

# Perceived loneliness and mental health problem among adolescence in selected school, Kelambakkam, Chengelpet district, Tamil Nadu, India.

<sup>1</sup>Kalaiselvi.R., <sup>2</sup>Abinaya.G., <sup>3</sup>Aathisudharsan.K.V., <sup>4</sup>Vinitha.K., <sup>5</sup>Mohamed saahith.S., <sup>6</sup>Abdur Rahaman.F

<sup>1</sup>Professor and HOD, <sup>2</sup> student researcher, <sup>3</sup> student researcher, <sup>4</sup> student researcher, <sup>5</sup> student researcher, <sup>6</sup> student researcher.

<sup>1</sup>Department of Mental Health Nursing, Chettinad College of Nursing, Chettinad Hospital and Research Institute, Chettinad Academy of Research and Education, Kelambakkam, Chengelpet District, Tamil Nadu, India.

## ABSTRACT:

Loneliness always reminds us of the pain and warns a person to become isolated. Loneliness is the absence of urgent social relations and lack of love and affection in current social relationships. Loneliness is one of the main indicators of disturbance in social well-being. Globally, it is estimated that 1 in 7 about a 14% of 10–19 years old age group experience mental health conditions, still these remain largely unrecognized and untreated. The most common mental illnesses in adolescents are anxiety, mood, attention, and behaviour disorders. Suicide is the second leading cause of death. Aim of the study is to Assess Perceived loneliness and mental health problems among adolescents. A quantitative descriptive research design and cross-sectional survey approach was adapted and 70 adolescents were selected by using convenient sampling technique. Self-administered questionnaire consists of demographic variables, University of California, Los Angeles (UCLA) loneliness scale version 3 and Global Mental Health Assessment (GMHA) was used to assess the loneliness and mental health problems among adolescents. Result: Findings revealed a significant portion of the adolescents reported perceived loneliness above the mean level (67%). Gender differences were evident, with females experiencing higher levels of loneliness compared to males. The majority of adolescents experienced moderate levels of mental health problems, with common issues being worries, anxiety, and depressed mood. A moderate positive correlation( $r=0.52$ ) between perceived loneliness and mental health problems, indicating that higher levels of loneliness are associated with greater mental health issues among adolescents. The study contributes valuable insights into the interplay between perceived loneliness and mental health among adolescents. The findings underscore the need for multifaceted interventions that consider both individual and environmental factors influencing adolescent well-being. addressing perceived loneliness and mental health problems in adolescents requires comprehensive approaches that integrate psychological, social, and environmental considerations. If perceived loneliness and mental health problems are not identified in adolescents, several adverse outcomes may occur.

**keywords:** Perceived loneliness, Mental health problem and Adolescence.

## INTRODUCTION:

Adolescence is said to be the period from the puberty to the age of maturity. It is a crucial period of rapid physical and biological changes occurs which may tend to lead to confusion, tension, frustration, and feeling of insecurity.

India is home to 253 million adolescents, accounting for 20.9% of the country's population, in which approximately 47% are female population and respectively the other 53% are male population. In Tamil Nadu the adolescent population is estimated to be 12.6 million. (WHO)

Globally, one in seven of age group between 10-19-year-olds experiences a mental disorder, accounting about 13% of the global burden of disease in this age group. Depression, anxiety and behavioral disorders are among the leading causes of illness and disability among adolescence. (WHO 2021).

It is a very normal part of development for a teenager to experience a wide range of emotions. It is very normal and very fortunate for teenagers to feel nervous, uncomfortable and anxious about school or friendships. However, mental health disorders are characterized by some common symptoms that affect how a person feels, thinks, and acts. Mental health disorders also can influence with regular activities and daily functioning, such as relationships, schoolwork, sleeping, eating and etc.

Loneliness in adolescence is a multifaceted issue influenced by various social, psychological, and environmental factors. As teenagers navigate the complex process of identity formation and social integration, they may encounter challenges that lead to feelings of isolation. The transition from childhood to adulthood involves significant changes in social dynamics, family relationships, and personal expectations. Understanding the causes of loneliness during this critical developmental period is essential for fostering supportive environments that promote emotional well-being and healthy social connections.

The commonest mental health problem in adolescent age group were said to be occurring one in five adolescent aged 9–17 years currently has been diagnosed mental health disorder that causes some point of impairment; one in 10 has been said to have a disorder

that causes significant impairment. The most common mental illnesses in adolescents are anxiety, mood, attention, and behaviour disorders. Suicide is the second leading cause of death in young people aged 15–24 years.

Indian experience of loneliness, however, is relatively understudied and unacknowledged. In a collectivistic country with more than 140 billion people —almost twice the number of people living in Europe — loneliness as a public health and social concern fails to receive the targeted attention it needs, she notes. The Hindu examines the ‘loneliness epidemic’, the challenges of documenting loneliness in India and why experts think India needs to address loneliness as a structural problem.

### Research Question

Does mental health problem, associated with perceived loneliness?

Does the perceived loneliness and mental health influence by gender in adolescences?

### OBJECTIVES

- 1.To assess the level of perceived loneliness and mental health problem among adolescents.
- 2.To identify the relationship between perceived loneliness and mental health problem in adolescents.
- 3.To find association between perceived loneliness, mental health problem and demographic variable of adolescents.

### HYPOTHESIS

H1: There is a significance relationship between perceived loneliness and mental health problems in adolescence.

H2: There will be a significance association between perceived loneliness and mental health problems among adolescence with their selected demographic variables.

### METHODOLOGY:

#### Research approach:

Cross-sectional survey approach was used in this study. It aimed to understanding about perceived loneliness and mental health problem among adolescence.

#### Research design:

Quantitative descriptive design was used.

#### Research variable:

Perceived loneliness

Mental health problem

#### Setting:

The study was conducted in a School Bhuvana Krishana Matriculation Higher Secondary School is an educational institution in kelambakkam which comes under private sector school, from 6th standard to 12th standard schooling is done in separate block for boys and girls.

#### Population:

The population consist of adolescents (age group 13 to 18 years)

#### Sample:

The participants of the study are adolescence (age group 13 to 18 years) in selected school (Bhuvana Krishana Matriculation higher Secondary School)

#### Sampling techniques:

Convenient sampling technique was used to select the samples based on inclusion and exclusion criteria.

#### Sample size:

The estimated sample size for the study was 70 participants

#### Data collection methods:

The formal permission was obtained from IHEC, Formal permission was obtained from school authority and parent permission in 6A form. The data collection was done over one week of period. The researcher first introduced the objective of the study then the samples was selected by convenience sampling technique then questioner were administered and responses was noted. Participant information sheet and informed consent was given to the parents. The children were given a clear explanation on the questions (considering their age factor for proper understanding) Those who fulfil the inclusion criteria will be selected by convenient sampling technique to reach the research sample size

#### Sample selection criteria:

Inclusion criteria:

Adolescences (age group 13 to 18 years)

Available Adolescences (parent permitted child for study)

Adolescences who know English / Tamil language

Exclusion criteria

Adolescences with physical disability

Adolescences who are sick during data collection period.

**RESEARCH TOOL DESCRIPTION:**

Self-administered questionnaire consists of demographic variables It deals with demographic variables, which includes Age, Sex, Education, Home town, Occupation of father, occupation of mother, Family income, Type of family, Religion, Number of children and Birth order. University of California, Los Angeles (UCLA) loneliness scale version 3 consists of 20-items designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item on a scale from 1 (Never) to 4 (Often).The scores for each item then summed together. Score interpreted as higher score indicates greater degree of loneliness. Global Mental Health Assessment (GMHA) was used to assess the loneliness and mental health problems among adolescents' problems in a range of settings which consist of 19 question and choose to select accordingly the score is provided, Score interpreted as mild distressing, moderately distressing, severely distressing and more severe distressing and disabling

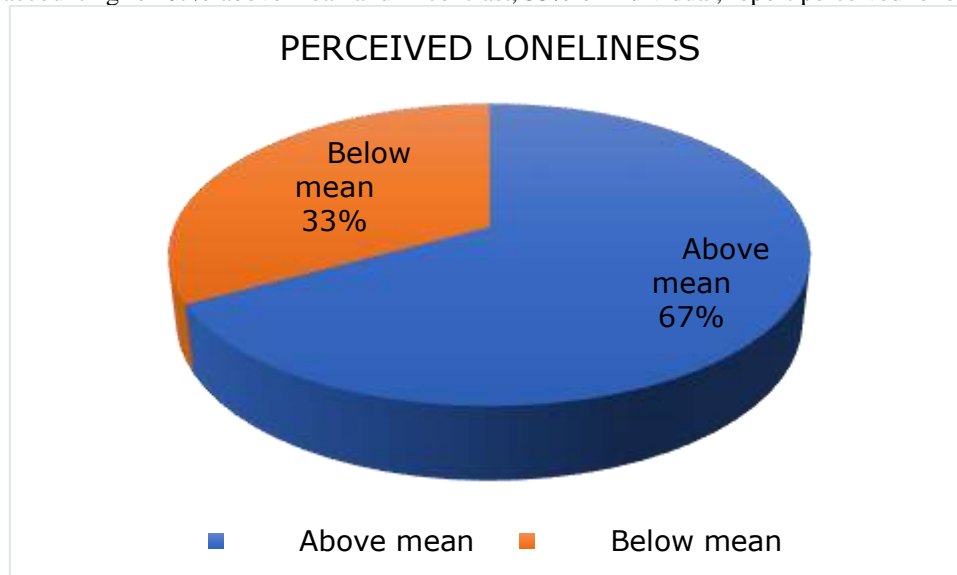
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**ETHICAL CLEARANCE:**

The formal permission was obtained from IHEC, School authority and parent permission form. The data collection was done over one week of period. The researcher first introduced the objective of the study then the samples was selected by convenience sampling technique those fulfilled the inclusion criteria selected to reach the research sample size..Participant information sheet and informed consent was given to the parents. The Self-administered questionnaire was administered and responses was noted the children were given a clear explanation on the questions (considering their age factor for proper understanding)

**RESULTS:****ASSESS THE LEVEL OF PERCEIVED LONELINESS AMONG ADOLESCENTS**

The data analysis focuses on perceived loneliness, which revealed that there is a higher prevalence of individuals experiencing perceived loneliness accounting for 67% above mean and in contrast, 33% of individual, report perceived loneliness below the mean.



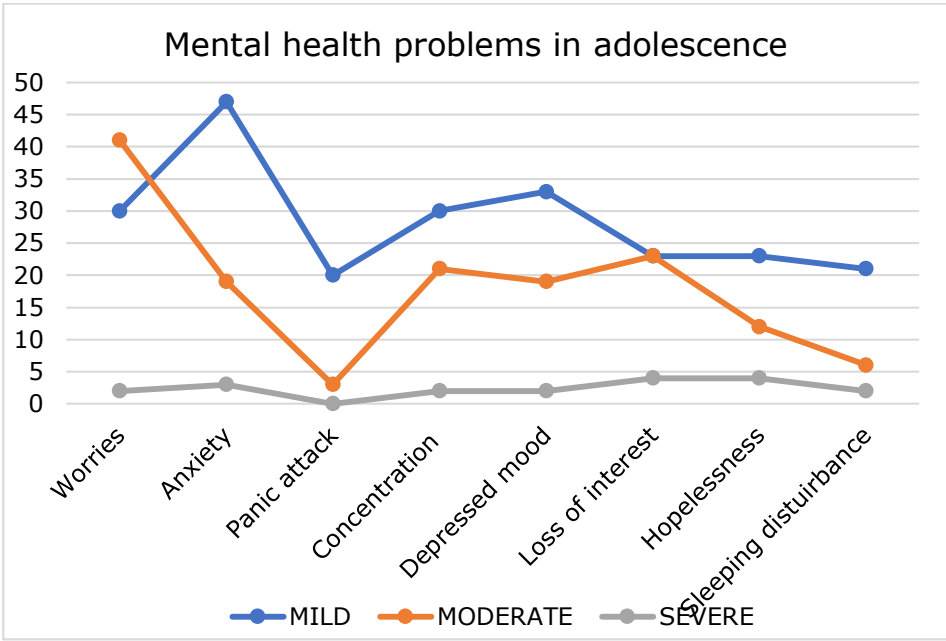
**Figure 1:** Percentage of sample according to the level of perceived loneliness.

**ASSESS THE MENTAL HEALTH PROBLEM AMONG ADOLESCENTS.**

**Table 1:** Frequency, percentage distribution of level of mental health problem among adolescents. n=70

S.no	Category	Score	Frequency	Percentage
1	Symptoms of mild distressing	1-6	15	22
2	Symptom present moderately distressing	7-12	40	57
3	Severely distressing	13-18	1	2
4	More severe distressing and disabling	19	0	0

Table 1 indicates that the majority of the participants falls experienced symptoms that are moderately distress which making up 40(57%), A smaller portion of the participants experienced symptoms of mild distress which makes up 15(22%)whereas least percentage1(2%) experienced symptoms of severely distress.



**Figure 2:** Percentage of sample according to mental health problems.

Worries appear to be the most prevalent, with 30% experiencing mild level, 41% experiencing moderate worries, and a small 2% experiencing severe worries. Anxiety, affecting 47% mildly, 19% moderately, and 3% severely. Depressed mood affects 33% mildly, 19% moderately, and 2% severely; loss of interest affects 23% mildly, 23% moderately, and 4% severely; hopelessness similarly affects 23% mildly, 12% moderately, and 4% severely. Panic attacks, on the other hand, are less common overall, with 20% experiencing mild occurrences, 3% moderate, and none severe. Hopelessness is observed in 23% mildly, 12% moderately, and 4% severely. Suicidal ideas are present in 15% mildly, with no moderate or severe cases. Sleeping disturbances affect 21% mildly, 9% moderately, and 2% severely. Hypochondriasis affects 17% mildly and 9% moderately, with no severe cases. Obsession/compulsion is seen in 14% mildly and 2% moderately. Phobia affects 19% mildly and 5% moderately. Thought disorder is noted in 19% mildly, with no moderate or severe cases. Psychotic symptoms appear in 13% mildly and 2% moderately. Alcohol and drug misuse are not reported. Personality problems are seen in 12% mildly and 2% moderately. Stressors affect 15% mildly. Lastly, post-traumatic stress disorder (PTSD) is present in 8% mildly and 2% moderately.

**CORRELATION BETWEEN PERCIEVED LONELINESS AND MENTAL HEALTH PROBLEM AMONG ADOLESCENTS.**

**Table 2:** Mean, standard deviation and r value of perceived loneliness and mental health problem among adolescents.

Category	Mean	Standard deviation	r value
Perceived loneliness	49.83	11.028	0.52
Mental health problem	7.35	5.013	

The above table showed that the mean score for perceived loneliness is 49.83, with a standard deviation of 11.028, The mean score for mental health problems is 7.35, with a standard deviation of 5.02. So, correlation coefficient (r value) between perceived loneliness and mental health problems is 0.52, indicating a moderate positive relationship. This suggests that higher levels of perceived loneliness are moderately associated with higher levels of mental health problems.

## ASSOCIATION BETWEEN PERCEIVED LONELINESS AND MENTAL HEALTH PROBLEMS OF ADOLESCENTS WITH THEIR DEMOGRAPHIC VARIABLE

On comparing the perceived loneliness and demographic variable we could clearly identify that there is significant association between gender or sex of the individual with perceived loneliness.

Finding of the study shows that, only demographic variable significantly associated with perceived loneliness was sex, with females reporting higher levels of loneliness than males ( $P$  value = 0.0306). The findings of the study were supported by Marlies Maes et al. (2019). "Gender Differences in Loneliness Across the Lifespan" A Meta-Analysis. The study provides robust supportive evidence for the finding that females tend to experience higher levels of perceived loneliness compared to males among adolescents. This supports the need for targeted interventions and support systems tailored to address gender-specific experiences of loneliness during adolescence, thereby promoting mental well-being effectively.

On comparing the mental health problems and demographic variable we could clearly identify that there is a significant association between home town of the individual with mental health problems

Finding of the study shows that, a significant association between the home town of adolescents and their mental health problems ( $P$  value = 0.0205). Adolescents from urban areas reported higher levels of mental health problems compared to those from rural and semi-urban areas. This may be due to factors such as higher academic pressure, competitive environments, and social isolation prevalent in urban settings. The findings of the study were supported by Oliver Gruebner et al. (2017) "Cities and Mental Health". Studies have shown that the risk for serious mental illness is generally higher in cities compared to rural areas.

### DISCUSSION

- To assess the level of perceived loneliness among adolescents.

Finding of the study shows that, 67% of adolescences stands above mean and 33% of adolescences stands below mean. The finding of the study were supported by Qualter et al. (2015). "Loneliness in the Lives of Young People". The study found that loneliness is prevalent among young people, with about 40-60% of adolescents reporting feelings of loneliness at some point. The study highlights that loneliness can be a common experience during adolescence due to the numerous social, emotional, and physical changes occurring during this period

- To assess the level of mental health problem among adolescents.

Finding of the study shows that, 22% of adolescence has mild symptoms of distress, 57% of adolescence has moderate symptoms of distress and 2% of adolescence has severe symptoms of distress. The findings of the study were supported by William Bor et al. (2014). "Are child and adolescent mental health problems increasing in the 21st century?" A systematic review. The review indicates a general increase in the prevalence of mental health issues among children and adolescents over the past few decades. Various studies cited in the review report that between 20-25% of adolescents experience mild to moderate mental health symptoms, with a smaller proportion (around 2-8%) experiencing severe symptoms. The review also highlights that anxiety and depression are among the most common mental health issues affecting adolescents, with noticeable increases in these conditions over recent years.

- To assess the relationship between perceived loneliness and mental health problem in adolescents.

Finding of the study shows that, there is a significant positive moderate correlation ( $r$  value) which is 0.52 between perceived loneliness and mental health problem among adolescence. The findings of the study were supported by Jingyi Wang et al. (2018). "Associations between loneliness and perceived social support and outcomes of mental health problems" a systematic review. The review consistently found that loneliness was significantly associated with higher levels of mental health problems across various populations, including adolescents. Specifically, studies included in the review reported correlation coefficients and effect sizes indicating a moderate to strong positive relationship between loneliness and mental health problems.

### CONCLUSION

The study contributes valuable insights into the interplay between perceived loneliness and mental health among adolescents. The findings underscore the need for multifaceted interventions that consider both individual and environmental factors influencing adolescent well-being. Addressing perceived loneliness and mental health problems in adolescents requires comprehensive approaches that integrate psychological, social, and environmental considerations. If perceived loneliness and mental health problems are not identified in adolescents, several adverse outcomes may occur. The study contributes valuable insights into the interplay between perceived loneliness and mental health among adolescents. The findings underscore the need for multifaceted interventions that consider both individual and environmental factors influencing adolescent well-being. Addressing perceived loneliness and mental health problems in adolescents requires comprehensive approaches that integrate psychological, social, and environmental considerations to promote resilience and well-being during this critical developmental phase.

## REFERENCE

### Journal articles:

- Lee, S., Smith, et al. (2023). Global time trends of perceived loneliness among adolescents from 28 countries in Africa, Asia, and the Americas. *Journal of Affective Disorders*, 346, 192-199. <https://www.sciencedirect.com/science/article/pii/S0165032723014003#:~>
- Wang, J., et al. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: A systematic review. *BMC Psychiatry*, 18(156). <https://doi.org/10.1186/s12888-018-1736-5>
- Park, C. (2020). The effects of loneliness on distinct health outcomes. *Psychiatry Research*, 294,113514. <https://doi.org/10.1016/j.psychres.2020.113514>
- Twenge, J. M., et al. (2021). Worldwide increases in adolescent loneliness. *Journal of Adolescence*, 93, 257-269. <https://www.sciencedirect.com/science/article/pii/S0140197121000853>
- Bor, W., Dean, A. J., Najman, J., &Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century? A systematic review. *Australian & New Zealand Journal of Psychiatry*, 48(7), 606-616. <https://doi.org/10.1177/0004867414533834>
- Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Heinz, A. (2017). Cities and mental health. *DeutschesÄrzteblatt International*, 114(8), 121-127. <https://doi.org/10.3238/arztebl.2017.0121>
- Maes, M., Van den Noortgate, W., Fustolo-Gunnink, S. F., Rassart, J., Luyckx, K., & Goossens, L. (2019). Gender differences in loneliness across the lifespan: A meta-analysis. *European Journal of Personality*, 33(6), 642-654. <https://doi.org/10.1002/per.2220>
- Qualter, P., Vanhalst, J., Harris, R., Van Roekel, E., Lodder, G., Bangee, M., Verhagen, M., & Maes, M. (2015). Loneliness across the life span. *Perspectives on Psychological Science*, 10(2), 250-264. <https://doi.org/10.1177/1745691615568999>
- Mann, F., Wang, J., Pearce, E., Ma, R., Schlieff, M., & Johnson, S. (2022). Loneliness and the onset of new mental health problems in the general population. *Social Psychiatry and Psychiatric Epidemiology*, 57(11), 2289-2299. <https://pubmed.ncbi.nlm.nih.gov/35583561/>
- Qualter, P., Keles, S., Barutçu, Y., Talbot, R., & Rutter, M. (2020). Depression, anxiety, and loneliness among adolescents and young adults with IBD in the UK: The role of disease severity, age of onset, and embarrassment of the condition. *British Journal of Health Psychology*, 25(3), 618-636. <https://pubmed.ncbi.nlm.nih.gov/32997335/>
- Rundrum, M. (2020). Loneliness and mental health among adolescent females in boarding schools. *Journal of Adolescence*, 82, 60-67. <https://research-repository.uwa.edu.au/en/publications/loneliness-and-mental-health-among-adolescent-females-in-boarding>

### News Article:

- SaumyaKalia, S. (2023, December 26). India's loneliness epidemic. *The Hindu*. <https://www.thehindu.com/sci-tech/health/indias-loneliness-epidemic-explained/article67647264.ece>