

## Psychological Problems among Senior Secondary School Students

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For both adults and late adolescents, psychological problems is an essential component of overall health. The psychological issue that affects students most frequently include anxiety, depression, attention deficit/hyperactivity disorders, and obsessive-compulsive disorder. The current study set out to evaluate the psychological problems that senior secondary school students were facing. 150 students from Gaya, India, ages 14 to 20 years, were selected for the sample using a simple random sampling procedure; 75 of the students were male and the remaining 75 were female. The symptoms checklist-90 was used to evaluate the dimensions of psychological problems. The exclusion criteria included any history of head trauma and neurological problems. All participants provided written informed consent. The University's Ethics Committee gave its approval to the study. 9.3% of the total sample reported somatization, 16.0% reported obsessive-compulsive, 14.0% reported interpersonal sensitivity, 10.7% reported depression, 10.0% reported anxiety, 14.7% reported anger hostility, 13.3% reported phobic anxiety, 14.7% reported paranoid ideation, and 6.0% reported psychoticism. Compared to the male students, the female students scored higher on all the dimensions of psychological problems.

**Keywords:** Psychological problems, symptom dimensions, students

Teenagers undergo fast physical, cognitive, mental, and emotional growth during the critical adolescence time. Their relationships with others and their surroundings, as well as their feelings, thoughts, and decisions, are all impacted by this stage (WHOAH, 2023). According to Patton et al. (2014), adolescence is thought to be the peak time for a significant percentage of mental health problems due to its association with elevated emotional reactions. Teenagers' mental health problems are a serious public health concern, with prevalence rates ranging from 10% to 20% globally (Kieling et al., 2011). Depression, compulsion, anxiety, and interpersonal sensitivity are among the common psychological problems that college students face (Said, 2013). According to research by Warbah et al. (2007), 20.7% of the sample of 145 college nursing students

scored highly on the general health questionnaire. A neurotic personality and adjustment difficulties in various domains of functioning were strongly linked to psychological distress.

A cross-sectional study was conducted by Sharma et al. (2008) with a sample of 550 adolescents aged 14–19 years. The findings showed that 5.1% of respondents had attempted suicide in the previous year, and 15.8% had seriously considered doing so. Suicidal thoughts and attempts were more common in women. Arun and Chavan (2009) investigated the connection between stress, mental health, and suicide ideation in Indian students. According to the findings, 6 percent of the students claimed having considered suicide and 0.39% reported having actually tried suicide. 39% of college students from Bangalore, ages 18 to 25, reported having

active or passive suicidal thoughts. These thoughts were linked to early traumatic events such as physical abuse, self-reported affectionless parenting, and negligent parenting (Singh et al., 2012).

Cross-sectional research with 506 students in the 18–24 age range was carried out. According to the DASS-21 inventory, results showed that, of all students, 27.5% had moderate depression and 9.7% had severe or extremely severe depression; 34% had moderate anxiety and 29% had severe or extremely severe anxiety; and 18.6% had moderate and 5.1% had severe or extremely severe stress scores (Shamsuddin et al., 2013). A study conducted in 2014 by Sachdeva and Grover included 348 college students in its sample, ages ranging from 18 to 22. It was observed that women expressed 80% more hopelessness than men (55%). Ranasinghe et al. (2016) found that out of 7904 middle school pupils in India, 25.5% reported having depressive symptoms, 8.6% reported feeling lonely, and 7.8% reported having insomnia due to worry. In three distinct schools in Aligarh, a cross-sectional analytical study involving students aged 13 to 15 was carried out. Based on the total problems score, it was determined that 9.75% of people had psychological morbidity. 5.42% of people had emotional difficulties, 5.56% had conduct disorder, 3.78% had hyperactivity, 4.40% had peer problems, and 4.26% had prosocial problems (Faizi et al., 2016).

According to a WHO survey, more than 30% of college students from eight different countries reported having experienced mental distress (Auerbach et al., 2018). In 2019, Pahwa et al. conducted a study on school-going students and discovered that while their urban counterparts had higher rates of depression (3.88%), anxiety (3.67%), and hyperkinetic disorders (3.02%), rural adolescents had significantly higher rates of somatoform disorders (4.45%), conduct

disorder (3.78%), dysthymia (1.11%), and other mood disorders (0.89%). A study conducted by Li et al. (2020) and found that 15.7% of students had mild and 5.3% of students had moderate to severe level of somatization symptoms, 30.6% mild and 12.7% moderate to severe level of obsessive–compulsive symptoms, 25.6% mild and 10.1% moderate to severe level of interpersonal sensitivity symptoms, 20.7% mild and 8.2% moderate to severe level of depression symptoms, 20.9% mild and 9.0% moderate to severe level of anxiety symptoms, 21.7% mild and 10.4% moderate to severe level of hostility symptoms, 18.3% mild and 8.5% moderate to severe level of phobic anxiety symptoms, 22.6% mild and 8.7% moderate to severe level of paranoid ideation symptoms, 18.0% mild and 7.0% moderate to severe level of psychoticism symptoms.

A cross-sectional study involving 393 adolescents in Bali found that 90% of students experienced loneliness and the most prevalent mental health was anxiety (95.4%). Approximately 50% of students reported self-harming and having suicidal thoughts (Kaligis et al., 2021). A study conducted by Bhatta et al. (2021) with a sample of 358 students. The participants' average age was  $16.17 \pm 1.57$  years. Results showed that 6.7% of students experienced severe anxiety, 23.6% experienced moderate anxiety, and 69.7% experienced mild anxiety. 8% of the respondents had mental health disorders, with the top three issues being depression, interpersonal sensitivity, and obsessive-compulsive disorder. (Lei et al., 2021). Research conducted by Addy et al. (2021) found that 16.3% of students had emotional problems, conduct (13.3%), and hyperactivity (3.0%) problems, whereas 5.4% exhibited prosocial behaviours. Mandaknalli and Malusare (2021) employed a descriptive cross-sectional study design and employed a sample of five hundred high school

students. The majority of the students belonged to the 16–18 age range. In all domains of the strengths and difficulties questionnaire, such as emotional problems, conduct problems, hyperactivity, peer problems, and pro-social behaviour, a statistically significant difference was noted for girls as compared to boys.

According to a Mahdavinoor et al. (2022) study, moderate to extremely severe symptoms of depression, anxiety, and stress were present in 33.6%, 28.4%, and 27.3% of students, respectively. Parida et al. (2023) conducted a study with students in middle and late adolescence, ages 14–19. They discovered that about 39% of people had depression. The participants were categorized as having mild, moderate, severe, and extremely severe depression at 16.9%, 16.7%, 5.1%, and 0.5%, respectively. Alalalmeh et al. (2024) examined 332 students, most of them were female and between the ages of 18 and 20. In comparison to male students, it was discovered that female students scored higher on stress, anxiety, and depression. Researchers Juliansen et al. (2024) studied Indonesian junior high school pupils. According to the survey, 2.9% of teenagers use tobacco products, 2.1% vape, 2.8% abuse alcohol, and the majority of them spend one to three hours on social media. Among the other mental health indicators, body dysmorphia has the highest prevalence (70.6%), followed by internet addiction (49.4%), suicidal thoughts (46%), prodromal psychotic syndromes (40.4%), low self-esteem (38%), psychological distress (25.2%), self-harm (23.1%), victimization from cyberbullying (16.9%), depression (17.5%), and victimization from traditional bullying (10.4%).

### Objectives

- To evaluate the psychological problems of senior secondary school students.

- To determine whether male and female senior high school students have different psychological problems.

### Hypotheses

- Psychological problems would differ significantly between male and female students.
- Psychological problems would be significantly higher in female students as compared to male students.

### Method

#### Sample

Using a simple random sampling technique, 150 students from Gaya, India, ages 14 to 20, were chosen for the sample, 75 of whom were male and the remaining 75 were female. Neurological disorders and any history of head injuries were the exclusion criteria.

#### Tools

*Socio demographic and clinical data sheet:* In order to collect information about sociodemographic and clinical variables such as age, gender, residence, social category, types of family, religion, history of abuse, substance use, mental illness in the family, and substance dependence in any family members, a specially designed data sheet was created for the current study.

*Symptoms checklist- 90 (SCL- 90) (Derogatis et al., 1973):* Derogatis et al. developed the symptom checklist-90 in 1973. A popular self-report tool for measuring a variety of psychological and psychiatric symptoms is the Symptom Checklist-90 (SCL-90). Somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, anger, phobic anxiety, paranoid ideation, and psychoticism are among the nine main symptom characteristics that are involved (Derogatis, 1994). The Global Severity Index (GSI) is a composite score that is produced by adding the extra items to the scores on

the nine symptom dimensions. The 90-item symptom checklist is intended for adults and adolescents over the age of 13. Test-retest reliability has been reported at 0.80 to 0.90. Every question on the questionnaire has a five-point Likert scale for distress, with 1 being not at all and 5 representing very. Gawde et al. (2013) chose a cut-off of 1.5 due to the lack of prior research on the threshold for the Indian population and the potential for over-diagnosis (Schmitz et al., 2002). A score of 1.5 or higher in any domain indicates the presence of a mental disease in an individual. The investigators in this study also used a cut-off score of 1.5. Reliability between tests has been reported to range from 0.80 to 0.90.

### Procedure

The researcher would have approached the head of the relevant school and given an explanation of the study's objectives. After receiving informed consent from the students and the school administration, the researcher would have administered the Symptom Checklist 90 (SCL-90). The university's ethical committee gave its approval to the study.

### Results

Table 1 shows the demographic characteristics of the participants. Out of 150 students, 51 (34.0%) came from a rural background, 18 (8.0%) from a semi-urban background, 72 (48.0%) from an urban background, 73 (48.7%) from a general category, 58 (38.7%) from an OBC category, 16 (10.7%) from a SC category, and 3 (2%) from a ST category. 150 students made up of 134 (89.3%) Hindu, 14 (9.3%) Muslim and 2 (1.3%) followers of other religion. Out of 150 students, 76 (50.7%) belonged to nuclear households and 74 (49.3%) to joint families. The minimum age of the total participants was 14 years, and the maximum age was 19 years, with a mean age of 16.14 years and a SD of 1.05 years. It was found that the

average age of the female and male students was  $16.01 \pm 0.99$  and  $16.27 \pm 1.11$  years, respectively.

Table 1. Demographic Characteristics of the participants (N (150))

Variables	n (%)	
Residence	Rural	51 (34)
	Semi urban	27 (18)
	Urban	72 (48)
Social Category	General	73 (48.7)
	OBC	58 (38.7)
	SC	16 (10.7)
	ST	3 (2)
Religion	Hindu	134 (89.3)
	Muslim	14 (9.3)
	Others	2 (1.3)
Types of family	Nuclear	76 (50.7)
	Joint	74 (49.3)
Gender	Male	75 (50)
	Female	75 (50)
Variable	Age Range	Mean $\pm$ SD
Age	14-19	16.14 $\pm$ 1.05
	Female	16.01 $\pm$ .99
	Male	16.27 $\pm$ 1.11

Table 2 shows the clinical characteristics of the participants. The individuals' clinical features are displayed in Table 2. Of the 150 students, 60 (40.0%) reported having experienced abuse in the past, 16 (10.7%) had relationship issues, 19 (12.7%) had taken substance in the past, 16 (10.7%) had a family history of mental illness, 45 (30.0%) had a family history of substance abuse, and 31 (20.7%) had previously dropped out of school.

Table 2. Clinical Characteristics of Participants (N= 150)

Variables	n (%)	
Any abuse event	Yes	60 (40.0)
	No	90 (60.0)
Any relationship problem	Yes	16 (10.7)
	No	134 (89.3)
History of substance intake	Yes	19 (12.7)
	No	131 (87.3)
Family history of mental illness	Yes	16 (10.7)
	No	134 (89.3)

Family history of substance dependence	Yes	45 (30.0)
	No	105 (70.0)
History of dropout from school	Yes	31 (20.7)
	No	119 (79.3)

The comparison of the clinical traits of male and female pupils is displayed in Table 3. Regarding the history of abuse, there was a significant difference between male and female pupils ( $\chi^2 = 5.44$ ,  $p = .05$ ). Male students were more likely to have a history of substance use than female students ( $\chi^2 = 4.881$ ,  $p = .05$ ).

Table 3. Group comparison of clinical characteristics between female and male students (N= 150)

Variables		Female N= 75	Male N= 75	$\chi^2$	Df	P
History of abuse	Yes	37	23	5.44*	1	.020
	No	38	52			
Relationship problems	Yes	07	09	.280	1	.597
	No	68	66			
History of substance Intake	Yes	05	14	4.881*	1	.027
	No	70	61			
History of mental illness in family	Yes	07	06	.084	1	.772
	No	68	69			
Substance dependence in Family	Yes	21	24	.286	1	.593
	No	54	51			
History of dropout from school	Yes	20	11	3.294	1	.070
	No	55	64			

\* $p < .05$  level (2- tailed).

Participants' dimensions of psychological problem are displayed in Table 4. Out of 150 participants, 14 (9.3%) had somatization, 24 (16.0%) had obsessive-compulsive disorder, 21 (14.0%) had interpersonal sensitivity, 16 (10.7%) had depression, 15 (10.0%) had

anxiety, 22 (14.7%) had anger hostility, 20 (13.3%) had phobic anxiety, 22 (14.7%) had paranoid ideation, 9 (6.0%) had psychoticism, and 7 (4.7%) had a global severity index.

Table 4. Psychological problem dimensions of the participants (N= 150)

Psychological problems dimensions	Below cut-off score (n, %)	Above cut-off score (n, %)
Somatization	136 (90.7)	14 (9.3)
Obsessive compulsive	126 (84.0)	24 (16.0)
Interpersonal Sensitivity	129 (86.0)	21 (14.0)
Depression	134 (89.3)	16 (10.7)
Anxiety	135 (90.0)	15 (10.0)
Anger Hostility	128 (85.3)	22 (14.7)
Phobic Anxiety	130 (86.7)	20 (13.3)

Paranoid Ideation	128 (85.3)	22 (14.7)
Psychoticism	141 (94.0)	9 (6.0)
Global Severity Index	143 (95.3)	7 (4.7)

A comparison of the psychological problem dimensions between male and female participants is shown in Table 5. Somatization ( $t = 4.819$ ,  $p = .001$ ), OCD ( $t = 2.977$ ,  $p = .003$ ), interpersonal sensitivity ( $t = 4.419$ ,  $p = .001$ ), depression ( $t = 2.844$ ,  $p = .005$ ), anxiety ( $t = 7.023$ ,  $p = .001$ ), anger hostility ( $t = 2.354$ ,  $p = .020$ ), phobic anxiety ( $t = 5.137$ ,  $p = .001$ ), and global severity score ( $t = 4.682$ ,  $p = .001$ ) were significantly higher in female participants.

Table 5. Comparison of psychological problem dimensions between female and male students

Psychological problem dimensions	Female (N= 75)	Male (N= 75)	$t$ ( $df= 148$ )	$P$
	Mean $\pm$ SD	Mean $\pm$ SD		
Somatization	1.227 $\pm$ .620	.749 $\pm$ .589	4.819***	<.001
Obsessive Compulsive	1.507 $\pm$ .648	1.198 $\pm$ .582	2.977**	.003
Interpersonal Sensitivity	1.447 $\pm$ .641	1.005 $\pm$ .581	4.419***	<.001
Depression	1.269 $\pm$ .609	.991 $\pm$ .584	2.844**	.005
Anxiety	1.490 $\pm$ .484	.846 $\pm$ .629	7.023***	<.001
Anger hostility	1.331 $\pm$ .713	1.054 $\pm$ .727	2.354*	.020
Phobic anxiety	1.321 $\pm$ .722	.769 $\pm$ .586	5.137**	<.001
Paranoid ideation	1.310 $\pm$ .677	1.145 $\pm$ .644	1.528	.129
Psychoticism	1.054 $\pm$ .496	.923 $\pm$ .583	1.484	.140
Global severity	1.317 $\pm$ .483	.933 $\pm$ .519	4.682***	<.001

\* $p < .05$  level (2- tailed); \*\* $p < .01$  level (2- tailed); \*\*\* $p < .001$  level (2- tailed).

### Discussion

The current study set out to evaluate the psychological problems that senior secondary school students were facing. The average age of all the participants in the current study was found to be  $16.14 \pm 1.05$  years. The mean age of the male and female participants were found to be  $16.27 \pm 1.11$  years and  $16.01 \pm .99$  years, respectively.

Participants of almost the same age were enrolled in another research (Mandaknalli and Malusare, 2021; Bhatta et al., 2021; Sharma et al., 2008). 12.7% of participants in the current study indicated a history of substance intake, while 40.0% of participants reported a history of abuse. Regarding abuse, there was a discernible difference between male and female participants. Compared to

male participants, female students reported a higher history of abuse. There was also a notable distinction between male and female participants regarding their past substance use histories. Compared to female participants, male students reported a higher history of substance intake. An almost similar finding was reported by Juliansen et al. (2024).

Regarding the psychological problem dimensions examined in this study, somatization symptoms were reported by 9.3% of students, OCD symptoms by 16% of students, interpersonal sensitivity symptoms by 14.0% of students, depression symptoms by 10.7% of students, anxiety symptoms by 10% of students, anger hostility symptoms by 14.7% of students, phobic anxiety symptoms by 13.3% of students, paranoid ideation symptoms by 14.7% of students, and psychotic symptoms by 6.0% of students. Almost similar findings were reported by other study (Li et al., 2020). According to Juliansen et al. (2024), depression affected 17.5% of participants. According to Lei et al. (2021), 8% of the participants suffered from mental health conditions, with depression, interpersonal sensitivity, and obsessive-compulsive disorder ranking as the top three conditions.

In the present study, when comparing psychological problem dimensions between female and male participants, it was found that female participants scored higher on all the dimensions of psychological problems except psychoticism. Psychological symptom dimensions, i.e., somatization, interpersonal sensitivity, depression, anxiety, anger hostility, and phobic anxiety, were significantly higher in female participants. Almost similar findings were reported by other researchers (Mandaknalli and Malusare, 2021; Alalalmeh et al., 2024). Mandaknalli and Malusare (2021) reported that in all the strength and difficulties questionnaires, such as emotional problems, conduct problems, hyperactivity,

peer problems, and pro-social behaviour, a statistically significant difference was noted for girls as compared to boys. Alalalmeh et al. (2024) also found female students scored higher on stress, anxiety, and depression.

### Conclusion

The four most commonly reported psychological problems among senior secondary students were anger hostility, paranoid ideation, interpersonal sensitivity, and obsessive compulsion. Compared to the male students, the female students scored higher on all the dimensions of psychological problems except psychoticism. This research has certain restrictions. There was only one senior high school from which the study sample was taken. Therefore, the findings cannot be applied to the whole education system. Action must be taken right away. This may involve professional counselling and psychotherapy; in extreme situations, refer patients to psychiatrists or other mental health specialists for further management.

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