable to later depression and also on the other hand, children who were able to develop resilience toward stressor are likely not to develop depressive symptoms. According to WebMD (2016:np) so many reason causes depression in adolescents, for instance, failure in school grades, environmental stress, low self-esteem, peer bully, and sexual orientation. Fakunmoju and Bammeke (2015:1-10) in their study conducted in Nigeria, they reported that parental depression, substance abuse, large family size, perception of parental poverty, being a female, peer coping problems, low self-esteem are among the factors predisposing adolescents to depression.

According to Fakunmoju and Bammeke (2015:1-10) in another study conducted by (Adeniyi, Okafor and Adeniyi 2011, Yen *et al.* 2008, Kumayayi 2014:197) they reported that adolescents not living with parents and being in a senior secondary school class was among the factors exposing adolescent to depression in Nigeria. According to Usen *et al.* (2016:25) in a study conducted in South-South Nigeria reported that negative self-belief of in-school adolescents and cognitive distortion significantly predicts adolescent depression. A cross-sectional study conducted with Norwegian adolescents reported that poor coping mechanism predisposed adolescent to depression, (Ziaian, *et al.* 2012:np). Bennett (2012:184-194) attributed adolescent early depressive risk factors to obnoxious life events, poor peer coping,

inferiority complex, poor parenting, parental depression and psychological issues pertaining to puberty.

Munhoz *et al.* (2015:281-286) also stated that depression is prevalent among adolescent with developmental factors, adolescent from alcohol and tobacco addicted mothers, and unsettled families. According to Munhoz *et al.* (2015:281-286) also in a study conducted in Brazil among pregnant adolescent girls in gestation period aged 10 – 19, depression was reported highest among those with less support, challenging life experience, those who were not always going to school and who has had violence in the previous year. Platt *et al.* (2013:809-821), stated that one of the major predictors of adolescent depression includes psychosocial stress. Furthermore Platt *et al.* (2013:809-821) are of the opinion that adolescent period characterized by affection shifting to the peers where the adolescent spend most of their time and energy forming peer network but in a case where the adolescent is not accepted among his or her, this leads to psychosocial stress which in turn give rise to depression. Kim *et al.* (2014:1) argued on the bases of predictors of adolescent depression that adolescent depression has a mutual relationship with high risk altitudes such as multiple sexual partner, early sexual intercourse, substance abuse, early pregnancy and low condom use.

Cairns *et al.* (2014:61-75) in their study on risk and protective factors of depression, they found out that the following are predictors of adolescent depression; adolescent consuming cannabis which they argued that it has a link with neurobiology where it affects the neurotransmitters like serotonin thereby causing depressive effects and also its addiction can give rise to educational poor performance, poor sleep (which can aggravate or worsen depression), tobacco consumption, poor coping mechanism, negative emotion regulation, drug abuse (alcohol due to its neurotoxic potency), and increase body mass index. WHO (2016:5-8) reported that adolescent depression is usually caused as a result of coming together of some risk factors, they went ahead to list the risk factors as “obnoxious life events, family history of depression, child maltreatment, discrimination and peer problem. Ajidahun (2012:23-31) suggested that activities regarding to schooling might be a contributing factor to adolescent depression. Robert and Duong (2013:66-71) found out that insomnia is one of the predisposing factor to adolescent depression. Naicker *et al.* (2013:533-538) suggested that of the numerous factors causing adolescent depression could be past adaptation problems. Rice *et al.* (2017:120) are of the opinion that adolescent developmental changes predisposes them to depression which most time go un-noticed with a high tendency

of full blown during the person later life. Millinigs *et al.* (2012:1061-1067) found out that peer attachment problems and low self-esteem are among the major predictors of adolescent depression. The next section will review consequences of adolescent depression in order to drive home the seriousness of the topic under study.

The next section below gives brief insight on the consequences of adolescent depression.

2.3.5 Consequences of adolescent depression

Adolescent depression, poses great challenge to the sufferer, the family and the society at ranging from low productivity, poor academic performance, problem adapting socially, frustrating to the family, reoccurrence in adulthood and financial burden to the government in terms of managing it. WHO (2017:1) depression affects people in all communities across the world constituting global burden of diseases, it often starts at a young age reducing people functioning and often reoccurring and it is the leading cause of disability worldwide in terms of total years lost due to disability as confirmed by (Kim, *et al.*, 2014:1). Depression among adolescents gives rise to educational poor performance, severe social problem and a risen prevalence of substance abuse (Thapar, *et al.*, 2012:56-67). Adolescent depression increases the risk of recurrent depression in adult subsequent life (Bennett 2012:184-194). Moreno *et al.* (2015:601-607) stated that depression among adolescents is a serious and most common health issue which always has detrimental effects like anxiety disorder, drug abuse and suicide. Usen *et al.* (2016:23) in affirmative with Nevid and Rathus (2005:54) are of the opinion that people who are depressed sees the world from an angle of a dark angle that disrupts their interpretation of life experiences and this could be too detrimental to adolescents in schools.

Platt *et al.* (2013:809-821) further suggest that adolescent depression is much cost effective both to the adolescent family and society at large and the need for adequate prevention and treatment of such burden is of importance and that in order to curtail the burden of adolescent depression, there is an empirical need to understand the aetiology of depression at adolescent stage. WHO (2016:10) stated that adolescent depression leads to academic poor performance and psychosocial problems among adolescent and has high tendency of lead to reoccurrence in adulthood and other mental health manifestations. Depression among adolescents gives rise to educational poor performance, severe social problem and a risen prevalence of substance abuse (Thapar, *et al.*, 2012:56-67). Adolescent depression increases the risk of recurrent depression in adult subsequent life (Bennett, 2012:184-194). Gilbert (2017:53-314)

stated that common symptoms of depression includes fatigue and loss of weight. Rappaport *et al.* (2017:269-279) reported that depression is characterised by deficit in emotion regulation and interpersonal problems which presents with negative effects over a period of time.

According to Bennik *et al.* (2013:1-11) adolescent stage is usually associated with numerous incidence of depression. Bennik *et al.* (2013) also stated that adolescent depression has reoccurrence tendency during adulthood. Anderson *et al.* (2015:294-317) in their work are in affirmative with Thapar *et al.* (2012:56-67) stating that adolescent depression affect their education performance. Adolescent depression increases the risk of recurrent depression in adult subsequent life (Bennett, 2012:184-194). Johar and Truong (2014:4431-4444) in their work found out that depression affects their productivity during adolescent stage and both adult stage. Jelenchick *et al.* (2013) also stated that depression is the leading cause of death in adolescent. De Jonge-Heesen *et al.* (2016:2-9) also affirmed that depression causes huge economic lose to the individual, family and the society, predisposes the adolescent to injuries, manifestation of psychotic symptoms in subsequent life and as well hampering the individual developmental processes. The next section will review measures to mitigate adolescent depression.

2.3.6 Measures to mitigate adolescent depression

Topper *et al.* (2017:123-136) in their randomized controlled trial study using a group delivered cognitive-behavioural training, found out that one of best approach in mitigating adolescent depression is by targeting at the prevention of a known predisposing factor which they termed “repetitive negative thinking” (RNT). WHO (2016:5-8) European chapter, reported that mitigating adolescent depression should start at preventive points, they further recommended that prevention of depression should be the first focus point and this preventive approaches should be in divers sectors such as schools, working places and even homes. Cairns *et al.* (2015:229-238) in their quest on propounding preventive measures for reducing adolescent depression, as they believed in the statement that says “prevention is better than cure” and they were able to find out that building and maintaining good mental fitness, healthy relationship, good life skill, seeking professional help when they feel they are down with sad mood, having enough sleep daily, trying to learn new things that can add values to their life and maintaining a healthy lifestyle will help in preventing adolescent depression and thereby protecting the future of adolescents.

The author believes that the task of mitigating adolescent depression should be a concern for all the societal strata's since the adolescents are the futures of the society, the researcher also believes that the parents at home should always look into the affairs of their children in order to detect when things are wrong and endeavour to give the necessary attention, they should prioritise the general wellbeing of their children while the teachers in schools should always understand their roles in the life of their students which is not only teaching them how to read and write but should help in preparing the students for the future in all area and so should pay good attention to their students.

Freire *et al.* (2014:9-19) in their work discussed Optimal Functioning Therapy (OFT) which is a new intervention for mitigating adolescent depression through restoration of happiness and enabling the adolescent engaging in life enhancing activities thereby reducing symptom, and the enhancement of depressed state, well-being and restoration of optimal functioning. Pilkington *et al.* (2014:8-23) are of the opinion that media, internet, schools and families should be a target point for mitigating adolescent depression in the society. They further stated that parents should pay close attention to their children as most depressive risk factors emanates from families like marital conflicts so, if parents can take recognition of those factors and avoid or seek solution where necessary, adolescent depression can be prevented or controlled.

Gallegos *et al.* (2013:37-44) in their quest in preventing depression made use of AMISTAD para siempre a cultural adapted Spanish version of the FRIENDS for life program which was proven effective in prevention and control of adolescent depression. AMISTAD assists children and adolescents through instilling in them behavioural, physiological and cognitive measures in overcoming stresses of life. It helps in educating adolescents on relaxations approaches, thought control and guided decision making. It also has section for parents which teaches them on the benefits of supporting their children and encouragement of activities that enhance problem solving among adolescents. Cairns *et al.* (2014:61-75) from the outcome of their systematic literature review suggested that mitigating adolescent depression should target at minimising abuse of substances, encouraging adolescents in developing problem solving strategies and maintaining a healthy psychological stability. Naicker *et al.* (2013:533-538) found out that adolescent depression predisposes one to physical injury and hamper the adolescent socialisation in the later life with reoccurrence of diverse untoward effects of

psychosis in the later life. The study also supported the finding from other researchers that adolescent who recovered from a long period of depression has a higher tendency to smoke.

According to Opie *et al.* (2016:161) stated that dietary pattern has influence on depression based on evidence from laboratory experiments and clinical trials, they went further to affirm that healthy dietary can help in mitigating depression. Baglioni *et al.* (2011:10-19) are of the opinion that preventing insomnia should be among the target in mitigating adolescent depression since insomnia in adolescent is associated with depression. Bella-Awusah *et al.* (2016:44-50) found out that the application of Adapted Cognitive Behavioural Therapy (ACBT) to students can adequately reduce the adolescent depression. Stocking *et al.* (2016:11-26), in their work affirmed that mitigating adolescent depression should be strictly targeted at prevention using preventive intervention strategies mainly in schools, and staff. Vogel (2012:114-117) suggested that adolescents should be offered psycho-education with the involvement of the schools and parents for the proper management and curtailing adolescent learner's depression.

2.4 RESEARCH GAP

Identification of research gap helps the researcher in understanding the difference which their work has from other researcher's works. It tells the researcher about what has been done and areas covered and what needs to be done. Despite ample research that has been done regarding adolescent depression, none has been done with regard to adolescent depression in Amuwo Odofin Local Government Area, Lagos State, hence this study on psychosocial management of adolescent depression in Amuwo Odofin.

2.6 CHAPTER SUMMARY

Adolescent depression is a serious global health concern and as such demands serious attention for well-informed and research-oriented proper mitigation. The researcher reviewed an important theory and how it applied to the work, conceptualised adolescent depression with further review of literature relating to the views of others concerning adolescent depression, nature of adolescent depression in Nigeria, perceived causes of adolescent depression, causes of adolescent depression and measures to mitigate adolescent depression. Chapter three discusses the research approach and design that was used in the study, the reason behind the choice of the approach and design, research methodology with rationale, trustworthiness, researcher role, ethical clearance and the perceived contributions of the study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Previous chapter reviewed literature connected to depression, identified the research gap, and provided both the theoretical framework and conceptual framework on the topic under study. The literature review was structured into different sub-headings for a better understanding of the research topic. This section focuses on the research design and methodology. For accurate gathering and analysis of data, the researcher employed research designs and methodologies which include: qualitative research approach, a case study research design, identifying the population of the study, sample, participants selection, method of data collection (interview and observation) and method of data analysis.

Table 3.1: Research designs and methodologies layout

Research approach	Qualitative	For in-depth exploration of the phenomenon under study.
Research design	Case study	For a progressive in-depth study of an event which helps to describe a particular social phenomenon.
Population of the study	All the secondary schools in Amuwo Odofin	From all the schools, two case study schools were selected.
Sample	Purposive non-probability sampling	The sample answered the research questions.
Participant selection	Two schools in Amuwo Odofin	Based on their geographical location the participants adhered to the criteria set to answer the research questions
Data collection technique	Individual interview and observation	For close interaction with the participants
Method of data analysis	Open coding technique	For understanding the authentic meaning of participant views

3.2 RESEARCH APPROACH

Creswell (2014:17-21) states that research approaches are distinctive ways of enquiry within research methods that guide the research procedures. For this study, qualitative research approach was used. Brink *et al.* (2012:120-121) maintains that qualitative research is used in studying unknown social actions for in-depth comprehension. They further state that a researcher uses a qualitative approach when they intend to probe deeper into human views and experiences for proper understanding, utilizing defined methods of data collection where they allow the research participants to voice out their views while carrying out a study in a participant natural context. Rhophalia (2010:6) affirms that qualitative research is a type of research approach which seeks to understand people's experiences thereby generating non-statistical data for analysis.

Qualitative research approach is known by its features of studying people's perceptions, emotions, behaviours, and social lives and meanings that people give to human problems (Creswell, 2014:17-21; McCusker & Gunaydin, 2015:537-542). Also qualitative research approach generates words rather than numbers as data for analysis and also answers questions like 'why', 'what' or 'how' of a phenomenon instead of 'how much' which is used in quantitative research (McCusker & Gunaydin, 2015:537-542).

Qualitative research was viewed as the best approach for this study because it presents a great chance to the researcher in gaining in-depth understanding of depression among adolescents in their natural settings through the application of qualitative research design and its research methods. Qualitative research approach guides the researcher in understanding how adolescent depression is managed within a secondary school setting through interviewing the school management using face to face interview. Also qualitative approach was used as its method of data collection, enabling closeness between the researcher and the participants thereby giving room for more understanding of the subject under study. The researcher will understand adolescent's perceptions towards depression and contribute towards curtailing the speedy rise in adolescent depression by providing remedy.

3.3 RESEARCH DESIGN

Brink *et al.* (2012:128) are of the opinion that the choice of research design by researchers solely depends on the research problem and purpose of the study as no design is more important than the other. In this study, case study research design was used. A case study

research design enabled the researcher in-depth study of an event which helps to describe a particular social phenomenon or situation (Maree, 2010:263). It also helped the researcher in facilitating exploration of a case within its context using multiple data sources (Yin, 2013:50). Case study design was used because the researcher seeks for an understanding of adolescent depression and the psychosocial management within a secondary school context; it is also suitable for this study because it enabled the researcher to mine rich data and also because the research questions sought to explain some present circumstances (example “how” “why” some events takes place).

Rossman and Rallis (2012:103) state that case study research design enables the researcher some broad understanding of a phenomenon. It focuses on individuals with “psychological roots” or on an individual in “real life context”. Richard and Morse (2013:76) state that case study research design is used in studying distinct social phenomenon for a deeper understanding. Polit and Beck (2017:476) maintained that case study research designs are used when a researcher seeks to have an in-depth study of a phenomenon pertaining to individuals, community or group. The researcher using case study design understands why something develops in a particular manner or why persons think or act in a distinct pattern. Hence a case study research design helped the researcher in gaining in-depth understanding of adolescent depression and the psychosocial management within the secondary school context. For this study, two case schools were studied representing urban and rural schools and provided insights into how the different students view depression. The interviews also provided insight into how school management takes care of depression.

3.3.1 Population of the study

Aneshensel (2013:7-9) state that population is the subset of the universe under study. Polit and Beck (2017:56) maintained that population of the study consists of a group or individuals with unique features suitable for the study. The target population for this study consisted of all the secondary schools in Amuwo Odofin Local Government Area. Amuwo Odofin Local Government Area is one of the Local Governments in Lagos State of Nigeria. The research population consists of adolescents aged 12-19years. According to WHO (2012:np), adolescent stage is that stage in human development that occurs after childhood and before adulthood which ranges from 10 – 19years. The age bracket was chosen for a better participant response. Amuwo Odofin Local Government Area was selected considering the indigenous abode and language advantage to the researcher. There are 139 secondary schools in Amuwo Odofin Local Government Area including urban and rural areas, (Lagos State

Education District V). The participant selection for this study was made from these 139 secondary schools in Amuwo Odofin Local Government.

3.3.2 Population sample

According to Etikan *et al.* (2016:1-4) population sample is the portion of the universe under study. Aneshensel (2013:7-9) defines population sample as a fraction of the population for a study. Brink *et al.* (2012:131) stated that a researcher cannot study the whole population at once hence they defined sample as “fraction of a whole” population chosen by the researcher to take part in the study. They are made up of groups with distinct features selected for a study out of a given population. Brink *et al.* (2012:132) went further to define sampling as the process of choosing a research sample from a given population for a study. These samples are individually capable of giving answers to the research questions. Polit and Beck (2017:497) are of the opinion that qualitative researchers while choosing sample size should bear in mind the information that they need to get from the participants hence should have data saturation in mind.

Brink *et al.* (2012:134) affirmed that probability and non-probability sampling approaches are the two main sampling ones used in research. Probability sampling techniques give all the participants an equal chance of being selected and enable the researcher to curtail bias while nonprobability sampling techniques do not guarantee all participants an equal chance of being selected for the study (Brink *et al.*, 2012:134).

Non-probability sampling technique can be used when the researcher finds it difficult reaching the whole population, and is more economical (Brink *et al.*, 2012:138). Researchers use non-probability sampling techniques with intention not to generalise the research findings to the general population. For the purpose of this study, purposive non-probability sampling method was used enabling the researcher to select students who answered the research questions appropriately with the help of their teachers. Principals, teachers and parents were also selected based on their experience. Brink *et al.* (2012:140) state that purposive nonprobability sampling technique is the deliberate selection of knowledgeable participants in order to answer research questions. Polit and Beck (2008:343) affirmed that purposive sampling is based on the knowledge of the research participants.

Purposive sampling technique is the deliberate identification and selection of participants because of their qualities, (knowledge and experience). According to Etikan *et al.* (2016:1-4) nonprobability sampling is where the participants are selected in a manner that does not grant all participants of the population equal chance of being included. Polit and Beck (2017:497) further affirm that purposive nonprobability sampling techniques enable the researcher to identify the best fitted participants for the study.

3.3.3 Participant selection

From the 139 secondary schools (N=139, two (n=2) case study schools were selected to participate in the study representing urban and rural schools. These two schools were purposefully selected based on their geographical location as one is in a rural place while the other one is in the urban area. This gave space to identify how these different adolescents and school management personnel view and manage depression since the researcher could not study the entirety of these schools. The main group of students purposefully identified in the study were class 4 – 6 in the Nigerian context (grade 8 – 12 in South African context) which represent senior secondary school students, principals, teachers and parents. Participant selection is the act of selecting participants who can appropriately answer the research questions and enhance understanding of the phenomenon under study (Creswell, 2014:224). The learners in the above mentioned classes were purposefully chosen for the study because it was anticipated they would appropriately answer the interview questions. Teachers were selected purposefully in order to answer the research questions based on the classes they taught as the researcher only needed teachers working with senior secondary learners. The parents were purposefully selected based on their willingness to become participants in the study and therefore explore and describe their perceptions and psychosocial management of adolescent learners exhibiting depression in Amuwo Odofin Local Government Area, Lagos Nigeria.

Prior to data collection, first contact and arrangement for data collection was made with the school management where a consent letter to carry out the research was handed over to the school principal with proper explanation of the research purpose. The school principal and the teachers in class 4 - 6 (grade 8 – 12) assisted in recruiting the students that best answered the research questions. Students identified were handed consent forms regarding the purpose and benefits of the study. They took home the forms and their parents signed them. The

researcher interviewed the learners in the school compound after returning the signed consent form and also interviewed the school principals together with teachers.

The researcher visited the schools early in the mornings on different days to meet the parents as they dropped their children and booked appointments for interviews with them. Then the researcher later visited the parents following the interview schedule. The study had minimal risk levels which the researcher properly controlled as stated below.

3.4 PROFILE OF SCHOOL A

School A is located in an urban area in Amuwo Odofin. The school is in a township that is gradually developing. Around the school are houses where different people are living both rich and poor. There is a high population and shops all over. It also has a nearby market with lots of industrial activities going on. The school is located close to 3 other public schools all comprising junior and senior secondary. The school has good structures though not enough classroom and playing ground but with trees around that help in filtering the air. Learners were generally purposeful and quiet. The senior secondary section does not have a functional counselling unit hence learners depend on their teachers for counselling. The school has a library situated in a calm environment but without much resources. The school has 13 teachers, one principal and a vice principal with a few cleaners working in an establishment of 536 students in class 4 to 6 (grade 8 – 12) of the senior secondary. Throughout the period of the research in the school, learners were always seen moving around the school with many hanging outside the school compound with their friends on mufti as a result of the fallen school wall which creates an unusual access to the nearby street even while the teachers are in classes. Some learners were seen standing in the classrooms due to lack of class desks.

3.5 PROFILE OF SCHOOL B

School B, on the other hand is located in a rural area in Amuwo Odofin, close to a busy road with high levels of noise. The school itself has good structures though with a less equipped science laboratory. One building in the school is close to swampy water which poses a challenge and risk to the learners. The structures are close to each other with no space for recreational activities. The senior secondary section is located adjacent to the junior secondary school, each with their different principals. It was a very noisy environment as learners were seen moving around, with most learners seen looking out of the window while some were sitting on the window sills during class because of insufficient classroom space

and the large student population. The school has a total population of 577 learners with 23 teachers. The school has no defined point for counselling section as the researcher was told that the teachers do the counselling on their own.

3.6 PROFILE OF PARENTS

For this study, the researcher interviewed 6 parents from school A and B during early hours on different days. The researcher introduced him-self and the purpose of the study and was able to have an interview schedule with some of them with many turning down the request due to reasons ranging from time factors, not interested in the study and plain non-availability. The researcher made it on time to the interview venues as agreed with the parents that accepted to participate

3.6.1 Data collection technique

In qualitative research design, data collection involves gathering of data through different sources (Lekganyane, 2011:np). According to Brink *et al.* (2012:147) to every research work, the data collection processes is of great importance hence researchers should pay good attention for successful research. Wilson (2009:65-66) stated that interview, observation and documentation are the three basic processes of data collection. For the purpose of collecting rich data, the researcher in this work used interview and observation.

Individual interviews and observation

Rossmann and Rallis (2012:176) suggest that in-depth interview is an in-depth discussion between the researcher (interviewer) and the participant (interviewee) with the sole aim of probing deep into the participant world in order to understand their view, gain more insight and solve research problems. According to Brink *et al.* (2012:157) interview is a process whereby the researcher (interviewer) obtains data from research participant through either one on one interaction or any other means of communication with the intention of generating information regarding a phenomenon for the purpose of answering research questions and finding solutions to a problem under study. Brink *et al.* (2012:157) also classified interview as either structured or unstructured interview.

In-depth (unstructured) interview and non-participant observation were used. An in-depth interview consists of open ended questions where the participants are expected to give their

individual meanings and perceptions to their world and events (McMillan & Schumacher, 2006:16). Brink *et al.* (2012:158) affirm that unstructured interview enables the participant to answer research questions freely without much obstruction from the researcher. Brink *et al.* (2012:158) also state that the researcher may add other questions to the on-going one for a broader response from the participant. Unstructured interview has a high tendency of generating more information regarding the phenomenon under study.

For this study, unstructured interview was used. Teachers, students and parents were interviewed in order to understand their perceptions and to know the management strategies available in schools for responding to adolescent depression. During interview, the researcher made use of tape recording device, interview guide and taking field notes of the participant's words and observed participants body language and attitudes. Participants were interviewed until data saturation. With data saturation, the researcher means there are no further new ideas emerging from the participants.

Brink *et al.* (2012:150) stated that observation is a very useful tool in gathering behavioural data. In order to consider observation as a scientific tool, it must be done carefully through a systematic approach and proper documentation. Observation could either be structured or unstructured, where structured observation is mainly used in quantitative research in which the researcher receives training as an observer while the unstructured variety is mainly used in qualitative research where researchers observe the participants' reactions and behaviours while taking field notes (Brink, *et al.*, 2012:150).

3.6.2 Interview question

General questions for principal, teachers, learners and parents

- What is your view about adolescent learner's depression?
- What do you think contributes to learner's poor academic performance?

Probing question

- Tell me more on what you think contributes to adolescent learner's depression?

For principals, teachers and parents only

- How does the school manage adolescent learner's depression?

Probing question

- Tell me more on your individual management of adolescent learner's depression
- How do you think learner's psychosocial wellbeing can be improved?
- How does the Ministry of Education contribute to the management of adolescent learner's depression?
- How do you as a parent manage your child's psychosocial challenges?

3.6.3 Conducting an interview

Rossman *et al.* (2012:182) are of the opinion that researchers should always bear in mind that the richness of any interview depends on the crafting of the research question and the ability of the researcher to ask more follow-up questions. According to Watson *et al.* (2008:282-286) the researcher should endeavour to make first contact with the participants before the day of the interview to enable them get prepared, have all the necessary equipment ready before embarking on the research interview. They also add that the researcher should be skilful in sticking to questions on the interview guide, display proper communication style, maintain good composure, be an active listener while maintaining silence when necessary to allow the participant voice their opinion, proper taking of field notes and still being in charge of the interview. Also the researcher should endeavour to establish a good rapport with the participant to enable the participant have confidence, avoid being judgmental. Rossman and Rallis (2012:168) are also of the opinion that qualitative researchers should have "good observation skills".

The researcher made use of unstructured interview guide on the interview questions which included: the perceptions of adolescent depression, the psychosocial ways of managing adolescent depression, ways to enhance the current psychosocial management of adolescent depression. The researcher made first contact with each of the schools and the participants before the day of the interview in order to inform them about the study. On the day of the interview, the researcher went with interview guide, recording tape and a note book for proper recording and note taking during the period of the interview, the researcher greeted the participant, reminded the participants on the reasons and the benefits of the asked question according to the study while allowing the participants to voice their perceptions, values, assumptions and beliefs for in-depth understanding of adolescent depression and management. The researcher also took fields notes and observed the participant reaction and behaviours toward the research question while carefully listening to the participant. According to Rossman *et al.* (2012:194) description of your observation written on paper and

the researcher's explanation of those written notes are the two major aspects of field notes. The researcher interviewed twenty four (24) participants; in school A, four (4) teachers, school principal with five (5) learners were interviewed, in school B, five (5) learners, also four (4) teacher with principal and finally six (6) parents were all interviewed making it total of twenty four (24) participants.

3.6.4 Construction and validation of interview questions

Interview questions were carefully designed in line with the research questions and the research literature. This was approved by the research supervisor. The research questions were carefully derived from the research problem through repeated reading of the problem in order to be properly guided. Research questions were structured to enable the researcher obtain concrete data for the study. There is a specific question for the learners and general questions for principals, teachers and parents.

3.6.5 Data analysis

According to Creswell (2014:246-249) data analysis in qualitative research involves a series of steps in segmenting and taking apart the data with the intent of making sense out of text and image data. For this study, the research made use of Creswell's 8 steps of data analysis.

Table 3.2: Data analysis

Step 1	At this step, the researcher, listened and read through the collected data, transcribing, making sense, sorting and arranging the data into different types.
Step 2	Here, the researcher read through reflecting on the tone, the in-depth idea of the participant and comparing data.
Step 3	The researcher coded all the data, removing the chunks, categorising the data and placing them into segments.
Step 4	The researcher generated descriptions from the data and themes for analysis using the coding process.
Step 5	The researcher used the themes and the description advancing and representing them in qualitative narrative. The findings were conveyed using narrative passages like in-depth discussion of multiple themes coupled with several individual perspectives, specific illustrations and using subthemes.
Step 6	The researcher interpreted participants' responses asking of questions on what was the

	learnt lesson and capturing the ideas
Step 7	This involved gathering together of all data belonging to each category in one place and performing preliminary analysis.
Step 8	The researcher summarised the participant response, reflecting its authentic meaning relative to the study.

3.7 MANAGING DATA AND ANALYSING

According to Creswell (2014:246-249) data analysis in qualitative research involves a series of steps in segmenting and taking the data apart with the intention of making sense out of text and image data. Data collected from the participants through interview and observation were analysed through open coding process involving the transcribing of the data, reading through, organising and breaking the data in order to ascertain the participant original view of the question asked. Emerging themes were based on the issues that regularly emerged from the participant response during the interview and observation. The participant responses were arranged together in order to obtain related categories and themes and those themes were cross-matched with the research question.

The coding process was done using the three sites that were represented with alphabetical characters A.B.C for differentiation. Teacher in capital letter “T”, alphabet “A” and number “01” represents teachers in school A, which implies that AT01 represents the first teacher in school A, also, capital letter “T” with alphabet “B” and a number “01” represent school B which implies that BT01 represents the first teacher in school B while capital letter “L” represent the learners which means that AL represents the learners in school A, which were further represented with AL01, which is the first learner in school A to the last learner. Learners in school B, were represented with BL and further with AL01 till the last learner in school B. Furthermore parents were represented with capital letter P and numerical number 01 till the last parents. Notably, teachers as used in this study represent both the class teachers and principals of both schools.

3.7.1 Research objectives, categories and themes

3.7.1.1 Coding of data

According to Creswell (2014:246-249) data analysis in qualitative research involves a series of steps in segmenting and taking apart the data with the intention of making sense out of text

and image data. For this study, the researcher made use of Creswell's 8 steps of data analysis as described already in the segment above (Table 3.2).

3.8 MEASURES TO ENSURE TRUSTWORTHINESS

According to Brink *et al.* (2012:126) qualitative researchers reject reliability and validity which are mostly for quantitative research in favor of 'trustworthiness', 'auditability' 'consistency', 'dependability', 'conformability', 'credibility' and 'transferability' which are regarded as more appropriate for qualitative studies. Brink *et al.* (2012:126) also described qualitative rigor as a means of measuring the research relevance, methodological consistency and the general fairness of the research method of data collection and analysis.

Since the study is a qualitative research, the researcher maintained trustworthiness, credibility, confirmability, consistency and dependability extracted from Creswell (2014:251-252) primary strategies, tabled below as follows:

Table 3.3: Trustworthiness

Trustworthiness	Definitions
Triangulation	At this stage, the researcher examined different data collected from the participants in order to build a logical explanation that would enable the researcher to address the themes identified for the study.
Using thick explanation	Thick description refers to complete, literal description of the incident being investigated. Conveying the research findings using a thick description was done by detailed discussion and setting on the theme from different viewpoints.
Use self-reflection	The researcher used self-reflection to clean up the bias. In most cases, the researcher can be could be biased in their findings interpretations and reporting.
Present discrepant information	The credibility of the research was ascertained by discussing contrary information. Sometimes, human life consists of different and often opposing views, ideas and opinion.
Spend much time in	This process allowed the researcher to have first-hand understanding of the

the field	context under study and develop detailed findings about the phenomenon under study. This brought about great credibility in the final narrative.
Employing a peer debriefer	To improve the exactitude of the findings, this was done by appointing a peer debriefer who reassesses the findings.
Consulting external auditor	An external auditor is a different individual who does not know about the study so he can review the findings and make informed suggestions pertaining to the study. He reassesses the whole findings.

3.9 RESEARCHER'S ROLE

In this study, the researcher played the role of interviewer, listener, recorder and a writer taking field notes along in order to gather the data for the study.

The researcher also ensured that all ethical considerations were carefully followed and ensured quality data collection to ensure that the objectives of the research were met.

3.10 ETHICAL CONSIDERATIONS

According to McMillian and Schumacher (2006:16) research ethical measures should be considered. Ethical approval was obtained from the Faculty Ethics Committee of the North-West University permitting the researcher to embark on the research.

3.10.1 Prior to data collection

First contact was made with the schools where permission letter to carry out the study from the Faculty Ethics committee of the university was given to the school principal. The purpose and benefit of the study were clearly written on the consent form which was also explained to them. The school principal and the teachers in class 4 – 6 (grade 8 – 12) helped together in recruiting the students that best answered the research questions, they were at first handed a consent form containing information regarding the purpose and benefits of the study with proper explanations. Since they are minors their parents signed and they later returned to the researcher. The researcher interviewed the learners in the school compound after signed consent forms and also interviewed the school principals with teachers after they also signed their own consent forms. Also the researcher visited the schools early in the morning and booked interviews with them. Then the researcher later visited the parents at the interview

schedule venue and interviewed them regarding the study. The study had minimal risk level which the researcher properly controlled as stated below.

3.10.2 During collection of data

The researcher again explained the purpose and benefit of the research to the participants. The researcher talked to the participants in clear language and in an understandable manner; the researcher ensured equal and fair treatment of the participants, avoided deceiving or harming them or allowing any harm to befall them, ensured active participation, built confidence by establishing eye contact, sticking to the interview questions, respected their privacy and reported contrary findings. The researcher also listened attentively to the participants thus ensuring proper recording of notes during the interview and also ensuring accurate reporting and storing of data reflecting on the participants' authentic meanings (APA, 2010:np); Creswell (2014:188); Lincoln (2009:150-169); Salmons (2010:np).

3.10.3 Reporting, sharing and storing of data

The researcher kept the raw data with the supervisor after interpretation where it will stay till 5 years and thereafter it will be discarded and also other details of the procedure will be kept in order to provide complete proof of compliance with ethical issues and lack of conflict interested if requested.

3.11 CHAPTER SUMMARY

In this chapter, the researcher explained research design and methodology which include: qualitative research approach, a case study research design, population of the study, population sample, participant selection, method of data collection (interview and observation) and method of data analysis. Also, ethical clearance regarding the study was obtained which gave permission to carry out the study, the researcher explained consent and assent for the study both prior to data collection, during data collection and reporting, sharing and storing of data.

CHAPTER FOUR

ANALYSIS AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

Chapter three discussed the research method and design used in data collection. This chapter focuses on data analysis and presentation of findings from questions that explored the psychosocial management of adolescent learner depression in the two case study secondary schools in Amuwo Odofin. The research findings were presented according to the themes and categories that emerged during data and presented as they reflect the participants' authentic meanings.

Table 4.1: Themes and categories identified in the study

Themes	Category	Concepts
Clinical picture of the depressed learner	Psychological disturbance	- Hopelessness - Withdrawn - Low mood - Lack of concentration - Feelings of discouragement - Loss of interest in the world - Emotional response/unhappiness - Lack of coping - Helplessness - Moody
	Emotional response	- Deep in thought - Suffering
Lack of family support	Rejection	Parental negligence
	Family challenges and financial problems	- Financial difficulties - Family challenges - Literacy level
	Family structure	Family background
Support system	Support	Counselling
	Management approach	- Poor management - Support
	Support	- Societal role - Motivational talks

		• Motivational materials • More counsellors
	• Family support	• Parental roles • Moral support • Provision of resources • Funding • Positive exposure
Feeling	• Peer pressure • Emotional state	• Influence • Deep in thought
Coping	• Suffering	• Emotional response
Peer group influence	• Peer influence	• Influence

4.2 PRESENTATIONS OF FINDINGS

4.2.1 Interpretation of data

For qualitative research, single data does not have enough meaning to justify research work hence a researcher gathers data from different participants and sources, transcribes, codes, removing the chunks and generates themes in order to arrive at the participants' authentic meanings (Rossman & Rallis 2012:262).

4.2.2 Discussion of the findings

The aim of this study was to explore the perceptions of adolescent learner's on depression and the psychosocial management within the secondary school settings.

4.2.3 The objectives derived from the main aim of this study are to:

- Explore the perceptions of adolescent depression.
- Explore the perceptions of teachers and parents of adolescent depression
- Describe the current management of adolescent learner's depression.
- Recommend how to improve current psychosocial management of adolescent learner's depression.

The discussion of the research findings is done in alignment with each of the objectives but structured according to the themes which emerged from the responses of the learners, teachers and parents to explore and understand the psychosocial management of adolescent learner's depression.

4.3 LEARNERS RESPONSE

4.3.1 Exploring the perceptions of adolescent learners on adolescent depression.

In order to understand the psychosocial management of adolescent learner's depression among the two selected secondary in Amuwo Odofin, the researcher interviewed learners in order to understand their perceptions about adolescent learner's depression. The learners in their understanding gave answers to the research questions as the researcher asked probing questions for deeper understanding.

4.3.2 Clinical picture of the depressed learner

This represents the clinical state of a depressed learner which includes feeling of hopelessness, being withdrawn, low mood, lack of concentration, loss of interest in the world, emotional unhappiness, lack of coping, helplessness and being moody as deduced from the participants' responses.

Psychological disturbance in this study represent the participants' perceptions of depression. It is the category under which lies the concepts deduced from the participants' responses.

Hopelessness: AL01 viewed adolescent learners' depression as state of hopelessness. To this learner, someone who is depressed appears withdrawn, some of them do not sleep well because they are emotionally disturbed. Depression to me is a serious issue because it affects the general state of the learner. Good emotional state of an individual keeps the person going but when the emotional state is not balanced, it becomes a problem. Depression is critical and demands attention especially when it comes to the area of adolescents. Life is not easy and so coping to most adolescents is difficult. The learner further explained that most of the learners in their school stay with guardians where they are subjected to all sorts of suffering and abusive names. As this abuse escalates, the emotional trauma takes a toll and ultimately results in a feeling of hopelessness. This statement is supported by Moreno *et al.* (2015:601-607) who suggest that adolescent depression is a serious issue.

"Depression is a state of hopelessness; it appears as if the world is crashing, the person doesn't like to talk to anyone nor does he or she sleep well."

Low mood: According to AL02, adolescent learner depression is a state of low mood; the sufferer is mostly angry without cause manifested through a deep moody appearance. The learner further maintained that when a learner is angry, the person cannot concentrate, which might be affecting their academic performance. AL02 also indicated that the worst part is that

you cannot predict what is in the person's mind and their next line of action. Due to many life challenges and accumulated problems in the life of the learner, coping is not easy and the tendency to start thinking of suicide becomes predominant. So to me, depression is a real deal and should be given proper attention.

“Depression is a state of low mood, the person is angry most times without knowing the cause.”

According to Tu a *et al.* (2014:335-343), globally, depression is regarded as the most internalizing condition within adolescents, estimating that by year 2020, the second cause of disability could be depression.

To respondent **AL04**, adolescent learners *“depression is a state of discouragement characterised by low self-esteem, meaning that the person will feel that there is no hope and feeling of helplessness, making most learners feel as if they are not welcomed in the society”*. When a learner is battling with challenges from their family background and it seems there is no hope of a positive change of life status, it discourages the learner, some are concerned about life being unfair, especially in their individual cases. Some of the victims have mood swings and can easily fall into depressive state. In testament to this report, Millinigs *et al.* (2012:1061-1067) also reported that peers attachment problems and low self-esteem are among the major predictors of adolescent learners' depression.

Helplessness: According to **AL03**, the learners started by telling the story of her life:

“when our Dad separated from us and married another woman simply because my mom gave birth to 3 girls, it was as if I will die, I wanted to take my life because I am the eldest of the 3 so I kept thinking how we will cope without our father who is the main bread winner of our family. I was down for many times, nothing interest me again, I stopped going to school even my younger sisters were always crying and our Mom kept being sorrowful every day”. To the learner, adolescent learner depression manifests in a state of helplessness. Drawing from her experience, she is of the opinion that life challenges cripple a learner the most, with so many devastating effects. She nearly took her life because she was helpless and seeing the younger ones and mother and imagining how life would be from the moment she lost her Dad becomes another uphill task. In support of this, a cross-sectional study conducted with Norwegian adolescents reported that poor coping mechanisms predisposed adolescents to depression (Ziaian *et al.*, 2012:1-4).

4.3.3 Coping

Suffering

Emotional response: To **AL05**, when asked about his view about adolescent learner's depression, the learner responded that this is a state of suffering with diverse emotional responses. When the child is not passing exams while other learners are passing their own, the child feels education is not for him: *"What can he do then when the coping mechanisms are not intact or at its optimal function?"* It is really challenging because the learner is still an adolescent and not fully exposed to proper coping mechanisms. Furthermore, the learners added that it could be the environment of the learner where the person is being bullied by peers. In support of this, WebMD (2016:np) offers so many causes of depression in adolescents, for instance, failure in school grades, environmental stress, low self-esteem, peer bullying, and sexual orientation.

"Depression simply means what the adolescent passes through maybe during their education or the environment"

4.3.4 Peer group influence

Peer influence

Influence: According to **BL02**, adolescent learner's depression is associated with the type of friends we keep and our teachers. The friends we keep will go a long way in determining our success and failure and when a learner with all the adolescent drives starts associating with bad friends and academic performance starts dropping without seeking help, the individual might end up being depressed. In a number of cases, the teachers exacerbate the depression as they see no ways to enter the realm of the learner and offer professional advice. They expect the learner to pass all the time and when a learner fails, they call the student names in the class before other learners. At this point of emotional disturbance, depression is inevitable.

"The thing is our friends and our teachers, like most friends will try to influence you".

This statement is contradicted by Fakunmoju and Bammeke (2015:1-10) who reported that teacher abuse causes depression to a lesser extent. According to the author, Nigeria (as a developing country) is characterised by many challenges political wise, families, and individual lives of which the adolescents are not an exception. These challenges especially from families, peers, coping and growing up have presented a great problem both to learners'

academic performance and their all-round psychosocial and psychological development toward a better future which calls for more concern. Millinigs *et al.* (2012:1061-1067) also reported that peers' attachment problems and low self-esteem are among the major predictors of adolescent learners' depression.

4.3.5 Feelings

Emotional state

Deep in thought: BL03, offered the following vignette *"to me, [depression] is a state of thoughtfulness"*. A learner who is depressed thinks so much which causes serious lack of concentration in the learner. These thoughts might be as a result of the happenings in the learner's family: some parents fight almost every time and when their adolescent child who never appreciated that starts giving it a thought, it affects them psychosocially, leading to depression.

"Too much thinking affects the student health, if you are thinking of any negative things, try to remove it from your mind".

Emotional state: This represents the participant's deep feeling regarding adolescent learners' depression. It is among the categories deduced from the participant's response. It comprises; deep thought and suffering. **Suffering:** BL04, the learner has this to say when asked about his view on adolescent learner's depression.

"Adolescent depression is the emotional state of an adolescent caused as a result of challenges they are facing, maybe those staying with someone like for me my uncle and wife usually fight and when they are fighting, I feel that I am the cause and with that I can't read at home, but some time as they are fighting I will go to my room and lock up myself and start being emotional. Their fights affect my emotion and I feel as if I am [the one] that causes it, my uncle's wife is very wicked and when I do things she will start beating me and when her husband comes back and I explain it to him they will start fight and that makes me feel too bad".

4.4 TEACHERS' RESPONSES

4.4.1 Exploring the perceptions of teachers on adolescent learner's depression

4.4.1.1 Clinical pictures of the depressed learner

Psychological disturbance

Hopelessness: AT01, said *“for me adolescent depression is a state of feeling of hopelessness because of so many challenges surrounding the learners, most times coping becomes difficult”*. This is supported by the definition of the APA (2013:155) where depression is defined as a state of loss of interest in pleasure or the person's usual activities characterized by recurrent symptoms of low mood that is present across most situations for more than 2-weeks, characterised by feelings of worthlessness, helplessness, hopelessness, feelings of guilt, poor decision making, irritability, low self-esteem, feeling sad, poor remembrance, insomnia, loss of interest in pleasures, poor concentration or fatigue. To this effect Rappaport *et al.* (2017: 269–279) has a slightly similar opinion stating that depression is characterised by a deficit in emotion regulation and interpersonal problems which presents with negative effects over a period of time. When a learner is unable to have complete control over his or her emotions as a result of life difficulties, feelings of hopelessness set in.

To participant BT01, *“it appears as if the world is crashing, no money for the family to take care of their daily needs, some of their parents are separated making life too difficult to cope while some are being bullied by friends making them depressed”*. In affirmation to this, Chinawa *et al.* (2015:46-51) in a study conducted among secondary school students in two States from the Eastern part of Nigeria, they reported a high prevalence of adolescent depression which they attributed to family history of depression, parental separation and other childhood stressors.

Withdrawal: is a state of isolation from people and things that made one happy in the past due to the depressive state of the individual. To BT02, *“a learner who is depressed appears withdrawn.”* In one of the teacher's findings from one of her students, *“I found out that the environment is a commercial area, most learners work in a beer house, they goes to bed late, wakes early and feeling restless, and withdrawn”*. This type of home where the learner is subjected to strenuous life is really discouraging as the learner has lots of things to think about: the learner assists the aunty at the shop in selling beers, also continues with numerous house chores on getting home with no time for himself. To this participant, adolescent learner

depression is perceived as a state of feeling withdrawn, which could be as a result of family challenges the learner is passing through in their various families and the commercial environment in which the learner lives.

AT04, elucidated that adolescent learners' depression is seen as those things that make the learner have lots of responsibilities, like families issues whereby the parents are separated, subsequently giving lots of responsibilities to the adolescent thereby affecting their mood, making them feel withdrawn and not performing well in the society and academically. All these affect them mentally and psychosocially. This was also supported by Chinawa *et al.* (2015:46-51) in a study conducted among secondary school students in two States from Eastern part of Nigeria, where they reported a high prevalence of adolescent depression attributed to family history of depression, parental separation and other childhood stressors.

“This makes them have lots of responsibilities thereby affecting their mood and making them feel withdrawn and not performing well”.

BT03 expounded that any learner undergoing depression isolates him or herself from others. At this point it is imperative that the learner gets attention because of suicidal clues. When a learner is having low mood and at the same time isolating from people, this might be as a result of family problems, poor coping with social activities and you cannot predict the next line of action from such a traumatised individual. According to the participant experience, any adolescent that is undergoing this kind of mood does not like to associate with others; they like to be alone, they tend to read negative meanings into everything that is going around. In testament to this, Moreno *et al.* (2015:601-607) state that depression among adolescents is a serious and has detrimental effects like anxiety disorder, drug abuse and suicidal clues. Elaborating on this the more, Thapar *et al.* (2012:56-67) is of opinion that depression constitutes a suicide major risk factor and it is the second to third leading cause of death in adolescents. This implies that low mood and isolation in adolescent learners has a huge tendency of predisposing the individual to suicide. Notably, Bennett (2012:184-194) also reported that the prevalence of adolescent depression has become a serious issue due to the high number of adolescents receiving antidepressants and high rate of adolescent suicide.

“Any adolescent that is undergoing this kind of low mood, does not like to associate with others”.

Low mood: To another **BT04**, adolescent learner depression is seen as state of low mood, when the child is struggling with the parents to survive and nothing is coming out of it and the child is emotionally down, when things are not working out fine and there seems to be no hope, the parents can't provide the three basic needs of their children which are shelter food and clothing, some of the children will be sent out early in the morning to hulk on the street for the family to eat after before they will go to school, from school they will return back to their business, with the child doing all these and seeing other children at school keeps the child thinking of his or her family state.

“Also when the child is struggling with the parents to survive and nothing is coming out of it and the child is emotionally down”.

Furthermore, **AT05**, viewed adolescent learner depression as a state of low mood, which could be as a result of family background, environmental and school impact which generally affects the learner psychosocial as the individual transit from childhood to adulthood. Naicker *et al.* (2013:533-538) in their work made mention of adolescent stage as a transitional period from childhood to adulthood with marked changes including adaptation and academic challenges which makes the adolescent vulnerable to depression. Furthermore, WebMD (2016:np) stated that many reason causes depression in adolescents, for instance, failure in school grades, environmental stress, low self-esteem, peer bully, and sexual orientation.

“The learner mood is low, hardly talk with friends”.

Lack of concentration: **AT02**, View adolescent learners' depression as a “*state of lack of concentration*”. When the life of the adolescent learner is filled with challenges like those learners staying with someone who is not their biological parents, most of the families gives them lots of work because they are paying them or not, waking them up very early to take care of their children and prepare them for school, because the adolescent has no place to call his home and rather is in someone's house being subjected to numerous house chores and still have to cope with his or her studies, these affects their concentration which in turn affects them psychosocially. The participant drew from her experience with one of her learner whom she found out was an orphan and stays with a man who treats him so bad and even kept threatening to rubbish his image which kept reflecting to the boy attention both in and off the class.

Furthermore, **AT03**, viewed adolescent learners depression from environmental aspect, according to the participant, if the learner is not coming from a good environment, the learner will not be able to learn well when he gets to school which will affect the learning of the child leading to lose of concentration, appears unconcerned and moody. This is also supported by WebMD (2016:np) which affirmed that many reason causes depression in adolescents, for instance, failure in school grades, environmental stress, low self-esteem, peer bully, and sexual orientation.

“Lack of concentration”

Loss of interest in the world: Furthermore, **AT03**, explained that when a learner is depressed, he/she lose interest in the world, they feel hopeless and unhappy, this was supported with what **AT01** said. According to **AT03**, seeing how the country economy is going down every day, families are in trouble, husband and wives are going their separate ways, new marriages are in in trouble, the youths are engaging in one bad life style or the other, it all leads to adolescent learner depression and when one is depressed, he/she will not be seeing any good in this world, they feel frustrated, feels that there is no hope, some of them are so unhappy and helpless, all these are depression and the student performing so bad in their studies. In support of this, Usen *et al.* (2016:23) in affirmation with Nevid and Rathus (2005:54), are of the opinion that people who are depressed sees the world from an angle of darkness that disrupts their interpretation of life experiences and this could be too detrimental to adolescents in schools.

“When one is depressed, he/she will lose interest in the world, they feel frustrated, feel hopeless, unhappy”.

Feeling of discouragement: Another **AT04**, viewed adolescent depression as those things that are bringing discouragements to the learner, the participant went further to give an instance stating that when a learner is working so hard in class but without much output, failure is inevitable and that discourages the learners. As the adolescent stage is filled with much sensitivity, most learners tend to put in some encouraging efforts in class but when the output goes the other end, it got the learner discouraged and depressed. To this effect, Usen *et al.* (2016:23) in their work on cognitive distortion as predictor of in-school adolescent depression went further to put it clearer stating that negative ways through which adolescent perceive the happening around them leads to cognitive distortion and this distorted cognitive can explode to a full depression when the adolescents start facing academic challenges

performance leading to depression and these depression last for a long time, they went ahead to state that with development in technology and psychosocial support, this depression can be controlled.

“I look at it as things that are discouraging them like academic failure”.

Emotional response/unhappiness; BT01, viewed adolescent learner depression as *“an emotional response or unhappiness resulting from failure to pass exams coupled with home challenges”*, these throws the learner into depression as most of them lacks adequate coping mechanism to overcome the situation. This view is slightly in affirmative with the response from AT04, which is supported by Usen *et al.* (2016:23), but in a more expanded form, stating that when the adolescents start facing academic challenges performance leading to emotional response or unhappiness which might end up into depression and these depression last for a long time. Furthermore, WebMD (2016:np) reported that so many reasons causes depression in adolescents, for instance, failure in school grades, environmental stress, low self-esteem, peer bully, and sexual orientation. A cross-sectional study conducted with Norwegian adolescents reported that poor coping mechanism predisposed adolescent to depression, (Ziaian *et al.*, (2012:1-4).

Lack of coping: To BT05, adolescent learners depression can be traced down to the learners in ability to cope with life challenges in totality, it could be that the family is in deep mess, where the parents are fighting each other, no money to foot the family bills, academic challenges, all these predisposes the learner to depression as there is no proper coping mechanism. The below statement captured from the participant portray better the authentic participant response.

“In my own understanding, adolescent learner depression is the inability of the learner to cope up with life challenges including his learning that is when the learner is not meeting up with his/her studies”.

4.4.2 Lack of family support

Rejection

Parental negligence: On further probing on the causes of adolescent learner depression for a deeper understanding of the teachers view on adolescent learner’s depression and the psychosocial management of adolescent learner’s depression, participants were asked to elaborate on the contributors to adolescent learner’s depression. To that effect, Parental

negligence was deduced from the response of one of the participants. To **AT01**, how parents relate to their children especially the female ones contributes to their depression. The participant went further to state that high level of poverty in the country has increased the expectation of parents from their children, when the parents are not doing well and has nothing to show for their parenthood, some mothers would want their children to be flying, I mean getting money for them, the society is too bad, filled with many evils and the environment influences a lot, so when these children are not meeting up with the high expectation from the parents, the mothers tends to be calling names like good for nothing, don't you see your mates going out and coming in with bags, the wise ones among the adolescent girls tends to be unhappy with the whole thing, it causes lot of emotional upset among them.

They will keep thinking that their parents do not love them, the worst part is that the mother and father does not even care on how the child feels, this child in question will keep battling with this challenge without help and some of them thinks of killing themselves since their family does not even care about how they feel. This could also be seen as poor parenting which Bennett (2012:184–194) termed adolescent early depressive risk factors attributing it to obnoxious life events, poor peer coping, inferiority complex, poor parenting, parental depression and psychological issues pertaining to puberty. Furthermore, a cross-sectional study conducted with Norwegian adolescents reported that poor coping mechanism predisposed adolescent to depression, (Ziaian, *et al.*, 2012:1-4). The poor coping can be as a result of some parent's negligence to their children.

“How parents relate with their children at home especially the female ones”

To **AT04**, causes of adolescent learner depression can be traced back to the adolescent parenting, when the parents are not giving the necessary attention to their children, some left their children to the fate of their house helps even they are growing, because of their busy schedules, they work far away from homes, this make the child craving for the parents attention which is not forth coming making the child to feel withdrawn and thinking that they have no parents, some of them falls back to their peer groups for help.

“Parenting also contribute to depression, they don't care about them because they have no time for such”.

Family challenges and financial problems

Financial challenges: **AT01** further acknowledged the researchers effort in conducting such study, adding that the society is in serious need of help in that regard since the adolescents are the future of tomorrow hence they need attention, furthermore adding that from her many years of experience, she has realise that adolescent depression is a serious issue in the society sating reinstating that the some of the children are really passing through challenges both as lack of good things of life which their parents cannot provide, peer bullies and the environment at large which will continue ravaging the society if proper care is not taken. Lastly the teacher suggested that a change in positive direction by some parents and guardian towards raising their children in a proper way psychosocially and the effective participation of the government in providing enabling environment for a better future. Fakunmoju and Bammeke (2015:1-10) in their study conducted in Nigeria, they reported that parental depression, substance abuse, large family size, perception of parental poverty, being a female, peer coping problems, low self-esteem are among the factors predisposing adolescents to depression.

“The children are really passing through lots of challenges like bullies and lack of good life, parental role and government intervention can help and change things for good”

BT01, is in affirmative with **AT01**, and stated bluntly that poverty is the major cause of adolescent learner’s depression. To the teacher, *“if the parents of an adolescent provide a better accommodation and the children have their own rooms, parents will have privacy, the teacher is of the opinion that when a family is sharing room, the children will be seeing the parents making love which the children most times would like to copy. The internet these days is too corrupt so these children watching bad thing on the internet like people making love, when they fail to practice because they would like to practice what they because at that adolescent age they want to taste every so when they are unable to practice what they saw on net, it will be affecting their mood,. They will be feeling unhappy and feel withdrawn”*.

BT04 further added that the stress of life and poverty are among the causes of adolescent learner’s depression. To the teacher, some parents can’t provide the three basic needs for their family which are food, clothing, and shelter; the child who is in adolescent stage will be so worried about their state of life and what the future will bring. Some of the parents cannot provide good shelter for their family, many of them are living in a small room apartment with

many children with no good business to take care of the family, they keep struggling to survive with that ending up sending out their kids to hulk even when the adolescent is not willing to do so, this affects their emotion and when coping becomes difficult, depressive state is inevitable.

“The stress of life and Poverty”.

Family challenges: According to **BT03**, among the cause of adolescent learner depression is the learner’s family background, in this family, the teacher, elaborated on the challenges most learners are facing in their various families. Families where the parents has gone their separate ways living the children to their fate without contributing to the upbringing of the children, the child does not get necessary attention and help needed from the family which can lead to depression. In such family, feeding becomes a problem. To the teacher, she termed it poor nutrition stating. Poor nutrition which is also among, the way the child feeds at home, when you see children that are hungry they will be alone, when they see others going to buy things they will not go and buy and that leads to depression.

Furthermore the teacher stated that the type of parents also contribute to depression, when the parents does not contribute to the welfare of the child, when the child comes back from school they will not care to know if the child has assignment or will do the assignment, in that case the child will not perform well. This is also supported by the findings of Bennett (2012: 184–194) who attributed the possible cause of adolescent depression to poor parenting and obnoxious life events. Elaborating this further, Oldehinkel *et al.* (2014:1067-1075) in their work hypothesized that adverse experiences encountered by children during their childhood modifies their later life stress sensitivity and risk of developing depression, they further explained that childhood adversities disrupt the child’s stressor threshold thereby making the child vulnerable to later depression and also on the other hand, children who were able to develop resilience toward stressor are likely not to develop depressive symptoms.

“Family problems where the parents goes their separate ways, poor nutrition which is also among family problems”.

To **BT05**, among the contributor to adolescent learner’s depression is the parental factor. Parental factors has huge role to play in the psychosocial wellbeing of their children in the sense that the parents should know their children much more and work hard toward their better future. To this teacher, when the parents sees the need to provide the need academic

materials for their children instead send them to school without considering the learning materials involved, these learners are being disturbed by their teachers for not having the need materials like book which gets the learner feeling bad whenever they are being talked about in class and without help, they gets depressed.

“Parental factors in that some of the learners need like books, the parents cannot provide them and again”

Another participant **BT04** has this to say that when the child comes from a family where the parents are not guiding them properly.

“Also when a child comes from a family where the parents are not guiding them properly in terms of right direction to take in life and in decision making that will better their lives, they are not getting the needed encouragement from their parents as a result of their ignorance of education, when this children happen to see themselves in the school and sees how other children are doing, they will start comparing their lives with the rest of the children which leads to depression”.

Literacy level: **BT02**, has a different perception to the causes of adolescent learners' depression. The teacher believed that adolescent learner's depression is caused as a result of the parent's illiteracy. To the teacher, some of the parents are illiterate, they are not interested in the education of their children maybe because they were not fortunate enough to go to school and never come to understand the need for education. Consequently, they pay no attention to their children's education, and when children from such homes are registered at school, most of them do not have academic material and their parents are not even interested in buying any for them. When such deprived children see other learners with their parents providing all they need to study, it gets them worried and as such consider their existence to be hopeless. Depression sets in which will in turn affect the academic performance of the learners. This narrative is consistent with the work of Anderson *et al.* (2015:294-317) which states that adolescent depression affects adolescent educational performance. Furthermore, this emotional state of the learner can predispose the learner to suicidal thought or even suicide, supported by the work of Thapar *et al.* (2012:56-67) which adds that depression constitutes a suicide major risk factor and it is the second leading cause of deaths in adolescents.

“Some parents are illiterate they are not interested in the education of their children”.

4.10.3 Current management of adolescent learner’s depression.

At this point, the researcher presents the schools’ current management of adolescent learner’s depression as reported by the teachers and principals for an in-depth understanding of the psychosocial management of adolescent learner’s depression. In order to realise this, the researcher probed deeper for a proper understanding of the study. Below are the presentations.

4.4.4 Support system

Support

Counselling: In order to understand the schools’ current management of adolescent learner’s depression, the researcher asked the teachers and principals on their individual and school management practices of adolescent learners depression. **AT01**, with her many years of experience as a secondary school teacher, has encountered many cases of depression among learners. To her, adolescent learner’s depression is really challenging and most of the teachers lack competency in managing it. The teacher spoke about one of her experiences where one of the learners told her bluntly that he wanted to commit suicide which shocked her. In her curiosity to know why and how he intended to kill himself, he told the teacher that he would drink rat poison. On further interview, the teacher found out that the boy came from a poor home and his mother had died while he was young so his father got married to another woman who convinced his father to send him away to stay with someone. In this foster home, the student is being maltreated so much in that home, that he cannot bear it: he eats once in a day and even at that tender age with much house chores, the teacher in her little capacity established a good rapport with the boy and kept discouraging his suicidal idea and also reminding him of the good the future offered if he choose to live. The teacher made arrangements for the boy to leave that home and for another better family and also continued follow up, which yielded benefits. To the teachers, individual encouragement of the learners and counselling helps in managing learners’ depression. Thapar *et al.* (2012:56-67) is of opinion that depression constitutes a major suicide risk factor and it is the second to third leading cause of death in adolescents. Hence the learner was depressed and eventually became suicidal.

“I have encountered many cases of learner’s challenges so I usually invite the person for separate discussion”.

Furthermore, the teacher explained that *“the ministry of education backs up school activities, encourages learners to engage in co-curricular activities, and inter-school competition but the school is facing stiff opposition as the school is overcrowded hence the teachers face challenges in talking to the learners during moral instruction or motivational talks because the school hall is not large enough and there is no public address system that will help communicate with the learners.”*

To participant **AT02**, managing adolescent learner’s depression in schools should be the priority of the whole staff with special counsellors for more professional work but in the absence of professional counsellor, the staff should shoulder the burden of taking care of the learner’s psychosocial well-being. To this teacher, she utilises counselling in managing adolescent learner’s depression. To her the counselling is helpful to the life of any depressed learner. She also keeps reminding the learners of how bright the future is for them and the need to be emotionally balanced in order to face the future and survive. Also the school management encourages them on talking to the learners.

“Study the person as a teacher, I began to talk to the person. I do tell the learner who I found emotionally traumatised to be checking on me, I keep telling them that the future is bright, I keep advising them.”

When asked about Ministry of Education’s contribution toward managing adolescent learners depression, the teacher affirmed that they *“encourage co-curricular activities and implement extracurricular activities like girls guide, but the learners most times are not serious because the school is free, suggesting that government should scrap the free education to enable the learners to be more serious in their studies as parents will not like their money to be in vain”.*

AT03, confirms **AT01 and AT02**, but adding that she loved telling them not to die in silence but rather to speak. To the teacher, *“when a learner speaks out about his or her psychosocial challenges that is only when help can be profound”*, in which she meant not only speaking out but speaking to the right person. **AT03** added *“So talking to them is always helpful, most of the learners in our school are staying with guardians and so their cases are always challenging, with that I counsel them, having a good rapport with them and making them to*

feel at home. The school is not really doing much because they kept complaining about poor funding from government.”

To the researcher, it is imperative that teachers understand their roles in the life of the learners as more comprehensive compared to only teaching and learning. These secondary schools should serve as a preparatory ground for the future of the learners. For the learners to be completely equipped to face the future, their affairs must be prioritised.

To another **AT04**, besides counselling the learners, *“encouraging them to speak out and avoid dying in silence”* also confirms the response from **AT03**. The basic finding is that the school relies on the teachers while the Ministry of Education also encourages co-curricular activities and student clubs but to the teacher, the clubs are not helping because the activities are only just once in a while and those talks in such a forum do not seem to appeal to the learners because of their population and the size of the hall.

BT01, Is also in affirmative with other teachers on the individual management of adolescent learners depression adding that she prays for her learners and also counsel them.

BT02, further stressed on management of adolescent learner depression affirming that *“she counsels the learners and most importantly maintain good relationship with them”* which gives them more confidence to confide in her for advice and also help in encouraging other teachers on the need to keep talking to the learners for their psychosocial welfare. Furthermore, the teacher stated that the school counsellor also help with counselling section though usually absent because of other engagements outside the school as such living the learners to the fate of their teachers most times. To the researcher, maintaining cordiality with the learners with a defined ground to avoid familiarity will give the learners a real sense of humour in approaching the teacher for help.

To another **AT05**, ability to know your learners as a teacher goes a long way in helping you to understand their character, managing these children can be funny and interesting at times and for a teacher to succeed in his or her teaching career, the person has to understand the learners to some certain measure and be able to have a good rapport. To this teacher, the learners are too populated which increases their workload. Also the school engage them in co-curricular activities like girls guide for enhancing their psychosocial wellbeing. But has no professional counsellor or counselling office hence those teachers counselling are being done

in the classrooms with the whole counselling burden on the teachers. The ministry of education encourage them on those co-curricular activities.

“The teacher said that the burden of managing the learner’s psychosocial wellbeing is on the teachers shoulder and so they put in their best in counselling and organising moral instructions on daily basis”.

Management approach

Poor management: To **AT01**, when probed about school current management approach to adolescent learner depressed, the teacher seriously complained of lack of facilities, to the teacher managing adolescent learner’s depression is too challenging as the school lacks competency and man power for such cases despite the teachers putting in their different little efforts in counselling the learners. The teacher emphasized that the school doesn’t have a special counselling unit for counselling nor functional welfare units around. To the researcher, in this modern dispensation, it is ideal for secondary schools to have special counselling unit with a standby professional counsellor in order to catch these adolescents young. The researcher believed that curtailing adolescent learners depression should be among sole priority of the schools hence schools should prioritise the psychosocial wellbeing of the learners and not only teaching and learner. With the high prevalence rate of adolescent depression, it calls for adequate preventive measures in order to reduce or prevent the associated consequences (Rohde, 2015:136-141). Hence the schools should take note of these.

“Lack of facilities”

According to **BT04**, utilising counselling in managing adolescent learners depression helps, the teacher is of opinion that counselling helps a lot in engaging the learners and understanding their challenges hence prefers counselling them both off and on the class. Also the school itself encourage counselling. Though the school has a counsellor but lack a good counselling unit for the job, hence the teacher suggested that government should help in providing an enabling environment to the schools and counsellor with appropriate materials where necessary.

“First of all they use counselling”

Support: BT05, Is of the opinion that managing adolescent learners' depression is a serious challenge and with that in mind, giving them special attention is imperative. The teacher from experience during her adolescent stage found it difficult to cope due to her parental attitude but at this point and with her position as a mother and also a teacher, she resorted using her position in helping the learners in getting out of their depressive state or overcoming psychosocial challenges, she loves advising the learners, with advise, the learners can open up to the teacher and their his/her challenges will be known. The teacher also stated that she establishes a good rapport with her learners which gives her joy. To her, the school and ministry of education help in organising workshops for the learner.

“Organizing workshops with moral talks”

4.4.5 Improving current psychosocial management of adolescent learners depression

To this effect, teachers were asked about how to improve the psychosocial management of adolescent learner's depression

Support

Societal role: AT01 has this to say concerning improving the psychosocial management of adolescent learners depression *“It is something the society should take note of because the affairs of the adolescents should be solely be a concern of the public, as the teachers are doing their little faction of the cares in the schools, the parents and guardians should also be up and doing, that is being at watch out concerning the adolescents, the adolescent stage with its problems so making out time for the children, they should try and understand that they are the futures of tomorrow even when the child is not your biological child, if not of anything, bear in mind that when the future is safe, everyone will benefit from it but when the future is also bad, everyone will suffer it despite your status”* And this is in affirmative with the opinion of Pilkington et al. (2014:8-23), to them, parents should pay close attention to their children as most depressive risk factors emanates from families.

Motivational talk: To the **AT02**, improving the management of adolescent learner's depression entails all round encouragement, including emotional and psychological. Adolescent stage as it is filled with diver's challenges and depressive risk factors of which the adolescents needs things that will propel them on the right track and keep them psychosocially flying at all time for a better future. The teacher believes that exposing the learners to mentors in the name of men and women in good position to come and visit and

talk to the learners, with that, learners can be more encouraged and determined to survive despite the challenges they are facing in life, with that they can learn how to control their emotions thereby reducing depression.

“For instance you invite the predecessors those that are in good position to come and visit and talk to them, encourage learners to see them as role models”.

Motivational materials: To **BT01**, improving the current psychosocial management of adolescent learner’s depression boils down to putting things in place to prevent further escalation of adolescent learner depression. The teacher is of the opinion that provision of appropriate motivation and learning materials will help the learners in developing properly in all facet of life hence will prevent depressive risk factors. Also the teacher spoke about building of libraries and equipping, providing enabling learning environment in order to enhance learning and proper development of the learner. This is supported by Stocking et al (2016:11-26), in their affirmed that mitigating adolescent depression should be strictly targeted at prevention using preventive intervention strategies mainly in schools, and staff.

“Provision of motivational materials and mentorship”

More counsellors: To this **AT03**, provision of more school counsellors will go a long way in improving the school current psychosocial management of adolescent learner’s depression. According to the teacher, the school has no counsellor hence learners depends on the teachers for schooling. The teacher went further to *“say that learners most times find it difficult to talk to the teachers on sensitive matter because of the presence of other teachers in the staff room but there is a defined unit for counselling with a counsellor, the learners can have more sense of privacy and speak out for help”.*

To this effect, **AT03** is in affirmative with **BT01** stating that the learning environments should be adequate for better learning with all the necessary social activities that will learners cognitive thereby reducing adolescent learner’s depression

“By making sure that the school environment is adequate for all the learners”

Family support

Parental roles: **AT05** is of the opinion that improving the psychosocial management of the adolescent learner’s depression, parents has huge roles to play. Adolescent stage is a critical period in the life of anyone and so carefulness is necessitated, the parents should

as such should be the pace setters for their children to follow bearing in mind the all-round development of the child. According to the teacher, parents should be the role model for their children for them not to move outside for emotional help. This is in support with what Pilkington *et al.* (2014:8-23), according to them, parents should pay close attention to their children as most depressive risk factors emanates from families like marital conflicts so, if parents can take recognition of those factors and avoid or seek solution where necessary, adolescent depression can be prevented or controlled. Ajidahun (2012:23-31) in her work conducted in some selected secondary schools in Lagos state Nigeria, acknowledged adolescent depression as a critical period in the life of a youth characterised with divers biological, emotional, psychological and developmental changes hence requires a proper monitoring which should be the utmost concern of the parents and the school management in order to guide the student on the right path.

“Parents has lots of role to play in the life of their children, the parents should set the pace for their children”.

Moral support: According to **BT02**, improving the schools current psychosocial management of adolescent learners depression demands that the school management should utilise close monitoring of the students especially the ones with abnormal behaviour, to the teacher, those abnormal behaviours like being moody in the class, isolating from other classmates, failure to respond to questions could be as a result of hidden emotional battles the learner is passing through of which without the school management noticing it, it might escalate to serious depression. The teacher “said that they the school teachers are not into counselling direct hence do only monitoring”. This view is in contrary to the views of **BT02** and that of the researchers on management of adolescent learner’s depression. The researcher believes that the teachers should be equip to large measure toward counselling of the learner, not only counselling but understanding the emotional state of the learners as the school psychological impact in adolescent should not be toiled with.

“Monitoring, we teachers do monitoring since we are not counsellor directly”.

Provision of resources: **BT03** suggested that improving the current psychosocial management of adolescent learners’ depression entails putting in place adequate learning environment with all the necessary social activities that strengthen learners’ psychosocial development. To the teacher, social activities keep the learners in good psychosocial balance, by engaging learners into activities like active girls and boys guide, talk shows, healthy

competition and emotional control skills, such engagements help the learner in positive thinking. Many such adolescents develop the coping mechanism thereby curtailing learners' depression. **BT03** suggested that the teacher should always try to understand their student and encourage them on social activities they might deem helpful to them. The teacher further stressed that the school social activities are not enough, saying that the students gather only on Wednesday under hostile environment which makes the talk more stressful to the tutors and less comprehensible by the learners.

“Making sure that all the social activities are put on all the time not learning all the time and finding out the social activities of every child”.

Funding: According to **BT04**, some of the depressive risk factors emanated from homes so it is imperative to look toward the home problem and try solving them. To that effect, the teacher is of the opinion that government should help in providing the citizen with the basic needs of life which include shelters since most of the learners are having accommodation problems in their various homes which increase the family burden giving rise to emotional responses.

“Government providing job for parents then children can socialise well in schools”.

Positive exposure: **BT05** has a different view concerning improving the psychosocial management of adolescent learner's depression. The teacher believes that positive exposure of the learners to things around the world will help in improving their psychosocial wellbeing. Things like visiting airport and taking a walk inside the airport, visiting heavy metal companies that are commonly taken for granted could provide therapeutic results. Exposing the learners would help them see the larger world and eventually these tend to make decisions for themselves. Because of the environment the school is situated which is not developed, most of the learners are limited in thinking. By exposing them positively, they learn how to encourage themselves and endure even in storms of life. Generally, ones facing challenges already tend to be more positive about life. Supporting this, the researcher is of opinion that positive exposure of the learners is part of maintaining good mental fitness which is in consonance with Cairns *et al.* (2015:229-238) who contend that prevention is better than cure hence building and maintaining good mental fitness can help in curtailing adolescent learners depression.

“Through positive exposure and making the learners see the larger world”.

4.5 PARENTS' RESPONSE

4.5.1 Explore the perceptions of teachers and parents perceptions of adolescent depression.

4.5.1.1 Family background:

Home challenges

Life challenges: To **P01**, is of the opinion that adolescent learners depression is mostly caused as a result of challenges the learner is going through either in the family or in the society at large. Adolescents are vulnerable so much that things can easily disturb them emotionally, when these adolescents are passing through life challenges without proper coping mechanism, it pose a lot of threat to the child general development and school performance. Because of this, it is so important that parents should always try and understand their children, have good relationship with them so they can grow very well in all round of growth and development, also those that have adolescents or children as house help should understand that these children are also humans and should be treated very well for no one knows tomorrow. Those children being subjected to all sort of humiliations because of their incapacitation, might end up being their saviour in future.

“It is the challenges they are facing”.

4.5.1.2 Clinical picture of the depressed learner

Psychological disturbance

Helplessness: According to **P02**, adolescent learner's depression is a serious challenge to adolescents. It is a state of unhappily that has lasted long, to some of the adolescents in that situation may not even be able to lay hand on the cause of the unhappiness while some battle seriously to get out of it. Furthermore, the parent stated that it is usually difficult to predict the next line of action of a depressed person. Compounding the problem of the person, feeling of hopelessness sets in with suicidal clues which necessitate urgent attention but one of the major challenge at that point is that people sees the condition as a sign of weakness, and for some parents that has no time for their families due to their tight schedule, detecting their child depression becomes a problem.

“Is usually a state of unhappiness, feeling of hopelessness.”

P05, maintained that adolescent learners' depression is a state of hopelessness which confirms the views of participant **P02**.

Moody: P04, this parent has this to say when asked his perception about adolescent learner's depression. *"Adolescent depression as it is, is a serious issue in the society, it makes adolescent appear unhappy, moody, feel isolated and hardly talk to people. Most adolescent are fighting hidden battle maybe as a result of high expectation from their parents which they are not meeting up with but their parents are ignorant of the situation and so never care to understand the emotional state of their children and this makes the child to always get lost in thoughts"*.

This is supported by the report of Rappaport *et al.* (2017: 269–279) who affirmed that depression is characterised by deficit in emotion regulation and interpersonal problems which presents resulting in negative effects over a period of time. Furthermore, Bennik *et al.* (2013:1-11) added that adolescent stage is usually associated with numerous incidents of depression, which the parent enlisted.

4.5.1.3 Emotional state

Challenges of life

Struggling: To **P03**, adolescent learner's depression is a state of low mood, most adolescent's struggles a lot in this present day especially in this state where there are lots of competition both among couples, teachers and learners. To me is even this depression that is causing most of these adolescent to start engaging in bad life styles. Imagine where the family of that individual is not well enough to do financially and these children sees all that is happening in their environment and other families, the way they live a better life while his or her family is struggling, the child will not even appreciate his or her existence and coupled with the quarrelling in the family among the parents, it is so difficult to cope. Most that are unable to cope might start murmuring within themselves, complaining a lot and can even start thinking of terminating life. Depressed people most times believe that terminating their life will end the whole struggles of life.

"Is a state of emotional devastation resulting from struggles and challenges of life the adolescent is facing either from family or the environment."

This statement is supported by Thapar *et al.* (2012:56-67) who are of opinion that depression constitutes a suicide major risk factor and it is the second to third leading cause of death in adolescents.

4.5.1.4 Current management of adolescent learner's depression and parents' recommendation on to improvement the current psychosocial management of adolescent learner depression.

4.5.1.4.1 Lack of family support

Family structure

Family background: P01, to this parent, managing adolescent learner's depression demand different strategies which must be deemed suitable to the learner. If it is as a result of family crisis, it is better the family recognise the impact of the crisis in the life of the younger generation and then work together as a family for the good of all, parents should try and get something meaningful doing for the them to foot the bills of their family, try as much as possible to provide the little they can for their in love. If the parents can understand their various role in the family also the guardians recognising that those staying with them are also human and treat them right. For me as a parent, I try my little best in balancing things, ensuring their emotional wellbeing, creating time with them and ensuring intimacy with them. Adolescent stage is always a critical stage hence demands carefulness in attending to them to avoid depression and other emotional problems.

“Those challenges demand different solution which could range from family crisis, accommodation, not having breakfast before coming to school, finically problem, so all these put together are being addressed different, on my own part”.

4.5.1.4.2 Support system

Family support

Moral support: P03 is in affirmative with P02 on cordiality adding that she also utilises encouraging words in managing her children. To her, the psychosocial wellbeing of the learners can be improved through the holistic involvement of the parents toward enhancement of psychosocial wellbeing of their children. She stated that most families doesn't have time to look into the life and wellbeing of their children because of their daily engagements, most parents in this state work far from home which makes them leaves very early and coming back late week in week out which posed a great treat to the children.

“By being friendly to my child, by encouraging him or her in anything he does that’s good thing, by prayer, and by having time to be with my child”

P02, the participant *“explained that he and his wife has endeavoured to maintain cordial relationship with their children, with that they can be open to them at all time. According to him, he realised the need for parental cordiality with their children from the tender age because it helped him in overcoming his psychosocial challenges as he was growing up. Because of that, he made it a necessity in his family, he agreed with his wife from earlier stage on the way to raise their kid which is paying greatly for them at the moment. He further stated that preventing the things that will predispose the adolescent to depression should be the focal point because prevention is better than cure. To him parents and guardians should be up and doing in save guarding the psychosocial wellbeing of their children with that adolescent depression can be eradicated in the society and the futures of our children will be more meaningful”*.

This is in testament with what Cairns *et al.* (2015:229-238) believed on, to them, “prevention is better than cure” hence working toward promoting a better psychosocial wellbeing of the learners will go a long way in eradicating adolescent depression in the society.

Family support

Parental role: P04, when asked about management of adolescent learner’s depression, the parent maintained that parents should try and work out a suitable approach for them in taking care of their children psychosocial wellbeing, parents should understand their children, if they could understand that adolescent stage itself is a critical stage with many influences and challenges, with that they can know how to handle them. *“To me having one on one discussion with child, sitting him or her down and having heart to heart discussion in order to understand what the problem the child is passing through will help the child psychosocial wellbeing Furthermore, I think parents giving the needed attention to their children can help in improving their psychosocial wellbeing”*.

Parental role: P05, arguably, adolescent learners’ depression is the most psychological difficulty being suffered by adolescents because they are exposed to many challenges as they grow. For instance, in the girls, developmental change is always a challenge to them as most of them lack the understanding of those biological changes which often times are scary. So it requires understanding in following the adolescents, to me, *“I considered being friendly to my*

children, by being friendly to children especially the adolescent makes them feel welcomed". With that they can share their problems with you both their psychosocial challenges. Furthermore, adolescent psychosocial wellbeing should be prioritised by the parents, guardians and the society and improving it can be achieved through showing of love for instance where the parents should love their children with equal love and respect them all.

Parental role: P06, on answering the research question stated that *"managing her child depression through bringing her close to her", try to show love to the child and from their relationship in correction and make the child know the right thing to do in order to become a better person in life. If parents can keep up with their parental roles and directing the children in the right paths, they can grow in confidence hence have control over their emotions. Furthermore, psychosocial wellbeing of the learners can be improved more through good rapport with adolescents.*

4.6 CHAPTER SUMMARY

This chapter presented and discussed the findings of the research interview and observation. Literature from Chapter 2 was used to confirm or dispute with the findings made. The study objectives were used as the basis of the discussion which enabled the researcher to voice out his opinion where necessary.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In Chapter 4, the data collected from the two secondary schools were discussed as analysed and presented. The evidence gathered from the findings was discussed and supported with relevant literatures as presented in Chapter 2 for a proper understanding of the psychosocial management of adolescent learner's depression. This study cannot be complete without a comprehensive summary and suggestion for future study. In this final chapter, the researcher presents the entire study and summary of the findings in terms of the research objectives as in chapter 1 of this study, conclusion and necessary recommendation for psychosocial management of adolescent learner's depression as seen in the finding of the study.

5.2 SUMMARY OF CHAPTERS

Chapter 1 presented an introduction to the topic psychosocial management of adolescent learner's depression in Amuwo Odofin Local Government, Nigeria. This was achieved through the introduction of the study which focused on depression and was subsequently narrowed down to adolescent depression. The significance of the study, definition of key concepts, problem statement, research questions, aim and objectives of the study, preliminary research design, methodology and the contribution of the study, were all presented followed by division of chapters.

Chapter 2 reviewed an important theory and how it applied to the work, conceptualised adolescent depression with further review of literature relating to adolescent depression, nature of adolescent depression in Nigeria, perceived causes of adolescent depression, causes of adolescent depression and measures to mitigate adolescent depression.

Chapter 3 discussed the research approach and design that was used in the study, the reason behind the choice of the approach and design, research methodology with rationale, trustworthiness, researcher's role, ethical clearance and the contribution of the study.

Chapter 4 discussed the findings of the research interview and observation. Related literature from Chapter 2 was used to confirm or dispute the findings made. The research objectives

were used as the basis of the discussion which enabled the researcher to voice out his opinion where necessary.

Chapter 5 presented the research summary of chapters, conclusion and recommendation.

5.3 RESEARCH QUESTIONS

Main research question

What are the perceptions and psychosocial management of adolescent learners' depression among secondary school learners in Amuwo Odofin Local Government Area?

The above main were divided into the following sub-questions:

- What are the perceptions of adolescent learners' depression?
- What are the teachers' and parents' perceptions of adolescent depression?
- How can adolescent depression be managed from a psychosocial health perspective?

5.4 AIM AND OBJECTIVES OF THE STUDY

Main aim of the study was to:

Explore the perceptions of adolescent learners regarding depression and the psychosocial management within the secondary school settings.

The objectives derived from the main aim of this study were to:

- Explore the perceptions of adolescents learner's on adolescent depression.
- Explore the perceptions of teachers and parents perception of adolescent depression
- Describe the current management of adolescent learner's depression.
- Recommend how to improve current psychosocial management of adolescent learner's depression.

5.5 CONCLUSIONS

In this section, the conclusion of the study was structured on the framework of the research objectives. The following conclusions were reached from the findings obtained from the study objectives.

5.5.1 Exploring the perceptions of adolescent learners on adolescent depression.

Learners in class 4-6 of the two selected secondary schools were asked of their views (perceptions) regarding adolescent depression. From the research findings as reported by the learners, it is clear that depression affects the learners, the learners stated their views (perceptions) about adolescent learners' depression ranging from state of hopelessness, low mood, state of discouragement, the challenges adolescent passes through, state of deep thought and diverse emotional states. One of the learner equivocally stated that adolescent depression is associated with the type of friend the adolescent keeps and the attitude of the teachers toward the learner. Furthermore, from the findings, it is clear that the learners from the two schools view adolescent depression from slightly the same psychosocial stand point which reveals the extent of the adolescent learners' depression in the society. It also implies that most of the adolescents are really passing through difficulties and psychosocial challenges which call for more attention and research.

5.5.2 Explore the perceptions of teachers on adolescent depression

Teachers were asked about their views concerning adolescent learners' depression. From the report obtained from the teachers, it is clear that adolescent learner's depression is a concern both to the teachers and the society. Most of the teachers reported adolescent learner's depression to be a psychosocial state characterised by feelings of hopelessness, withdrawal, low mood and lack of concentration. To one of the teachers, adolescent learner depression is a state filled with discouraging things of life. To another, it is a state whereby the learner lacks coping mechanisms as a result of life challenges. Importantly, one of the teachers reported that adolescent learner's depression comes as a result of the learner's rapport with their parents, stating that the way parents relate with their children especially the female ones gives rise to depression when the expectations are high. Furthermore, another teacher described adolescent learner's depression as a failure in academic work which can be traced back to the learner's family whereby the learner performs parental roles due to his/her parent's separation. The teachers further expounded on the causes of adolescent learners' depression which encompasses family problems such as parental negligence, parental dispute, parental separation, life challenges, environmental factors, learners educational challenges, financial challenges. Finally from the findings obtained from both school teachers as a result of exploring their views (perceptions) on adolescent learner depression, it is obvious that adolescent learner depression exists which is in line with the view of the researcher as a

mental health nurse studying the psychosocial management of adolescent learners depression among secondary school students in Amuwo Odofin.

5.5.3 Current management of adolescent learner's depression.

Based on the quest for in-depth understanding of the psychosocial management of adolescent learner's depression, the researcher asked the teachers about the schools and their individual management of adolescent learner's depression. From the findings obtained, most of the teachers utilise counselling for managing adolescent learners' depression. Also, encouraging and maintaining good teacher-student relationships was found effective in the teacher's management of adolescent learner's depression. They believed that counselling the learners helps in improving their confidence, allowing them to voice out their problems and proffer lasting solutions to their problems. To one of the teachers, managing adolescent learner's depression should be the priority of the whole staff with a special counsellor for more sophisticated challenges and work. Furthermore, one of the teachers lament of the stiff opposition faced by the school in managing adolescent learners' depression in the schools due to the large population of the students which pose more challenges to the teachers.

The teachers also complained of poor school management approaches as the schools does not have functional professional counsellors nor counselling units which inversely increased the job of the teachers as the schools rely on the teachers for counselling of which most of the teachers are not competent enough to handle severe cases. Finally, the study findings indicate poor school management of adolescent learner's depression which the teachers attribute to poor school funding, lack of counsellors and counselling units, high population of the learners, poor learning environment in one of the schools, incompetency of the principal. All these call for attention since the adolescents are the future of any progressive nation and the need to curtail adolescent learners' depression in the society and improving learners psychosocial wellbeing become more compelling challenges.

5.5.4 Improving current psychosocial management of adolescent learners depression

From the study findings, the teachers gave interesting answers when asked about how to improve the current psychosocial management of adolescent learner's depression, one of the teachers maintained that the society at large should be up and doing regarding the psychosocial wellbeing of the adolescent, bearing in mind the influences and drives that characterise adolescent stage hence more effort is needed for their wellbeing. To another, encouragement including emotional and psychologically, also putting things in place to

prevent further escalation of adolescent learners depression in the society with provision of appropriate motivations and learning materials, more school counsellor who will be closer to the learners in order to understand them better, improving the learning environment with adequate learning facilities and necessary social activities. Furthermore, another teacher acknowledged the fact that parents have a huge role to play toward all-round development of their children. To another teacher, the school management should utilise close monitoring of the learners especially those presenting abnormal behaviour like being moody in class, isolating from other classmates. Also, one of the teachers maintained that in order to improve the psychosocial wellbeing of the learners, school managements should put in place activities like active girls and boys guide, talk shows, healthy competitions and emotional control skills. To another, government should help in providing the citizens with the basic needs of life like shelters since most learners are having accommodation problems in their homes. Finally, one of the teachers stated that positive exposure of the learners to things around the world will help in improving their psychosocial wellbeing.

5.5.5 Exploring the perceptions of teachers and parents perceptions of adolescent depression.

From the study findings, after the parents were asked of their views about adolescent learner's depression, the researcher found out that the parents held slightly same views about adolescent learner's depression. To one of the parents, adolescent learner's depression is mostly caused as a result of challenges the learner is passing either from the families or from the society at large. Another parent stated that adolescent learner's depression is a serious issue and went further to maintain that it is a state of unhappiness that has lasted long, to another is a state of hopelessness. Importantly, one of the parent affirmed that adolescent learner's depression is a serious issue in the society that makes adolescent appear unhappy, moody, feel isolated and hardly talk to people. Lastly, another affirmed also that it is a state emotional devastation.

5.5.6 Current management of adolescent learner's depression and parent's recommendation on to improvement the current psychosocial management of adolescent learner depression.

Parents were asked on their management approaches toward adolescent learner's depression and how to improve their current management. One of the parents affirmed that she tries her best in balancing things in her family in order to ensure her children's emotional wellbeing. She further stated that adolescent learners' depression demands different solutions in order to

improve their psychosocial wellbeing, settling of family crisis if that be the cause. To another parent, holistic involvement of the parents toward enhancement of psychosocial wellbeing of their children should entail maintaining cordiality with the children in managing adolescent learner depression. In another incident the parent harped on the essence of having one on one discussion with the child in order to understand his/her plight with parents giving the needed attention to children. Such a stride would help in managing and improving their psychosocial wellbeing. Furthermore, another of the parents affirmed using maintaining cordiality with her kids as her management approach and suggesting that the parents ought to be prioritising their children psychosocial wellbeing. Finally, to the other parent, bringing the child close to you, showing the child love, directing the child in the right path has proven effective in her management approach. This same parent went further to state that adolescent psychosocial wellbeing can be improved through good rapport with the adolescent.

5.6 RECOMMENDATIONS

Following the critical data analysis and presentation of finding, the following recommendation were made to address the some pressing needs identified in the study as well as the gaps that still need to be filled on the psychosocial management of adolescent learners depression. The recommendations were made in the following categories: Learners, teachers (school management) and the parents.

5.6.1 Recommendation for learners

- Learners should understand that life itself is not easy and they should endeavour to have emotional control thereby avoiding depression.
- Learners should learn how to speak out whenever they are maltreated in the home or passing through emotional difficulties and also go for professional counselling.
- Learners should disassociate from bad things like bag gag that will lead to regret at the end.
- Learners should recognise the existence of adolescent learner's depression hence should work hard in the studies to avoid failure that leads to regret.

5.6.2 Recommendation for teachers (schools management).

- School management should provide professional counsellors with counselling units or offices readily accessible to the learners in order to curtail adolescent learner's depression.

- Schools should monitor the activities of the counsellor if provided for in order to ensure effective discharge of duty for curtailing adolescent learner's depression.
- School management ought to send their teachers for professional training regarding psychosocial management of adolescent learner's depression in order to for them to know the best ways in interacting with learners and help in understanding their psychosocial problems.
- School management should take good care of their teachers so that they give of their best to the learners.
- School management should work with government in building accommodating classrooms and halls for classes and for general orientation.
- Schools management should institute programmes like students clubs and social organisation where these learners reflexively work for a better future.
- School management should pay more attention to their learner's psychosocial wellbeing for their better future.
- Teachers should understand that these learners learn at different rates hence should not be mocking the underperforming ones in order not to cause emotional upset that might lead to depression.
- Teachers should understand that they are the learners' second parents, acting in loco parentis, hence should also play the roles of parents to some encouraging extent.

5.6.3 Recommendation for parents

- Parents should prioritise the psychosocial wellbeing of their children in order to curtail adolescent learner's depression.
- Parents should stop abusing their children, especially the female ones to avoid emotional traumas, more so in patriarchal societies.
- Parents should understand that adolescents are human beings, hence have their hidden battles so they should follow them with caution and understanding in order to avoid emotional upsets.
- Guardians should understand that children staying with them are also human looking forward to fair treatment such that parents need to avoid making them regret their existence which might lead to suicidal ideation or suicide.

5.6.4 An integrated recommendations for the public and researchers.

- Everyone should understand that depression is not a sign of weakness and so depressed learners should not be treated with disrespect as such awkward treatment might lead to suicidal ideation and even suicide.
- The society should know that the future of every progressive society depends on the adolescents hence should treat them with care in order to avoid emotional traumas that could dent their life by reducing their productivity such as in academics or even suicide.
- The society should work together through massive campaigns against adolescent learner's depression using social media and encouraging positive attitude towards life such as sporting and building of self-resilience for the good of the adolescents and for a conducive future environment.
- Society should discourage unacceptable adolescent behaviour like gangsters because they render them worthless and hence dent their future with regret and suicidal ideations setting in.
- More research should be carried out, both quantitative and qualitative, regarding adolescent learner's depression and its relationship with environmental hostility for a broader knowledge and understanding of adolescent learner's depression which might help in curtailing adolescent learner's depression.
- Further research ought to elaborate the relationships between adolescent learner's depression and suicide tendencies for a broader understanding of adolescent learner's depression.

Furthermore a preliminary framework for psychosocial management to support adolescent learners who are depressed should focus on the following aspects as identified and developed in this research (Chapter four).

The ***comprehension of the clinical picture of adolescent depressed individual*** in order to assess and refer for counselling (Chapter four, pages 42-44, 46-50, 63-64).

Literature integration from Chapter two. See page 12 – 14, 20 - 21. Adolescent depression, consequences of adolescent depression. The clinical pictures.

Identification of psychosocial, including emotional challenges (Chapter four, pages, 43-50, 63-64).

Literature integration from chapter two. See page 18 – 20. Perceived predictors of adolescent learner's depression.

Illuminating of environmental and household (family) challenges, including family challenges (Chapter four, pages, 44-45, 50-54, 63, 65-67).

Literature integration from chapter two. See page 17 – 18. Nature of adolescent learners' depression in Nigeria.

Mobilization of psychosocial support based on adolescent, parent and teachers' responses (Chapter four, pages, 55-62).

Literature integration from Chapter two. See page 21 – 23. Mitigation of adolescent depression.

5.7 CONCLUSION OF THE RESEARCH

In conclusion this research focused on the psychosocial management of adolescent depression in a specific community. Recommendations were based on the findings of this research. These recommendations predominantly emphasize the comprehension of depression, with specific reference to the adolescent person. When the adolescents, parents and teachers understand the challenges of depression, psychosocial support can be mobilized to facilitate wellness. Subsequently the researcher conceptualized a preliminary framework for the psychosocial management of adolescent depression, which was the intention of the research.

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APPENDIX A: INTERVIEW GUIDE

Guidelines for data collection using in-depth interview and observation

Introduction and welcome

Introduce the purpose of the visit to the participant.

Inform the participant about the use of audio tape for the recording of the interview section and explain to them that their real names will not be used during transcription and also clarify the role of the researcher.

Start of the interview section

Introduce the topic for discussion: Psychosocial management of adolescent learner's depression in Amuwo Odofin Local Government, Nigeria.

General questions for principals.....

Main questions

For principal, teachers, learners and parents.

- What is your view about adolescent learner's depression?

Possible probing questions

- What do you think contribute to adolescent learner's depression?
- What do you think that contribute to learner's poor academic performance?
- How does most learners' cope with psychosocial challenges?

Specific questions for principals.....

Main question

For principal, teachers and parents only

- How does the school manage adolescent learner's depression?

Possible probing questions

- How do you see your learner's behaviour and their social life?
- Tell me more on your individual management of adolescent learner's depression

- How do you think learner's psychosocial wellbeing can be improved?
- How does the ministry of education contribute to the management of adolescent learner's depression?
- How do as a parent manage your child psychosocial challenges?

Closing remarks

Question: Would you like to add anything new to what has already been said?

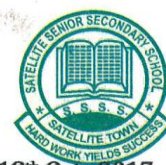
APPENDIX B: TURNITIN REPORT

Chukwuere Precious Chibuike Turnitin Report			
ORIGINALITY REPORT			
4%	2%	1%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	Brage, D.G.. "Adolescent depression: A review of the literature", Archives of Psychiatric Nursing, 199502 Publication	1%	
2	Submitted to North West University Student Paper	<1%	
3	Submitted to San Diego Christian College Student Paper	<1%	
4	uir.unisa.ac.za Internet Source	<1%	
5	unfspinnaker.com Internet Source	<1%	
6	www.theodysseyonline.com Internet Source	<1%	
7	www.memoirsof2165.com Internet Source	<1%	
8	Submitted to University of New South Wales Student Paper	<1%	

APPENDIX C: CONSENT LETTER FROM SCHOOL A



LAGOS STATE GOVERNMENT
SATELLITE SENIOR SECONDARY SCHOOL
SATELLITE TOWN, LAGOS.



18th Oct, 2017

Date: 18/10/17

Department of Nursing
Faculty of Health Science
North West University
Mafikeng Campus

Sir/Ma,

TO WHOM IT MAY CONCERN

This is to certify that **CHUKWUERE PRECIOUS CHIBUIKE** with the student No. **29255805** was permitted to carry out his research in our school.

Kindly give him the necessary attention.

Thanks,


PRINCIPAL
SATELLITE SNR SEC. SCH.
SATELLITE TOWN
AKINPELU I.A
PRINCIPAL
+2348028301703

VISION:

To build men and women who are properly equipped to contribute adequately to the total growth of their societies and build a solid future for themselves

MISSION:

To raise academically and morally equipped students, who will exhibit high discipline and pass their exams with flying colours.

APPENDIX D: CONSENT FORM SIGNED BY SCHOOL B VICE PRINCIPAL

Informed Consent form

Title of the research is

Psychosocial management of adolescent learner's depression in Amuwo Odofin Local Government, Lagos, Nigeria

Name of research : Mr P.C. Chukwuere

Name of supervisor : Prof. A.J. Pienaar

Co-supervisor : Mr Taaka

Name of institution : North West University (Mahikeng Campus) South Africa

Introduction and Procedure

I am Precious .C. Chukwuere currently studying for Master's degree at the North West University, Mahikeng Campus, South Africa. The research is on psychosocial management of adolescent learner's depression in Amuwo Odofin Local Government, Lagos, Nigeria.

Information will be collected by means of individual interview involving the learners, principals, teachers and parents. The interview process will be recorded with a recording device.

Ideally, you have to read and understand the following explanations concerning the study before accepting to take part or refusing to participate in the study. The following describes the Aim, Objective, Benefit, Risk, Right/withdrawal, Confidentiality and Cost or Payment.

The information will also be thoroughly explained by the researcher in an easy and understandable manner.

Please note that confidentiality of the obtained information will be maintained.

Main aim of the research is

Explore the perceptions of adolescent learner's on depression and the psychosocial management within the secondary school settings.

Objective of the research is to

- Explore the perceptions of adolescents learner's on adolescent depression.
- Explore the perceptions of teachers and parents perception of adolescent depression
- Describe the current management of adolescent learner's depression.

- Recommend how to improve current psychosocial management of adolescent learner's depression.

Benefit of the research

The outcome of the study will go a long way in in-depth understanding of the perceptions of adolescents learner's about depression, schools and parents psychosocial management strategies in curtailing adolescent depression among secondary school students in Amuwo Odofin, Lagos State, Nigeria, Africa and the World at large.

Risk

There is no risk associated with participating in this research.

Confidentiality

All the information provided by the participants will at all-time remain confidential. Real names will not be shared or published with the research findings. The information obtained will be used for the research only. The research feedback will be given to the school management. Also, the research findings will be presented to North West University, Mahikeng campus for examination.

Right to withdrawal

At any point, a participant can willingly withdraw if he/she is no longer comfortable with the interview process without any penalty attached.

Cost or payment

The researcher will not at any point demand for payment of any sort from the participant and no participant will receive any remuneration to participate in the research.

Agreement

This certifies that you have read and received a copy of this informed consent form. Your signature indicates that you understand the basis of your participation in the research and agree to take part in the research.

Name of the participant : Imade D. (MRS)
Signature of participant : [Signature] VIC PRINCIPAL
AGRICULTURE SENIOR SEC. SR...
Date : 27/9/17
Name of the researcher : PC Othukwera
Date : 27/9/17

Column for parents of learners

Thumb print (if necessary)

Name of the participant : _____
Signature : _____
Date : _____

APPENDIX E: CONSENT FORM FROM ONE OF THE LEARNERS PARENT

Informed Consent form

Title of the research is

Psychosocial management of adolescent learner's depression in Amuwo Odofin Local Government, Lagos, Nigeria.

Name of research : Mr P.C. Chukwuere

Name of supervisor : Prof. A.J. Pienaar

Co-supervisor : Mr Taaka

Name of institution : North West University (Mahikeng Campus) South Africa

Introduction and Procedure

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Confidentiality

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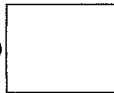
Agreement

This certifies that you have read and received a copy of this informed consent form. Your signature indicates that you understand the basis of your participation in the research and agree to take part in the research.

Name of the participant : AGUKU P. O.
Signature of participant : P. O.
Date : 27-09-2017
Name of the researcher : Pc chufwuro
Date : 27/09/2017

Column for parents of learners

Thumb print (if necessary)



Name of the participant : Mrs Aguku
Signature : 26/09/2017 Ag
Date : 26/09/2017

APPENDIX F: CONSENT FORM FROM ONE OF THE PARENTS

Informed Consent form

Title of the research is

Psychosocial management of adolescent learner's depression in Amuwo Odofin Local Government, Lagos, Nigeria.

Name of research : Mr P.C. Chukwuere

Name of supervisor : Prof. A.J. Pienaar

Co-supervisor : Mr Taaka

Name of institution : North West University (Mahikeng Campus) South Africa

Introduction and Procedure

I am Precious .C. Chukwuere currently studying for master's degree in North West University, Mahikeng Campus, South Africa. The research is on psychosocial management of adolescent learner's depression in Amuwo Odofin Local Government, Nigeria.

Information will be collected by means of individual interview involving the learners, principals, teachers and parents. The interview process will be recorded with a recording device.

Ideally, you have to read and understand the following explanations concerning the study before accepting to take part or refusing to participate in the study. The following describes the Aim, Objective, Benefit, Risk, Right/withdrawal, Confidentiality and Cost or Payment.

The information will also be thoroughly explained by the researcher in an easy and understandable manner.

Please note that confidentiality of the obtained information will be maintained.

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Risk

There is no risk associated with participating in this research.

Confidentiality

All the information provided by the participants will at all-time remain confidential. Names will not be shared or published with the research findings. The information obtained will be used for the research only. The research feedback will be given to the school management. Also, the research findings will be presented to North West University, Mahikeng campus for examination.

Right to withdrawal

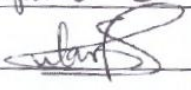
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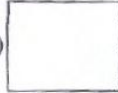
Agreement

This certifies that you have read and received a copy of this informed consent form. Your signature indicates that you understand the basis of your participation in the research and agree to take part in the research.

Name of the participant : Participant C
Signature of participant : 
Date : 27th Sept, 2017
Name of the researcher : Pc Chukwuere
Date : 27/09/2017

Column for parents of learners

Thumb print (if necessary)



Name of the participant : _____
Signature : _____
Date : _____

APPENDIX G: CERTIFICATE OF EDITING



Office: 0183892451

FACULTY OF EDUCATION

Cell: 0729116600

Date: 6th March, 2018

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, **Muchativugwa Liberty Hove**, confirm that I have read and edited the entire dissertation, **The psychosocial management of adolescent learners' depression in the Amuwo Odifin district** by **PC Chukwuere**, submitted in partial fulfilment of the requirements for the degree *Master of Nursing Science* at the **North-West University, Faculty of Natural and Agricultural Science**.

PC Chukwuere was supervised by Professor Abel J Pienaar of the North-West University.

I hold a PhD in English Language and Literature in English and am qualified to establish and rate such competencies.

Yours sincerely

Dr M.L.Hove (PhD, MA, PGDE, PGCE, BA Honours – English)



