



## Risk Factors Affecting Adolescents' Mental Health

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**Abstract: Objectives:** This study investigates the main risk factors adversely affecting adolescents' mental health, with the objective of informing targeted proactive intervention measures designed to reduce the likelihood of developing mental health disorders. **Prior Work:** Empirical evidence reveals an increase in anxiety disorders, depression, and suicidal behaviour among adolescents, associated with factors such as bullying, social pressure, substance use, family-related trauma, and excessive use of social media platforms. **Approach:** The interdisciplinary methodology involves a comprehensive review of the relevant literature on risk factors threatening adolescents' mental health and incorporates both qualitative and quantitative research methods. Data collection involved administering structured questionnaires to adolescents, focusing on their perceptions of risk factors detrimental to their mental well-being. **Research findings** indicate that family instability, lack of emotional support, and exposure to harmful online content represent the primary factors associated with the decline in adolescents' mental health. **Implications:** The study provides recommendations for the integration of psychological counselling programs within school settings and emphasizes the active involvement of parents and teachers in offering emotional support to adolescents. **Value:** This research offers a practical contribution to the development of mental health policies targeting young people by delivering relevant data to inform effective psycho-pedagogical interventions.

**Keywords:** mental health; adolescents; risk factors; prevention; emotional support

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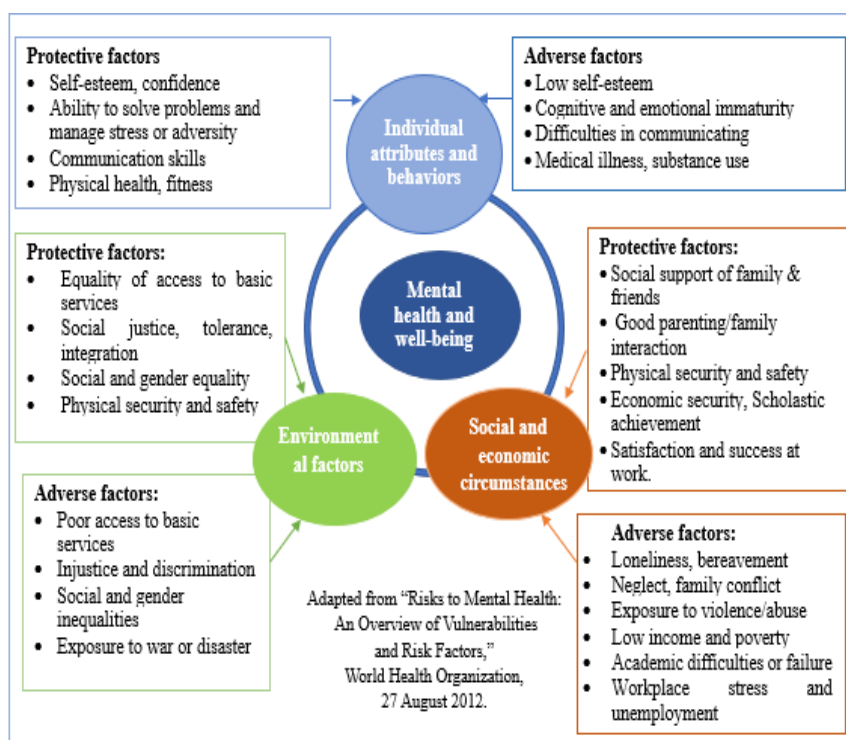
## 1. Introduction

Mental health is defined by the World Health Organization as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (World Health Organization, 2012). The construct is complex, shaped by both adverse and protective factors operating at the individual, social, and environmental levels. *Mental hygiene*, as an academic discipline, synthesizes this theoretical framework and implements evidence-informed strategies to foster psychological equilibrium.

## 2. Risk and Protective Factors for Mental Health

Risk and protective factors for mental health encompass a wide range of influences, including individual characteristics such as low or high self-esteem, cognitive and emotional immaturity or maturity, and communication difficulties or abilities, as well as environmental determinants such as natural disasters or pandemics (World Health Organization; Färber & Rosendahl, 2018). *Risk factors* are conditions or attributes correlated with a greater risk of mental health problems and are also linked to greater severity and a prolonged course of illness prior to remission, while protective factors enhance individuals' resilience to these risks and contribute to the prevention of mental health disorders. Mental health conditions can be prevented by addressing their determinants, specifically by targeting both risk and protective factors that may exert causal influence (Svalastog, 2017).

The concept of mental health can be fully understood only when examined in conjunction with its determinants, namely the adverse and protective factors that influence mental health, as presented in Figure 1 (adapted from World Health Organization, 2012).



**Figure 1. Adverse and protective factors influencing an individual's mental health and well-being**

According to the World Health Organization (2012), mental health is influenced by a balance of risk and protective factors that can be grouped into three dimensions. At the *individual level*, risk factors include low self-esteem, immature cognitive or emotional development, poor communication, physical illness, and substance use, while protective factors comprise self-confidence, problem-solving and stress management skills, effective communication, and good physical health. Within the sphere of *social and economic circumstances*, negative influences may arise from social isolation, bereavement, neglect, family conflict, exposure to violence, poverty, academic underachievement, or work-related stress, whereas positive influences are linked to supportive family and peer relationships, effective parenting, security, financial stability, educational success, and job satisfaction. Finally, at the *environmental level*, risks are associated with limited access to essential services, experiences of injustice or discrimination, social and gender inequalities, and exposure to war or natural disasters; by contrast, protective factors include equitable access to services, social justice, tolerance, social and gender equity, and conditions of safety and security (World Health Organization, 2012).

As an integral component of overall health, limited understanding of mental health can have far-reaching consequences at the individual, social, and global levels. When mental health needs are neglected, not only are individuals' personal, social, and professional lives affected, but global economic productivity and development may also be compromised.

### **3. Epidemiological Dimension and Global Impact of Mental Health Among Youth**

In contemporary research, there is an increasing emphasis on implementing programs designed to enhance skills related to the promotion and maintenance of good mental health, as well as the management of mental health disorders. The high prevalence of mental health disorders during adolescence (Erskine et al., 2017; Barican et.al., 2022), coupled with the adverse consequences that frequently emerge in adulthood (Kutcher et al., 2016; Copeland et al., 2015), marks this developmental stage as essential for fostering mental health literacy. Such initiatives aim to cultivate positive attitudes toward mental health and illness, while also improving help-seeking behaviors and coping strategies.

Numerous factors, including insufficient resources, limited mental health literacy, stigma, and discrimination, hinder individuals from seeking appropriate care for mental health conditions. Such disorders affect millions of people worldwide, cutting across age, gender, ethnicity, and socioeconomic boundaries (Global Burden of Disease Collaborative Network, 2016). The scale of the problem remains significant both globally and within national contexts such as the Republic of Moldova and Romania (Romanian Association of Psychiatry and Psychotherapy).

On a global scale, approximately 80 million children between the ages of 10 and 14, along with 86 million adolescents aged 15 to 19, are reported to have a diagnosed mental disorder (World Health Organization, 2022). According to the same source, boys within these age groups are more frequently exposed to risk factors and, as a result, are at higher likelihood of developing mental health conditions. Adolescence itself is often characterized by heightened stress and a reduced sense of well-being, which can predispose individuals to emotional difficulties such as depression and anxiety that may persist into adulthood. The consequences of mental health problems extend far beyond the individual, influencing educational participation, social and community integration, family and peer relationships, and even future productivity in the workplace (UNICEF, 2021).

According to the World Health Organization, approximately 15 percent of children and adolescents experience mental health conditions, with most disorders emerging around the age of 14. Many of these conditions remain undetected and untreated. Depression, anxiety, and behavioral disorders rank among the leading causes of illness and disability in adolescents (UNICEF, 2021).

In the Republic of Moldova, data from the National Bureau of Statistics (BNS) indicate that the incidence of mental health disorders among children reached 1.1 thousand newly registered cases in 2019, equivalent to 210 new cases per 100,000 children. The largest share of these cases was attributed to intellectual disabilities (35.4%), followed by psychological developmental disorders (23.0%) and organic mental disorders (22.5%). Mental and behavioral disorders rank among the leading causes of primary disability in children. High rates of both incidence and prevalence continue to be recorded, with the situation being particularly concerning among children and adolescents. In 2022, 78,000 individuals were affected by such conditions, including approximately 10,000 children (National Bureau of Statistics, 2022).

In Romania, more than 22,000 children and adolescents have been diagnosed with a mental illness (National Strategy on the Mental Health of Children and Adolescents in Romania 2016–2020), while many others face developmental, emotional, or cognitive challenges. Recent data indicate that the most common diagnoses are conduct disorders (24.19%), attention-deficit/hyperactivity disorder (22.65%), anxiety disorders (19.23%), autism spectrum disorder (14.47%), depressive episodes (9.14%), attachment disorders (4.3%), school phobia (3.10%), and eating disorders (2.88%). The prevalence of depressive episodes is particularly pronounced among adolescents over the age of 15, reaching 69%, a proportion significantly higher than in younger age groups (Green et al., 2005; National Strategy on the Mental Health of Children and Adolescents in Romania, 2016–2020). Other conditions frequently emerging in adolescence include sleep difficulties, problems with attention and concentration, and behavioral addictions related to the internet, video games, and social media. Among adolescent girls, eating disorders such as anorexia and bulimia are being reported with increasing frequency. Longitudinal research highlights a strong association between adolescent mental health disorders and their continuation into adulthood, with around 50% of all mental illnesses beginning in adolescence and a further 25% emerging between ages 20 and 25 (Kessler et al., 2007).

Children from disadvantaged backgrounds face an increased risk of mental health problems. Vulnerable populations, including ethnic minorities and migrants, are

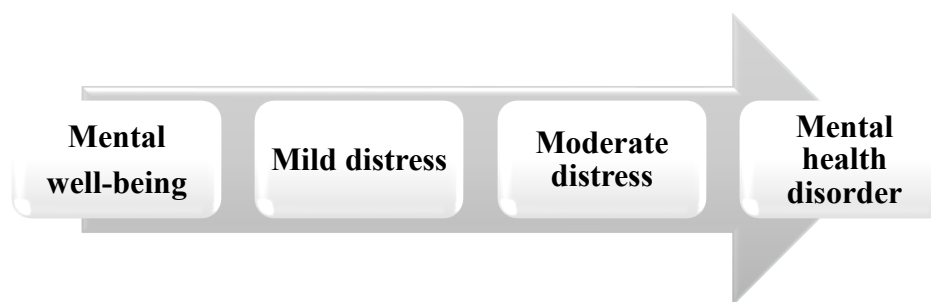
especially at risk due to limited access to healthcare, unhealthy lifestyle behaviors, maladaptive thinking patterns, and engagement in risky activities (Virupaksha et al., 2014). In the context of ongoing international political conflicts, it is estimated that around 20% of individuals living in or having lived in conflict zones experience mental health disorders, with children being disproportionately affected (UNICEF, 2021).

According to C. Enăchescu, mental health develops in relation to the organization and progress of society. Societies with well-established institutions, strong social networks, and coherent value systems tend to exhibit higher levels of mental well-being, and open, inclusive cultures particularly support this development. Enăchescu argues that the features of mental health reflect the relationship between the individual and society, with mental disorders representing a disruption of this relationship (Enăchescu, 2008, p. 52). Similarly, J. Sutter defines mental health as the capacity of the psyche to function harmoniously and adaptively, enabling individuals to demonstrate resilience, employ adaptive coping strategies, and restore psychological balance following adversity. He further emphasizes that mental health encompasses not only psychological well-being but also alignment with ethical and spiritual principles that affirm human dignity and purpose. Thus, mental health can be understood as a state of well-being that supports optimal psychological, emotional, and intellectual development, allowing individuals to relate harmoniously with others. In this context, C. Enăchescu proposes six foundational criteria for mental health assessment:

- a) ***Self-awareness and acceptance*** (reflected in the individual's attitude toward themselves, including self-image, self-acceptance, and recognition of personal strengths).
- b) ***Reality perception*** (the ability to interpret experiences objectively and accurately, free from significant distortion).
- c) ***Adaptive functioning*** (the capacity to manage one's environment effectively, build and maintain healthy interpersonal relationships, and demonstrate flexibility in social contexts).
- d) ***Psychological coherence*** (characterized by internal balance, integration of thoughts and emotions, consistency in behavior, and the ability to make sound decisions).

- e) **Functional autonomy** (independence and self-direction, alongside the ability to engage in healthy interdependence with others).
- f) **Growth orientation** (a commitment to ongoing personal development and self-actualization).

These dimensions highlight the interplay between mental health and psychosocial development, affirming that optimal mental health supports both individual well-being and effective social functioning (Enăchescu, 2008, pp. 54–56). A similar perspective is echoed in the *Larousse Dictionary of Psychology*, which defines health as “the state of one who feels strong and assured.” Figure 2 (adapted after the World Health Organization, 2019) illustrates the Mental Health Continuum, depicting the progression from well-being to varying degrees of distress and, ultimately, to mental health disorders.



**Figure 2. Mental Health Continuum (adapted after World Health Organization, 2019)**

A *mentally healthy student* recognizes and regulates their own emotions as well as those of others, maintains positive relationships, demonstrates empathy, copes effectively with stress, adapts to change, applies cognitive skills, acquires new abilities, and takes into account both their own mental well-being and that of others (World Health Organization, 2021). Conversely, poor mental health during childhood and adolescence can disrupt multiple domains of life. Beyond facing social stigma and discrimination, affected young people are more likely to adopt harmful behaviors such as substance use, smoking, or unsafe sexual practices. Their educational trajectories may also be hindered; for example, evidence from NHS England’s *Future in Mind* report (2015) indicates that a child with a conduct disorder who does not benefit from targeted intervention is twice as likely to leave school prematurely compared to peers with typical development. Despite the significant need for mental health support, current responses remain insufficient and inadequate.

Research indicates that half of all mental health disorders begin before the age of 14 (Kessler et al., 2007).

The global visibility and prevalence of mental health challenges have increased, emphasizing the significance of psychological well-being in the lives of children and adolescents. Mental health forms an essential basis for healthy growth and developmental trajectories, with its roots established from early childhood. Strengthening the mental well-being of children and their families not only enhances individual quality of life but also generates enduring benefits for society at large. According to the World Health Organization (2019), mental health further shapes cognitive functioning, behavioral patterns, social relationships, collective participation, self-fulfillment, employability, reflective capacity, and the consolidation of self-esteem.

Mental health constitutes a fundamental dimension of overall well-being, and insufficient understanding in this area can have repercussions at individual, societal, and global scales. Neglecting mental health needs affects not only personal and social functioning but also professional productivity and broader economic stability. The notion of *mental health literacy* has emerged from the wider discourse on health literacy. Nutbeam (2000) conceptualizes health literacy as the ability to obtain, interpret, and use health-related information in ways that support the promotion and maintenance of well-being. Similarly, mental health literacy refers to an individual's knowledge and beliefs about mental disorders, and how this knowledge is used to recognize, manage, or prevent mental health problems (Jorm et al., 1997).

Knowledge of how to promote and sustain mental well-being, along with an understanding of available therapeutic options, is essential for counteracting stigma and encouraging individuals to seek professional support by helping them identify the appropriate timing, context, and sources of assistance. This consideration is particularly salient given that research indicates nearly half of all mental health conditions begin before the age of 14.

To raise awareness and promote help-seeking in mental health, it is essential to implement programs that enhance mental health literacy, as highlighted in the *World Mental Health Report: Transforming Mental Health for All* (World Health Organization, 2022). The report identifies limited resources, low mental health literacy, and persistent stigma as primary factors contributing to low rates of help-seeking. Among young people, additional barriers include restricted access to mental health services, fear of stigma, concerns about confidentiality, limited availability of



services, misinformation regarding treatment options, and anxiety related to reaching out for support. In low- and middle-income countries, adolescents often rely on self-help strategies, such as fostering positive thinking and maintaining self-esteem, and tend to regard support from family and friends as more effective than professional assistance (Thai et al., 2020).

#### 4. Mental Health and Psychoeducational Interventions

*From a psychoeducational perspective*, interventions designed to enhance mental health literacy in schools offer a natural bridge between mental health professionals and students within the educational environment. Kutcher and colleagues (2016) highlight several reasons why such interventions are considered promising:

- *Cost-effectiveness* – they are typically delivered by classroom teachers without the need for additional resources beyond instructional materials.
- *Familiar context* – the content is presented within the classroom environment, which supports accessibility and engagement.
- *Curricular alignment* – the interventions are designed to fit within existing school curricula.
- *Improved mental health literacy* – they contribute to improved mental health literacy among both students and teachers.

The growing interest in enhancing mental health knowledge has prompted numerous studies to evaluate the effectiveness of interventions in improving understanding of mental health, reducing stigma, and promoting help-seeking behavior. Curriculum-aligned, school-based mental health literacy programs contribute to these efforts by enhancing students' and teachers' knowledge, understanding, and attitudes regarding mental health and mental disorders. By raising awareness, such programs may also facilitate adolescents' access to mental health care and help mitigate challenges arising from limited services. Cross-sector collaborations between health and education systems further strengthen these initiatives, as integrating mental health literacy programs into educational frameworks can improve knowledge (e.g., symptom recognition and understanding of treatment options), reduce stigma through attitudinal change, and encourage early help-seeking.

## 5. Conclusion

Mental health provides the foundation for individual well-being and societal resilience, shaped by a complex interplay of biological, psychological, social, and environmental factors. Evidence underscores the value of early intervention, strong social support systems, and equitable access to services as essential strategies in the prevention of mental health disorders. Current epidemiological data indicate rising mental health challenges among young people, exacerbated by modern societal pressures such as digital disruption, economic uncertainty, and social fragmentation. School-based psychoeducational programs have been shown to reduce stigma, improve mental health literacy, and promote early help-seeking behaviors. Collaborative efforts between the health and education sectors are essential for fostering a mentally resilient society, and embedding mental health support within educational systems and community programs can enhance quality of life across age groups while addressing persistent gaps in service provision.

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