



THE 1<sup>ST</sup> INTERNATIONAL CONFERENCE ON GUIDANCE AND COUNSELING  
“ENTERPREURSHIP IN GLOBAL COUNSELING”

---

**FACTORS CAUSING THE DECREASE OF MENTAL HEALTH AMONG  
ADOLESCENT**

**Putri Awalia<sup>1</sup>, Erik Farhan Syah<sup>2</sup>, Sri Liana Ali<sup>3</sup>, Miftah Hasan Bashori<sup>4</sup>, Adni Salihati  
Azizi<sup>5</sup>**

<sup>1</sup>State University of Surabaya, Lidah Wetan, Sub-District Lakarsantri, Surabaya, East Java, 60213,  
Indonesia, [putri.21066@mhs.unesa.ac.id](mailto:putri.21066@mhs.unesa.ac.id)

<sup>2</sup>State University of Surabaya, Lidah Wetan, Sub-District Lakarsantri, Surabaya, East Java, 60213,  
Indonesia, [erik.21080@mhs.unesa.ac.id](mailto:erik.21080@mhs.unesa.ac.id)

<sup>3</sup>State University of Surabaya, Lidah Wetan, Sub-District Lakarsantri, Surabaya, East Java, 60213,  
Indonesia, [sri.21082@mhs.unesa.ac.id](mailto:sri.21082@mhs.unesa.ac.id)

<sup>4</sup>State University of Surabaya, Lidah Wetan, Sub-District Lakarsantri, Surabaya, East Java, 60213,  
Indonesia, [miftah.21084@mhs.unesa.ac.id](mailto:miftah.21084@mhs.unesa.ac.id)

<sup>5</sup>State University of Surabaya, Lidah Wetan, Sub-District Lakarsantri, Surabaya, East Java, 60213,  
Indonesia, [adni.21086@mhs.unesa.ac.id](mailto:adni.21086@mhs.unesa.ac.id)

**ABSTRACT**

*Adolescence is a period marked by the search for identity. extreme mood swings often accompany the teenage years. it becomes a stressor and will cause mental health problems. Some of the driving factors for these problems include family, environmental, self-factors and many other supporting factors that often become triggers. These factors, both internal and external, have an impact on mental health. The lack of knowledge about mental health also makes the surrounding environment feel down giving feelings that make it even more agitated. Stress and depression are the final answers to those feelings. in fact, issues regarding mental health have been circulating everywhere. Old, young, even children took part in discussing these issues. However, some do not understand how to deal with problems surrounding mental health. Lack of education about handling makes a person often hold back what is being felt. Some of them deliberately harbored it, some even did not understand the main originator of their mental health problems. In this study, researchers will observe several factors that cause a decline in mental health among adolescents. This case study was carried out at a vocational high school in Surabaya. The items needed were taken using a questionnaire that had been distributed. With the results found that the psychological condition (mental health) of adolescents has decreased, one of which is a high level of anxiety with religious and social causes.*

**Keywords:** Factor Decrease Mental, Adolescent, Mental Health, Anxiety, Prevention .

### INTRODUCTION

Adolescence is a period which is often marked by the search for identity. This search for identity is often carried out by teenagers only to understand what kind of identity suits them. Often on the way to the search, teenagers often experience emotional changes, tend to be unstable, easily stressed, even to depression. However, these changes are not captured in just one context. Lots of causes and factors that include it.

Changes in mood or mood often accompany the teenage years. But what should be underlined is, changes in mood or moods that are too extreme. So that teenagers often lose control and feel stressed and even feel uncomfortable with themselves. Stress and depression and other things that decrease the mental health of a teenager. Mental health is a lively topic of discussion around the world. It is highlighted from various parties, from children, adolescents, to adults. Some of them have different causative factors. Also, without realizing it, some of the factors are often found in the surrounding environment. They often ignore things that they consider normal even though these are often the things that bring down a person's mentality.

In adolescents who are vulnerable to emotional changes, mental health and mental health issues often become easy targets or even boomerang on teenagers. Because at the age of adolescence mental health becomes a hot spotlight that is often discussed. This includes cases of bullying, toxic parenting, and an environment that doesn't support their mental health. Some of them even commit suicide because no one understands their feelings. (Fava, 2007) explain the depression describes both a transient mood state experienced by virtually all individuals at some time in their life as well as a clinical or biobehavioral syndrome, usually called major depressive disorder (MDD). While in a journal stated anxiety disorders are the most prevalent psychiatric problems among college students, with approximately 11.9 % of college students suffering from an anxiety disorder (Pedrelli et al., 2015) this age also includes several adolescent ages.

However, of the several factors above, the worst point is that some of them are reluctant to tell about their feelings. Because some of them are confused about who to tell and how to tell it. Some of them even think this is a disgrace that must be covered up and should not be told to the general public. Therefore awareness of mental health needs to be increased, considering the many cases of mental health such as depression, anxiety, stress and so on that often lurk in the lives of adolescents.

After knowing about what causes adolescents to experience a decline in mental health. Counselors are expected to be able to provide treatment both classically and responsively, preventively and curatively to adolescents who have problems within themselves. Counselors are expected to be more sensitive to the movements that are made and the feelings that are being felt by the teenagers around them, especially in the school environment. After voting in the form of a factorial questionnaire, satisfactory results are expected from the accession answers and the counselor's role in responding and providing treatment.

### **METHODOLOGY**

in this study the method used is a qualitative method using case studies. Case study research is a form of qualitative research based on human understanding and behavior based on human opinion. The vote was taken using an additional instrument in the form of a questionnaire.

### **RESULT AND DISCUSSION**

Adolescence is a transitional phase from childhood to adulthood, which is based on several biological, cognitive and psychosocial changes. There are at least three reasons that can explain why teenagers experience the above changes. First, the general behavior of adolescents, adolescents will often take high risks and seek sensations, this can be seen from various human cultures. Second, there is evidence of typical juvenile behavior of some species. All mammals go through a developmental process between puberty and becoming sexually mature, during which there is increased risk taking, environmental exploration, and changes in social behavior. Third, adolescent behavior has been well documented in history. (Nebhinani & Jain, 2019)

Adolescence can be called a growth phase in preparing adult roles and skills to be able to survive obstacles and challenges. On the other hand, adolescence can also be referred to as a transitional period, in which psychological problems will become more intense due to adjustment problems. Positive adolescent mental health will be a support to get through this phase towards a good adult life. (Idele et al., 2022)

Experience in childhood is also a factor that causes a teenager to experience mental disorders. A childhood filled with bullying, abuse, and neglect can be a cause for the emergence of mental health disorders later in life. Environmental factors can trigger the risk of mental illness (psychosis) such as consuming alcohol and freedom to do anything in a culture with sociocultural values that often occur in urban areas but rarely in rural areas. The role of parents is also a factor why someone can easily experience mental health problems. A poor family environment can amplify a person's genetic risk factors for mental illness, and will influence our experiences of adolescence and how others perceive us.

During adolescence, the time spent with friends will increase, of course this will make peers evaluate social and personal values. Teenagers will tend to take risks and experiment with their friends rather than alone. A teenager will be more easily influenced by his peers than by adults. This is due to hypersensitivity to social exclusion from peers. So it can be seen that the threat of rejection like this can also trigger mental illnesses such as depression. (Blakemore, 2019)

Depression is a major factor of adolescent distress and suffering which is considered an important risk factor influencing suicide. Depression is usually associated with suicide where the rate of depression among adolescents is quite high, and the youth suicide rate has been increasing for more than a decade. According to Blaney, depression is associated with strong explicit factors. This includes anxiety where

anxiety is associated with memory tests but not recognition tests. Because memory depends on memory and recognition depends on familiarity. This suggests that anxiety affects the ups and downs associated with memory more than the lack of effort associated with familiarity. Depression is a clinically and biologically heterogeneous presence. Where this disease is experienced repeatedly in 75% of people, namely major depression within 10 years. Which then resulted in impaired cognitive function and severe as well as psychosocial disorders. According to Topper, Emmelkamp, Watkins, and Ehring showed that the prevention and maintenance of depression and anxiety in adolescents by thinking high levels of repeated negative by receiving cognitive-behavioral behavior training in reducing negative thinking and the like. This is so that it can reduce depression and anxiety as well as the effects and impacts. and Ehring demonstrated that prevention and maintenance of depression and anxiety in adolescents by thinking high levels of repetitive negative thinking by receiving cognitive-behavioral behavioral training in reducing negative thoughts and such. This is so that it can reduce depression and anxiety as well as the effects and impacts. and Ehring demonstrated that prevention and maintenance of depression and anxiety in adolescents by thinking high levels of repetitive negative thinking by receiving cognitive-behavioral behavioral training in reducing negative thoughts and such. This is so that it can reduce depression and anxiety as well as the effects and impacts. (Miller & Campo, 2021).

(Tyrer, 2018) Sadness or known as depression is usually the causal factor is the loss of a goal. This leads to continual analytic thinking that is focused on losing a goal and has a strategic outcome in acquiring a new goal. Such thinking is associated with the inability to experience positive influences that can reduce motivation in carrying out other activities. In a state of depression has symptoms of cognition in avoiding losses, conserving energy, letting go of goals that cannot be had, and promoting analytical thinking. Depression is characterized by sadness, loss of interest and pleasure, feelings of guilt, feelings of worthlessness, poor appetite, fatigue, and poor concentration. As a result emotions are recognized with a lack of body language. People who are depressed may complain of physical symptoms without an accurate cause. Depression that is ongoing or recurring can affect a person's ability to function and cope with everyday life. Until the most severe form of depression is to cause suicide (Eysenck & Fajkowska, 2018).

Depression is quite heritable in about 40% with evidence suggesting a genetic risk in all internalizing disorders. Internalizing disorders include a high degree of shared genetic risk that lies between major depression and generalized anxiety. Neuroticism is a temperamental trait or character usually associated with depression, and a genetic risk in the development of neuroticism that is shared with internalizing disorders. Common nongenetic risk factors associated with the development of anxiety and depression include prior life difficulties such as past trauma from neglect, parenting style, and current stressors. Disorders of depression occur during development with other anxiety disorders beginning during preadolescence and early adolescence tending to emerge during adolescence and early to mid-adulthood (16–18) (Vasile, 2020).

As for Symptoms of depression are disturbances in mood or affect. It refers to an ongoing or internal mood. The term depression was used in the 19th century as a mental depression that was described in a downturn in morale. The modern word for depression is loss of interest and pleasure. Most of the causes of depression are a lot of life pressures. As in a study, there are symptom data and life event data that are collected differently. There was little association between the type of symptoms and previous life events. Other studies have found counselees with a pattern of symptoms that differ slightly between groups in the presence of stressful life events. However, there are some differences after depression (Kalin, 2020).

In addition, the mental illness that is commonly experienced by adolescents is anxiety. Anxiety disorders are the most common. This includes many conditions, one of which is extreme or pathological anxiety as a major mood or emotional disorder. Anxiety that can be understood as normal fear is understood by disturbances of mood as well as cognitive, behavioral, and physical activities. Anxiety disorders include panic disorder without a history of agoraphobia and agoraphobia with a history of panic (Eysenck & Fajkowska, 2018).

Anxiety disorders themselves cause adolescents to focus on fear and uncertainty. Whereas anxiety is relatively mild and brief which is caused by a stressful sequence of events such as public speaking or a first experience doing something. This anxiety disorder lasts at least 6 months and can get worse if not treated immediately. Anxiety disorders generally occur together with another mental or physical illness, one of which is excessive drinking and substance abuse. This is to cover up the symptoms of anxiety you have. However, this will only make matters worse.

Anxiety disorders include panic disorders. Where this disease is characterized by sudden attacks usually accompanied by palpitations, sweating, weakness, fainting, and dizziness. In this panic disorder, a person will feel cold and flushed, hands feel tingling, experience chest pain, disaster comes to a suffocating sensation. Panic attacks usually acquire a sense of unreality where the fear will be disastrous if the anxiety cannot be controlled properly. Fear of unexplained physical symptoms is included in panic disorder. Everyone who has panic disorder believes that they are having a heart attack, losing their minds, and being on the verge of death. They are unable to predict when or where the disturbances and panic attacks will occur. Attacks usually peak within 10 minutes but symptoms may last longer. People who experience it repeatedly can become more out of control and need treatment before they can avoid situations that make them panic. For example, if a panic attack occurs in an elevator, then that person will develop a fear of elevators so that it affects the choice of work and the future, or limits every activity that will be carried out.

Another anxiety disorder is obsessive-compulsive disorder (OCD), where a person is so obsessed with germs or dirt that they develop the urge to keep washing their hands repeatedly. If someone is obsessed with intruders, they will lock and relock the door many times before going to sleep. If a person is afraid of being social, it encourages him to comb his hair in front of the mirror. That way what they do produces temporary relief from the anxiety that the obsessive creates. If OCD becomes severe, it can keep a person

from working or carrying out normal responsibilities at home. People with OCD may try to help themselves by avoiding situations that trigger their obsessions.

In addition there is post-traumatic stress disorder anxiety or (PTSD) which involves physical danger or the threat of physical harm. Usually the person who develops PTSD is probably the one who is at a disadvantage. Where the loss occurs to a loved one or a person who has witnessed a dangerous event which has occurred to a loved one or a stranger. PTSD was first central to the public regarding war veterans, but can occur in various traumatic incidents such as rape, torture, kidnapping, child abuse, car accidents, natural disasters or earthquakes. PTSD people are easily shocked to the point of being emotionally numb, especially in relationships with people who were once close. become more aggressive, and become violent. They prefer to avoid situations that remind them of the original incident. Someone experiencing flashbacks may lose touch with reality and believe the traumatic event will happen again.

Furthermore, social phobia anxiety is when a person becomes very anxious and self-conscious about everyday social situations. People who experience social phobia have a deep, persistent, and intense feeling of being watched and judged by others and doing things that embarrass them. They can feel anxious days or even weeks before the event occurs. This fear can become so severe that it interferes with work, school, and other usual activities, and can make it difficult to make and keep friends. While many people with social phobia recognize that their fear of being with other people is exaggerated or unreasonable, they are unable to overcome it. Even if they manage to face their fears and get around other people, they are usually very anxious beforehand, very uncomfortable throughout the encounter, and worry about how they will be judged for hours afterward. Social phobia can be limited to one situation (such as talking to people, eating or drinking, or writing on a whiteboard in front of other people) or it may be so broad (as in generalized social phobia) that the person experiences anxiety around almost anyone. apart from family. Physical symptoms that often accompany social phobia include facial flushing, profuse sweating, tremors, nausea, and difficulty speaking. When these symptoms appear, the person with social phobia feels as if all eyes are on him. Social phobia can be limited to one situation (such as talking to people, eating or drinking, or writing on a whiteboard in front of other people) or it may be so broad (as in generalized social phobia) that the person experiences anxiety around almost anyone. apart from family. Physical symptoms that often accompany social phobia include facial flushing, profuse sweating, tremors, nausea, and difficulty speaking. When these symptoms appear, the person with social phobia feels as if all eyes are on him. Social phobia can be limited to one situation (such as talking to people, eating or drinking, or writing on a blackboard in front of other people) or it may be so broad (as in generalized social phobia) that the person experiences anxiety around almost anyone. apart from family. Physical symptoms that often accompany social phobia include facial flushing, profuse sweating, tremors, nausea, and difficulty speaking. When these symptoms appear, the person with social phobia feels as if all eyes are on him. profuse sweating, shaking, nausea, and difficulty speaking. When these symptoms appear, the person with social phobia feels

as if all eyes are on him. profuse sweating, shaking, nausea, and difficulty speaking. When these symptoms appear, the person with social phobia feels as if all eyes are on their.

The next type of anxiety is specific phobia due to an intense and irrational fear of something that actually poses little or no threat. Some of the more common specific phobias are heights, escalators, tunnels, driving on the highway, enclosed spaces, water, flying, dogs, spiders, and injuries involving blood. People with certain phobias may be able to ski the world's tallest mountain with ease but not climb above the fifth floor of an office building. While adults with phobias recognize that these fears are irrational, they often find that they face them, or even think about them. faced, the feared object or situation causes panic attacks or severe anxiety. If the feared situation or feared object is easy to avoid, people with specific phobias may not seek help; but if avoidance interferes with their career or personal life, it can be disabling and treatment is usually sought. Specific phobias respond well to targeted psychotherapy. Then finally there are people with generalized anxiety disorder (GAD) where this anxiety is filled with excessive worry and tension, even though little or nothing provokes it. They anticipate disaster and think too much about health problems, money, family problems, or difficulties at work. Sometimes the mere thought of getting through the day produces anxiety. Specific phobias respond well to targeted psychotherapy. Then finally there are people with generalized anxiety disorder (GAD) where this anxiety is filled with excessive worry and tension, even though little or nothing provokes it. They anticipate disaster and think too much about health problems, money, family problems, or difficulties at work. Sometimes the mere thought of getting through the day produces anxiety. Specific phobias respond well to targeted psychotherapy. Then finally there are people with generalized anxiety disorder (GAD) where this anxiety is filled with excessive worry and tension, even though little or nothing provokes it. They anticipate disaster and think too much about health problems, money, family problems, or difficulties at work. Sometimes the mere thought of getting through the day produces anxiety. or difficulties at work. Sometimes the mere thought of getting through the day produces anxiety. or difficulties at work. Sometimes the mere thought of getting through the day produces anxiety.

Research data that is relevant to the articles made :

Articles title	Author	Relevant articles content
Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic	Natasha R. Magson, Justin Y. A. Freeman, Ronald M. Rapee, Cele E. Richardson, Ella L. Oar, Jasmine Fardouly	Consistent with theory highlighting the importance of peers during the adolescent period, the results showed that adolescents' greatest concerns during the COVID-19 crisis were around the disruption to their social interactions and activities, whereas concerns around contracting or getting ill from the virus were very low. This suggests that it is the restrictions put in place to reduce the spread of the virus, rather than the virus itself, that is causing

**Factors Causing The Decrease Of Mental Health Among Adolescent**

		<p>adolescents the most distress. As social isolation, interpersonal stress, and mental health problems during adolescence can be a precursor for mental health problems across the lifespan, parents and teachers are encouraged to assist adolescents in finding ways to maintain their social networks, monitor young people for signs of emotional distress, provide positive and supportive home and learning environments, and engage with mental health professionals early. Finally, as research on the mental health impact of COVID-19 is still in its infancy, more longitudinal research is needed to gain a greater understanding of the long term implications of this pandemic on the emotional wellbeing of young people. (Magson <i>et al.</i>, 2021)</p>
<p>Risk and protective factors for children's and adolescents' mental health: results of the BELLA study</p>	<p>Nora Wille, Dipl. Psych., MPH Susanne Bettge Ulrike Ravens-Sieberer and the BELLA study group</p>	<p>the results causes to be distinguished from consequences, e.g. low personal and social resources as well as unfavourable family climate may be a consequence of mental health problems. This also holds true of some risk factors, such as parental strain, so that it cannot be decided whether parental strain is an antecedent (and therefore a risk factor) or a consequence of the child's mental health problems. Special attention has to be given to the identification of underlying developmental processes also enabling the differentiation if factors influence the onset versus the course of mental health problems. These questions are undoubtedly best addressed using longitudinal data. Furthermore the effects of risk and protective factors regarding different specific mental health disorders have to be analysed. Previous research found that risk factors have the same impact regarding internalising as well as externalising disorders, influencing the severity but not the kind of disorder. Whether this can be confirmed for the protective factors as well, justifying the authors'</p>



## Factors Causing The Decrease Of Mental Health Among Adolescent

		conclusion that the same preventive interventions might be effective for both classes of problems' has yet to be examined. (Wille, Bettge and Ravens-Sieberer, 2018)
Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities	Rocio Garcia Camión , Beatriz Villarejo Carballido and Lourdes Villardon-Gallego	Supportive interactions carried out in the framework of mental health interventions involve various contexts, agents and systems, including teachers, parents, mental-health professionals, and members of the community. There is evidence of a positive effect on the mental health of children and adolescents, both in decreasing internalizing and externalizing symptoms, and in promoting personal well being. Factors that foster mental health as social support or engagement also increase with interventions programs that include interaction as a main feature. However, more research is needed into the specific impact of interaction on the mental health of children and adolescents, as well as analyzing the type of interactions that have the most beneficial effect. (Garcia-Carrion, Villarejo and Villardón-Gallego, 2019)

Based on the results of observations at a vocational high school in the city of Surabaya, East Java, Indonesia. the result is as follows:

<b>Results</b>			
Mental Illnesses			
1	Stress	68,83%	Moderate
2	Depression	71,02%	High
3	Anxiety	75,55%	High
Causative Factors			
1	Family	74,77%	High
2	Personal	67,34%	Moderate
3	Social & Religion	71,80%	High

## Factors Causing The Decrease Of Mental Health Among Adolescent

Scoring Scale	
High	71-100 %
Moderate	36-70%
Low	0-35%

These results provide a fact that the psychological condition of a teenager who ranges in age from 15-18 years has a reduction on their mental health. Because in these results teenagers have a fairly high percentage value in anxiety points and followed by depression with points that are not much different. The biggest factor is the family.

Meanwhile, from the percentage results obtained, on a rating scale with a vulnerability of 71-100%, it is a high vulnerability. And this is held by anxiety and depression. Anxiety itself is an intense, excessive, and persistent worry and fear related to everyday situations. May be accompanied by a pounding heart, shortness of breath, sweating, and feeling tired. Meanwhile, depression is a condition associated with an increase or decrease in one's mood. As for the statement sheet, there are statements with the highest scores in points of stress, depression, and anxiety as well as on factors namely family, personal, religious and social as follows:

Mental Illnesses	Statement Indicators	Statement Score Frequency
Stress	Feeling out of control of the important things in your life	99
Depression	Difficulty concentrating, such as when reading a newspaper or watching TV	101
Anxiety	Fear of going to certain places	110

Causative Factors	Statement Indicators	Statement Score Frequency
Family	Family members are often busy and rarely greet or chat	109
Personal	Have a thing or habit that other people consider strange	102
Social & Religion	Fear of going to certain places	110

From the results above it can be seen that the average student at a vocational school in Surabaya, East Java, Indonesia experiences anxiety due to religious and social factors because the frequency of the scores for these two statements is the highest compared to the others.

### Prevention of Mental Health Decrease

Depression and anxiety disorders are common mental illnesses that affect many people. Both of these mental disorders not only affect adults but also adolescents (Stamatis et al., 2022). Mental illness or disorders such as anxiety and depression are not insurmountable. Adolescents who experience anxiety

usually realize that what they are experiencing is irrational, but they refuse to be given therapy because of the stigma that anxiety cannot be cured. In fact, various ways have been found to decrease anxiety or depression in various studies. one of them can use the Cognitive Behavioral Therapy (CBT).

Anxiety disorders that appear during adolescence will be preceded by symptoms (Strawn et al., 2022). One of the results of research developments over the past few years shows that cognitive behavioral therapy (CBT) is an effective treatment for anxiety disorders. An article written by Carpenter et al, (2018) entitled “Cognitive Behavioral Therapy for Anxiety and Related Disorders: A Meta-analysis of Randomized Placebo-Controlled Trials” shows that CBT can be a fairly effective therapy for dealing with anxiety disorders (Carpenter et al., 2018). Therefore, the cognitive behavioral therapy (CBT) is proven to be used to decrease anxiety disorders.

One of the techniques that can be used to decrease depression is relaxation techniques. Relaxation technique is a combination of strategies to increase response to the stress. Relaxation techniques that are often applied in a case include, somatic (Progressive Muscle Relaxation (PMR), and cognitive relaxation techniques (imagery and meditation) (Hamdani et al., 2020). This technique is rarely found in the treatment of depression because there are still few tests of its effectiveness. This technique is included in a package of mental health interventions aimed at increase level of adolescent mental health in the world (Hamdani et al., 2022).

## CONCLUSION

### Conclusion

Adolescent mental health can decrease when experiencing mental disorders. Mental disorders experienced can be in the form of anxiety, stress, and depression. The most common mental disorder experienced by adolescents is anxiety. Factors that cause adolescents to experience mental disorders are family, personal, social and religious factors. Based on the results of a case study conducted at a SMK in the city of Surabaya, it shows that the psychological condition of adolescents aged 15-18 years has decreased. Anxiety is the most common mental illness experienced by adolescents with the biggest factor being the family. Therefore, to prevent a decrease in mental health caused by anxiety, you can use Cognitive Behavioral Therapy (CBT). In cognitive behavioral therapy (CBT) there are relaxation techniques to reduce mental disorders, but these techniques are rarely used to reduce mental disorders because there are only a few tests of their effectiveness.

### Suggestion

This mental health problem is very interesting for further research and intervention, because this mental health problem is currently hot among adolescents. There is a need for more interventions using relaxation techniques to find out their effectiveness in overcoming mental disorders and also by using other techniques so that various effective solutions emerge in overcoming mental health problems.

**REFERENCES**

- Blakemore, S. J. (2019). Adolescence and mental health. In *The Lancet* (Vol. 393, Issue 10185).  
[https://doi.org/10.1016/S0140-6736\(19\)31013-X](https://doi.org/10.1016/S0140-6736(19)31013-X)
- Carpenter, J. K., Andrews, L. A., Witcraft, S. M., Powers, M. B., Smits, J. A. J., & Hofmann, S. G. (2018). Cognitive Behavioral Therapy for Anxiety and Related Disorders: A Meta-analysis of Randomized Placebo-controlled Trials. *Depression and Anxiety*, 35(6), 502–514. <https://doi.org/10.1002/da.22728>
- Eysenck, M. W., & Fajkowska, M. (2018). Anxiety and depression: toward overlapping and distinctive features. *Cognition and Emotion*, 32(7), 1391–1400. <https://doi.org/10.1080/02699931.2017.1330255>
- Fava, M. (2007). Major Depressive Disorder. *Encyclopedia of Stress*, 28, 640–645. <https://doi.org/10.1016/B978-012373947-6.00245-2>
- Garcia-Carrion, R., Villarejo, B.C. and Villardón-Gallego, L. (2019) ‘Children and adolescents mental health: A systematic review of interaction-based interventions in schools and communities’, *Frontiers in Psychology*, 10(APR), pp. 1–10.
- Hamdani, S. U., Zill-e-Huma, Zafar, S. W., & Rahman, A. (2020). Effectiveness of Relaxation Techniques to Reduse Distress, Anxiety, and Depression in Adolescents: An Insight Analysis Report Based on Systematic Review, Meta-Analysis and qualitative Narrative Review of Literature. *Human Development Research Foundation*, 21(1), 1–9.
- Hamdani, S. U., Zill-e-Huma, Zafar, S. W., Suleman, N., Um-ul-Baneen, Waqas, A., & Rahman, A. (2022). Effectiveness of Relaxation Techniques ‘as an Active Ingredient of Psychological Interventions’ to Reduce Distress, Anxiety and Depression in Adolescents: a Systematic Review and Meta-analysis. *International Journal of Mental Health Systems*, 16(1), 1–17. <https://doi.org/10.1186/s13033-022-00541-y>
- Idele, P., Banati, P., Sharma, M., Perera, C., & ANthony, D. (2022). *Child and adolescent mental health and psychosocial wellbeing across the life course. Towards an integrated conceptual framework for research and evidence generation* (Issue February). UNICEF.
- Kalin, N. H. (2020). The critical relationship between anxiety and depression. *American Journal of Psychiatry*, 177(5), 365–367. <https://doi.org/10.1176/appi.ajp.2020.20030305>
- Magson, N.R. et al. (2021) ‘Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic’, *Journal of Youth and Adolescence*, 50(1), pp. 44–57.
- Miller, L., & Campo, J. V. (2021). Depression in Adolescents. *New England Journal of Medicine*, 385(5), 445–449. <https://doi.org/10.1056/nejmra2033475>
- Nebhinani, N., & Jain, S. (2019). Adolescent mental health: Issues, challenges, and solutions. *Annals of Indian Psychiatry*, 3(1), 4. [https://doi.org/10.4103/aip.aip\\_24\\_19](https://doi.org/10.4103/aip.aip_24_19)
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry*, 39(5), 503–511. <https://doi.org/10.1007/s40596-014-0205-9>

- Stamatis, C. A., Meyerhoff, J., Liu, T., Sherman, G., Wang, H., Liu, T., Curtis, B., Ungar, L. H., & Mohr, D. C. (2022). Prospective Associations of Text-message-based Sentiment with Symptoms of Depression, Generalized Anxiety, and Social Anxiety. *Depression and Anxiety, 39*(12), 794–804. <https://doi.org/https://doi.org/10.1002/da.23286>
- Strawn, J. R., Xu, Y., Cecil, K. M., Khoury, J., Altaye, M., Braun, J. M., Lanphear, B. P., Sjodin, A., Chen, A., & Yolton, K. (2022). Early exposure to flame retardants is prospectively associated with anxiety symptoms in adolescents: A prospective birth cohort study. *Depression and Anxiety, 39*(12), 1091–4269. <https://doi.org/https://doi.org/10.1002/da.23284>
- Tyrer, P. (2018). Anxiety disorders. *Journal of the Institute of Medicine, 10*(1), 63–66.
- Vasile, C. (2020). CBT and medication in depression (Review). *Experimental and Therapeutic Medicine, 5*, 3513–3516. <https://doi.org/10.3892/etm.2020.9014>
- Wille, N., Bettge, S. and Ravens-Sieberer, U. (2018) ‘Risk and protective factors for children’s and adolescents’ mental health: Results of the BELLA study’, *European Child and Adolescent Psychiatry, 17*(SUPPL. 1), pp. 133–147. Available at: <https://doi.org/10.1007/s00787-008-1015-y>.