



Relationship Between School Environment and Psychological Health Among Adolescents: The Moderating Role of Coping Strategy

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Abstract

The present study examined whether coping strategy moderates the relationship between school environment and psychological health of adolescents. Two hundred and sixty-two (262) adolescents from four secondary schools in Abia state, Nigeria were randomly selected for the study. They consisted of 156 (59.5%) females and 106 (40.5%) males. Their ages ranged from 14 to 16 years with mean age of 15 years and standard deviation of 0.77. School Environmental Scale (SES), Problem-Focused Coping Scale (PFCS) and General Health Questionnaire-12 (GHQ-12) were employed for the collection of data. The study utilized multiple regression analysis and the result showed that school environment significantly predicted psychological health among adolescents. However, coping strategies did not significantly predict the adolescent's psychological health. The result further revealed that problem-focused coping strategy did not significantly moderate the relationship between school environment and psychological health among secondary school adolescents. It was recommended that students be exposed to conducive school climate for good psychological health.

Key Terms: School environment, psychological health, adolescents, coping strategy.

Introduction

Good psychological health is very essential for qualitative living. Psychological health is a very important aspect of the adolescents' life (Molina-Garcia, Castillo and Queralt, 2011). Balanced psychological health of adolescents is of paramount importance for their daily functioning, optimal performances and for successful transition into mature and meaningful adulthood. Poor psychological health is related to many adverse externalizing and internalizing conditions among adolescents whom according to psychosocial perspective of human development (Erikson, 1958) are struggling with 'identity versus

role confusion.' Adolescence is a unique formative period with complex and multi-dimensional developmental changes. Multiple factors such as physical, emotional, social, cognitive, psychological and behavioural changes including the exposure to tremendous growth stress and anxiety, abuse, violence and even socio-economic status render them vulnerable to psychological problems. There is a growing increase in psychological health problems of adolescents. Increased levels of psychological problems have recently been recorded among adolescents (Bewick, Koutsopoulou, Miles, Slaa & Barkham, 2010). Adolescents with poor psychological health engage in anti-social behaviours such as alcohol abuse, smoking, etc. that impair their daily functioning and negatively impact on their lives, those of their family members and the society at large.

The present-day adolescents are faced with enormous existential challenges due to the rapid evolving world that intertwine with complexity of developmental changes, stress and anxiety. According to Chao (2012), adolescents' challenges have increased tremendously over the past few decades. UNICEF (2019) detected that the prevalence of psychological health problem among adolescents increased significantly in the past 20-30 years. It also reported that the global burden of the disease in people aged 10-19 years is rooted in psychological health conditions in all societies. Five percent below the population of 15 years suffer mental disorder in African region. It (UNICEF, 2019) further estimated that one in five adolescents will experience a psychological disorder each year.

The increase in the number of anti-social behaviours among adolescents in the society elicits a wide concern and consequently studies in their psychological health issues. Recently, the psychological health of adolescents presents a major public health challenge world-wide due to the magnitude of psychological problems that adversely affect the individuals and the general society. Reports (WHO, 2000, 2013, 2014 and 2017) constantly demonstrate that such problems include anxiety, depression, substance abuse, suicidal ideation, suicide, and related issues which pose enormous challenge to the adolescents themselves, their families and the general society. Depression was among the leading causes of disease in adolescents between 15 and 19 years. Self-harm ranked the third leading cause of death for adolescents. Even suicidal behaviour was reported in adolescents with poor psychological health (Chao, 2012). It is estimated that 71,000 adolescents commit suicide annually, while up to 40 times as many make suicide attempts. Many of these psychological health issues can be traced to childhood and adolescence periods (Kessler, Amminger, Aguilar-Gaxiola, Alonso, Lee and Ustun, 2007). The WHO (2017) divulged that 10-20% of children and adolescents world-wide experience psychological disorders and half of the problems begin by age 14, while the three-quarters begin in mid 20^s and the untreated psychological health problems in adolescents extend to adulthood, cause mal-adjustment, impair physical and mental health and general functions of the individuals.

Therefore, it is important (Kessler, et al., 2007) to promote adolescents' psychological health and to shield them from risk factors and adverse consequences so to help them thrive in life and attain healthy adult maturity. Statistics from WHO (2013) exposed that psychological health of adolescents is one of the major neglected issues in adolescents' health even in Nigeria and it relates to other problems such as academic, relationship, vocational problems, etc. Based on the available resources and services, a comprehensive

analysis of the report of the assessment of psychological health systems in Nigeria using WHO Assessment Instrument for Mental Health System (WHO-AIMS, 2016) revealed that adolescents' psychological health has been significantly neglected in the country, even by non-governmental agencies and the mental health policies that were formulated in 1991 remains substantially unimplemented. They have not been revised as well.

In such a digital and rapid evolving world and in this period of heightened global insurgency, security risks, unemployment, high technological advancement, WHO (2018) made a clarion call on African countries to focus on psychological health of children and adolescents for regular checks for early detection and management. It is an urgent challenge (UNICEF, 2019) for investigation and investment on adolescents' psychological health. Greater public awareness, supports, preventive efforts and early interventions can help a great deal to limit the severity of the problem so they can function better in the society and develop into well-adjusted and productive adults. Families, schools and communities can assist better in this. Adolescents need to possess good psychological health to live balanced life, achieve qualitative identity, successfully mature into adulthood and accomplish their goals in life. Often poor psychological health conditions acquired in adolescence endure till adulthood and even have comorbidity with other dimensions of life and developments. Therefore, it is very important that studies into the psychological health of adolescents are properly advanced for better understanding and good functioning of adolescents. Numerous factors contribute to adolescents' psychological health. It is therefore very pertinent to understand the factors that impact on their psychological health. Kendler (2008) noted that mental health of adolescents needs to be understood from biological, psychological, and socio-cultural contexts.

Although the issue regarding psychological health is not new, but there is a very narrow focus on the psychological health of adolescents and most studies done on that use clinical-oriented variables like depression, suicide ideation, etc. and only very few studies investigate variables found among non-clinical samples. While many studies have explored the effect of academic stress on psychological health, paucity of studies to the best of the researcher's knowledge have focused on locally adapted developed school environmental scale such as Nwafor (2017) and none has focused on psychological health.

Against this background, the present study aims at investigating whether there exists significant relationship between school environment and psychological health of adolescents and if problem-focused strategy they employ to navigate through various school stressors moderate the relationship. Often, why adolescents behave the way they do is not connected to their exposure to school environment and the consequent impact on their psychological health. And even when it does, the underlying variable such as problem-focused strategy is underplayed. So far, the moderating role of problem-focused coping strategy on the relationship between school environment and psychological health of adolescents has not gained maximum attention that it deserves in research. All the variables that can moderate this problem have not been explored. More so, no Nigerian work has its spotlight on whether problem-focused strategy will moderate the relationship between school environment and psychological health of adolescents. As such, the moderating role of problem-focused coping strategy on the relationship between school environment and psychological health of adolescents is less known due to paucity of

research. On this note, this present study has its spotlight on the relationship between school environment and psychological health of adolescents and the moderating role of problem-focused coping strategy on the relationship as they enhance or exacerbate the psychological health of adolescents.

Psychological health is conceived (Bradburn, 1969, Ryff, 1989, Markham, 2003) as positive functioning of the individual. World Health Organization (2014) defined it as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” By implication, mental health is not just the absence of disease or infirmity (WHO, 2004). Ryff (1989) expressed that psychological health is the individual’s ability to master and control his environment, establish positive interpersonal relationships, regulate his feelings, thoughts and actions, while he sticks to his own convictions despite the social pressures as he continuously grows through openness to new experiences, accepts himself, have and maintain sense of purpose in life. Psychological health is the ability of the individual to establish and maintain balanced emotional, mental, social and behavioural states in his daily functioning as measured by General Health Questionnaire-12 (Goldberg, 1970).

School environment refers to the global setting of the school where the students engage in learning which include the location, structures, cultural environment, learning facilities, methods, policies, management, students, and staff. UNESCO (2019) refers to school environment as a learning environment with educational approach, cultural context and physical setting in which teaching, and learning occur. Zullig (2010) described school environment as constituting the general climate of the school which often involves the quality and character of school life vis-à-vis the structures, facilities, order, discipline, safety, academic and extra-curricular activities, performances, social relationships, engagement in school activities and even improvement process of the school, which shape the general life of the students and their psychological health. Markham and Aveyard (2003) explained how school context impacts on the students’ psychological health positively and/or negatively through the influence of school organization and development of curricula that enhance students’ acquisition of essential capacities that help them to meet their fundamental human needs. Adolescents who are exposed to good academic environment are likely to possess better psychological health. On the other hand, adolescents who do not experience good school environment are likely to possess poor psychological health that hinders their positive functioning. School environment here refers to individuals’ self-report perception of physical, social and psychological atmosphere in the school as measured by School Environmental Scale (Nwafor, 2017).

Generally, coping strategy is a conscious effort made to minimize stress and manage the challenges of the daily hassles (Lazarus and Folkman, 1984, Weiten, Dunn & Hammer 2011, Endler, 1997). The coping strategy used here is the problem-focused coping strategy which refers to the management of stress that aims practically at removing or altering the source of the stress as measured by Problem-Focused Coping Scale (Folkman and Lazarus, 1988). Problem-focused strategy also known as active or task-oriented coping is one of the major classes of coping strategies and it is characterized by the coping behaviours of playful problem-solving which involve identifying and removing the source of the stress.

There were considerable theories and empirical reports on the importance of school environment on psychological health of adolescents. The Human Functioning and School Organization Theory, Six-Factor Theory of Psychological Health and Transactional Theory of Stress and Coping are apt and compendious for explaining the study variables. In the theory of Human Functioning and School Organization (2003), Markham and Aveyard in elucidating the relationship between school environment and psychological health proffered useful insights into how school context and pedagogic practices may positively and/or negatively impact on students' psychological health and claimed that their exposure to two essential functioning skills of practical reasoning and good sense of affiliation help them to cope positively and maintain high degree of psychological health. With the Six-Factor Theory of Psychological Health, Ryff (1989) acknowledged that psychological health depends mainly on the dynamic interplay between the individual and the environment. Although he identified six key dimensions of life that are so interwoven namely, environmental mastery, positive interpersonal relationship, regulation of feelings, thoughts and actions, personal growth, self-acceptance and purpose in life, he delineated environmental mastery (manipulation and control of complex environmental issues) as the core of psychological functioning that enhance psychological health. Also, concerning the interplay of environment and coping strategies on the psychological health of adolescents, stress has been identified as a dynamic and transactional experience between an individual and his environment and how he copes with it. With transactional approach, Lazarus and Folkman's Transactional Theory of Stress and Coping (1984) presented the behavioural and psychological outcomes as the effects of the interaction between the individual involved and the environmental stressful issues. As such, there is a dyadic interaction between the individual and the environment. Transactional researchers of coping elucidated that problem-focused coping is a response caused by a match between personality traits of individuals and the stressful situations in which they find themselves (Lazarus 1999, Morrison & O'Connor 2005). Consequently, the use of coping strategy is a constant dynamic exercise determined by individual's traits, particular environment and stress level. This implies that adaptation to coping is influenced by the very nature of the individual and particular environment of the stress. Problem-focused coping is generally considered as an adaptive coping mechanism and more effective way of handling stressful situations and events and a very important resilient factor in confronting stress and maintaining good psychological health (Kumpfer, 1999 & Li, 2008).

In a study done by Bonell et al. (2007) with college students between the ages of 11 and 18 years which examined the process through which school environment influence adolescents' health, it was reported that aggressive behaviour and substance use usually bind students who feel educationally marginalized or unsafe together as Markham and Aveyard (2003) described. The result also revealed that health-risk behaviours are often exhibited at the unsupervised hotspots at the school. On the positive side, students who established positive relationships with their teachers appear to have increased psychological health and limited risk-behaviours. However, certain aspects of school organization and educational policies constrain the well being of such students who search for identity and social support through health risk behaviours. The study also identified unhappiness at school as cause of seeking source of escape either by leaving school, stay longer or engage in substance use like smoking, drinking or drug use. The study concluded that school structures that enhance students' psychological health-risk behaviours are lack

of safety, active participation in school activities including decision making and poor staff-student relationship. Their findings evidenced that school environment and psychological health of adolescents are strongly associated. Nevertheless, this study did show the evidence of personal characteristics such as coping strategies in managing the condition of the school.

The ground-breaking experiment carried out by Bandura (1961) with Bobo Dolly on aggressive behaviour in children in order to study the patterns of behaviour through learning and modelling revealed that children learn and imitate behaviours through active observation of behaviour models in the environment they find themselves and not necessarily due to direct reinforcement (Banyard and Grandson, 2010). The children in Bandura's study (1961) were made to observe adults acting violently towards Bobo Doll. At the end, they were left to play in a room with Bobo Doll and were seen acting violently to the Bobo Doll as they have observed the adults do. Although the study was performed with a younger population (children) but again it demonstrated how the social environment shapes the psychological health of individuals.

Ryff's study (2005) with 131 college students of all class levels of Wisconsin also measured students' psychological wellbeing and the factors that impact on it. The sample comprised of 91 (69.5%) females and 40 (30.5%) males who responded to the measures of many aspects of psychological wellbeing using convenient stratified sampling technique. The Ryff's Scale of Well Being (RSWB) has six sub-scales that measure autonomy, emotional mastery, personal growth, positive relationship, purpose in life and self-acceptance in relation to psychological health of the students. Results showed the following Cronbach alpha for various scales: autonomy (.54), emotional mastery (.76), personal growth (.86), positive relationship (.87), purpose in life (.81) and self-acceptance (.78). Result also revealed that the students' wellbeing is affected by age, gender and support received from school, family and friends in interaction with the school environment. The study points to the fact that school environment is a significant factor that influences the psychological health of adolescents.

In a longitudinal study, Galanti, Hultin, Dalman, Engström, Ferrer-Wreder et al. (2016) investigated the relationship between school environment and psychological health of 3959 Swedish adolescent students from 92 secondary schools (7-9 grades) from 8 regions of Sweden with age range of 13 to 14 years. The study also sought to find out whether school environment is associated with psychological health through their regulation of responses to stress. The study employed the teacher and the student versions of the Pedagogical and Social Climate Questionnaire and Index Person's Mental Health which was assessed with the centre for Epidemiological Studies for Depression (CES-DC) and scales for children and parent version of the Strengths and Difficulties Questionnaire (SDQ). It found out that school pedagogic and social environments have strong associations with psychological health of n adolescents. The study also showed that these associations are mediated by the students' academic achievements. However, the underlying mechanisms of the associations were not fully highlighted due to multiple interactions between various factors and school environment such as the students' background which possibly include their coping styles.

Rodriguez, Donenberg, Emerson, Wilson, Brown and Houck, (2014) examined the relationships among family environment, coping, and emotional conduct problems in 417 adolescents with age range of 13 to 20 years who were attending therapeutic day schools due to mental health problems. The study which employed measures of shortened version of Children's Coping Strategies Checklist (CCSC) developed by Ayers et al. in 1996, shortened version of Family Assessment Device (FAD) developed by Epstein, et al. in 1983 and the Strengths and Difficulties Questionnaire (SDQ) developed by Goodman et al. in 1998 reported that family environment plays a significant role in adolescents' emotional and behavioural development. Although the study investigated family context, it can be inferred that good coping strategies in interaction with school environment may likely moderate psychological health of adolescents.

In a study conducted by Carnicer and Calderon (2013) involving 98 sample-sized undergraduate students between the age range of 19 and 42 years to show the relationship between coping strategies and psychological well-being, the results yielded positive relationships. Coping Strategies were evaluated by Coping Resources Inventory for Adults (CRI-A), developed by Moos (1993) and Psychological Well-Being was assessed by Brief Symptom Inventory (BSI) by Derogatis and Spencer (1982). Although the study was done with a population of undergraduate students (later adolescents), the findings evidenced that coping strategies determine psychological health.

In a similar study, Ukeh and Hassan (2018) examined the impact of coping strategies on psychological health among students at Federal University, Lafia, Nasarawa state. The study measured how well eight dimensions of coping strategies interact to predict psychological wellbeing considering their positive and negative impacts and to show which of the dimensions positively or negatively predict psychological health. A sample of 149 students (81 male, 68 females) were drawn from the university population. Coping Strategy Inventory (CSI-short) and Scales of Psychological Well Being (PWB) were used. The eight dimension of coping strategies consist of problem solving, cognitive restructuring, express emotion, social contact, problem avoidance, wishful thinking, self-criticism and social withdrawal. Results showed that cognitive restructuring strategy significantly predict psychological wellbeing, while problem-avoiding, self-criticism, wishful thinking, social withdrawal negatively affect psychological wellbeing. The results of the study revealed that how people cope with their daily hassles affect their psychological health. Those who effectively manage their daily stress were more likely to experience higher levels of psychological health. The study also showed that students use both positive and negative coping strategies at various situations and levels. As such, they experience swing of psychological health status. The findings supported earlier studies which uphold that certain coping strategies alleviate stress, while others exacerbate psychological health.

Also, the study done by Qiao, Li and Hu (2011) with Chinese nursing students measuring the relationship between demographic characteristics, sources of nursing stress, coping strategies and psychological wellbeing showed consistent results with the previous studies. Thus, coping strategies and psychological health correlate. The positive coping styles of planning and positive reframing demonstrated significant relationship with psychological health, while negative relationship was found between the coping strategies of denial and behavioural disengagement and psychological health.

Again, the study by Ireland, Bonstead and Ireland (2015) which investigated the role of coping style as a predictor of poor psychological health among adolescent offenders showed significant relationship between coping styles and psychological health among young and juvenile offenders of prison inmates. The study examined 203 male offenders (108 young offender within 18-21 years and 95 juvenile offenders within 15-17 years) using General Health Questionnaire-28 (GHQ-28) and revised version of Coping Style Questionnaire (CSQ-3). Emotional coping predicted increased psychological distress and was consistent across different symptoms such as somatic, anxiety, social dysfunction and severe depression, while rational coping predicted a decrease in overall psychological distress for both young and juvenile offenders, but it predicted social dysfunction, across symptoms. The study concluded that active coping (problem-focused coping) is associated with decrease in psychological health of the adolescents. Although the study was carried out on young juvenile offenders among adolescence prisoners, it showed that coping strategies relate to psychological health. Nevertheless, the study generally established the relationship between coping styles and psychological health of the adolescent prisoners, it did not investigate the extent to which coping styles moderate the impact of the environment on their psychological health.

In sum, studies indicated that most researchers shared the general consensus that relationship exists between school environment and psychological health and that problem-focused coping strategy influences psychological health. Despite the large body of literature of previous studies, the moderating role of problem-focused coping strategy on the relationship between school environment and psychological health of adolescents remain understudied.

Hypotheses

This study postulates that:

1. There will be a significant relationship between school environment and psychological health among secondary school adolescents.
2. Problem-coping strategy will significantly correlate with psychological health among secondary school adolescents.
3. Problem-focused coping strategy will significantly moderate the relationship between school environment and psychological health among secondary school adolescents.

METHOD

Participants

Two hundred and sixty-two (262) secondary school adolescents were randomly selected from four secondary schools (Christ the King College, Abayi Boys' Secondary School, Abayi Girls' Secondary School, and Our Saviour Girls' Secondary School) in Abia state, Nigeria. Among them were 156 (59.5%) females and 106 (40.5%) males. They were aged 14 to 16 years with mean age of 15 years and standard deviation of 0.77.

Instruments

Three self-report instruments described below were used.

School Environmental Scale (SES)

School Environmental Scale (SES) is a 19-item self-report questionnaire developed by Nwafor (2017). It was designed to measure students' perception of their school environment. Each item was rated on a 4-point likert-type response scale that ranged from '1-not at all true, 2-hardly true, 3-moderately true to 4-exactly true' with a total score of 76 and least score of 19. Higher scores indicate worse psychological health conditions and lower scores show better psychological health conditions. The Cronbach alpha for the scale was .82. However, the Cronbach alpha for the present study was .72.

General Health Questionnaire-12 (GHQ-12)

This is a 12-item self-administered questionnaire developed by Goldberg (1970) to assess common psychiatric conditions. It measured whether the respondent has experienced a particular symptom or behavioural disorder recently. It is suitable for adolescents and adults, and each was scored on 4-point (0-1-2-3) scale that spans from '0-never, 1-seldom, 2-usual to 3-always' with reverse cases for items 1,3,4,7,8 and 12 (that is, if the scores were 0,1,2 and 3 in those items, the adjusted scores were 3,2,1 and 0, respectively). It has a total score of 33 and least score of 0. Higher scores indicate worse psychological health conditions, and lower scores show better psychological health conditions. The Cronbach alpha for the present study was .60.

Problem-Focused Coping Scale (PFCS)

Problem-Focused Coping Scale is an 11-item self-report measure that was developed by Folkman and Lazarus (1988). It was designed to measure individual's coping response to stress. It has 4-point (0-1-2-3) scale that extends from '0-not used, 1-used somewhat, 2-used quite a bit to 3-used a great deal'. The Cronbach alpha for this study was .70.

Procedures

The students were encountered in their various classrooms with the help of three research assistants. The questionnaires were administered. Administration times were 10 minutes for SES, 6 minutes for PFCS and 8 minutes for GHQ-12 on the average. Exactly two hundred and seventy (270) questionnaires were administered to the students. Eight of them were either wrongly or incompletely filled or the participants expressed their unwillingness to continue with the test such that at the end, only two hundred and sixty two (262) questionnaires were left to work with for further analyses.

Design and Statistics

The study adopted a correlational design and multiple regression statistics for data analyses to test the hypotheses postulated.

RESULTS

The results of the study are presented in the tables below.

Table 1: The moderating effect of problem focus coping on the relationship between school environment and psychological health

	R^2	$df1(df2)$	F	B	Std $error$	t	$LLCI$	$ULCI$
Model	.04	3(258)	3.25**					
School environment(A)				-.68	.33	-2.04	-1.34	-.02
Problem focus(B)				.11	.34	.28	-.57	.76
A*B				.33	.21	1.57	-.08	.76

The result of the moderated regression shows that the model contributed to 4% of the prediction and the model was significant at $F(3,258) = 3.25, p = .02$

Specifically, school environment independently and significantly predicted psychological health $\beta = -.68, p = .04$. Note that in the General Health Questionnaire- 12 (GHQ-12), the positive items were reversed. Therefore, low score indicates high psychological health, while high score indicates low psychological health. Contrarily, problem-focused coping strategy did not significantly predict psychological health $\beta = .11, p = .77$. Also, problem focus did not moderate the relationship between school environment and psychological health $\beta = .33, p = .11$

Summary of Findings

From the results of the study above, it is evidenced that:

1. There is a significant relationship between school environment and psychological health among secondary school adolescents in Abia state
2. Coping strategy did not significantly predict psychological health among secondary school adolescents in Abia state
3. Coping strategies did not significantly moderate the relationship between school environment and psychological health among secondary school adolescents in Abia state.

Discussion

The study primarily examined whether there existed relationship between school environment and psychological health of adolescents, and it also assessed if problem-focused coping strategy moderated this relationship. As illustrated in the table 1 above, the results of the study showed significant positive relationship between school environment and psychological health of adolescents on School Environment Scale (SES). This finding is in line with theories and empirical studies which found that environment may pose serious challenges to psychological health (Bonell et al., 2007; Galanti et al., 2016; Markham & Aveyard, 2003; Ryff, 1989)

On the other hand, the study findings also demonstrated that problem-focused coping strategy did not significantly predict psychological health of adolescents. The result did not conform to findings of previous researchers (Carnicer et al.,2013; Lazarus & Folkman,1984; Ukeh & Hassan, 2018; Qiao, Li & Hu, 2011). These researchers found that copying strategies have some impact on psychological wellbeing. Although, the reasons for the discrepancy between the results could be the issues of methodology: especially instruments of data collection and participants. For example, the previous studies made use of undergraduate students (older adolescents) as their participants, while the current study used younger adolescents of secondary school. Another explanation for the disagreement in the study outcomes may be that secondary school adolescents are not yet independent enough. As such, they adopt more of emotion-focused coping strategy than problem-focused strategy, unlike most adults in solving their problems.

Furthermore, the result of this study showed that problem-focused coping strategy did not significantly moderate the relationship between school environment and psychological health. This could further be explained with the fact that younger adolescents in schools follow the rules and regulations of the school and are not expected to make much input if they have problems. For instance, financial, bullying, and peer related crisis are handled either by the families or school authorities respectively.

In effect, conducive school environment reduces the rate of psychological distress, while unfavourable school environment increases the degree of psychological distress. This result is confirmed by Markham and Aveyard's (2003) theory of school organization and human functioning which postulated that schools may influence students' health through school organization and development of curricula that enhance their acquisition of essential capacities for practical reasoning that help them to exercise the ability to choose positive and healthy behaviours.

Implications of Findings

From the study, it is evidenced that school environment significantly predicts psychological health. This implies that better school environment leads to better psychological health. By implication too, school environment should be made conducive and student-centred for learning. This study has implication for policy makers both for private and public schools. It is apparent that in the formulation of policies regarding adolescents in schools, assuring stable psychological and physical environment is a significant step towards enhancing psychological health. Psychological health is known to have positive impact of learning and academic performance. Therefore, Programmes that encourage favourable atmosphere of learning may be incorporated into the school curricula as proposed by Markham and Aveyard's school organization and human functioning theory. Also, students may be involved in decision-making especially as it concerns them.

Limitations of the Study

The survey method of the study is naturally limited as it is based on the extent to which the respondents are honest with their self-reports. In that case, more qualitative studies may be advanced to remedy this deficiency. Demographic variables such as gender, age and class levels were not so considered in the analysis of the present study. These may be included to advance the study as they may provide useful and deeper insights into the relationship between school environment and coping strategy as well as their interactions. Despite the limitations of the study, its findings offered valuable insights into better understanding of the relationship between school environment and psychological health of adolescents as well as the role of problem-focused coping strategy in moderating the relationship.

Suggestions for Further Studies

Given the great importance of school environment for the development of adolescents and the precipitous increase in the poor psychological health of adolescents, future studies are needed to find out other individual factors that can impacts on the psychological health of adolescents in order to have a comprehensive picture of how school environment affects their psychological health. Further studies are also expected to establish the underlying mechanisms of the relationship between school environment and psychological. Future studies could consider other underlying variables that moderate school environment in relation to the psychological health of adolescents.

Recommendations

This study recommends that school environments should be made conducive for learning such that the students feel safe in school, engage in effective interactions with fellow students and even with staff and be allowed to contribute in some decisions that concern their welfare. Again, students should be encouraged to feel free to express their problems so to be better helped to solve them and even be skilled to come up with different solutions to their problems. All these will help them to concentrate better, face their problems more confidently, gain higher self-esteem, feel happier and enjoy good psychological health.

Conclusion

School environment is a very crucial factor in understanding the psychological health of adolescents. The location, structures, learning facilities, methods, students, and staff relationships, etc. are all components of school environment and are of paramount importance in determining the psychological health of students as they may pose serious challenges to adolescents who at that stage of development are vulnerable to stress due to obvious developmental issues and as such, impact on their psychological health. Poor school environment may exacerbate psychological health of the students. On the other hand, good school environment may promote psychological health status of students. Hence, provision of conducive school environment is very necessary in achieving good psychological health and combat psychological health problems.

References

- Bandura, A (1977). *A Social Learning*. NJ: Prentice Hall.
- Banyard, P. and Grandson, A. (2010). *Introducing Psychological Research*. NY: Palgrave Maxmillian, 2nd ed.
- Bewick. B, koutsopoulou, G, Miles, J Slaa, E & Barkham, M. (2010). Changes in Undergraduate Students' Psychological Well-Being as They Progress Through University. *Studies in Higher Education*, vol. 35, 6, 633-645.
- Bonell, C, Fletcher, A and McCambridge, J. (2007). Improving School Ethos May Reduce Substance Misuse and Teenage Pregnancy. *British Medical Journal*, 334, 214-616.
- Bradburn, N.M (1969). *The Structure of Psychological Well Being*. Chicago: Aldin.
- Carnicer, J.G and Calderon, C. (2013). Coping Dstrategies and Psychological Well Being Among Teacher Education Students. *European Journal of Education*, 28, 1127- 1140.
- Chao, R. (2012). Managing Perceived Stress Among College Students: The Roles of Social Support and Dysfunctional Coping. *Journal of College Counselling*, 15, No. 1, 5-121.
- Cheng, Y.C and Cheung, W.M (2004). Four Types of School Environment: Multilevel Self-Management and Educational quality. *Educational Research and Evaluation*, 10, 1, 71-100.
- Derogatis, L.R and Spencer, P.M (1982). *Brief Symptom Inventory: Administration, Scoring and Procedure Manual*. Baltimore: Clinical Psychometric Research.
- Donatelle, R.J (2019). *Health: The Basics*. Toronto: Pearson Benjamin Cummings, 13th Ed.
- Endler, N.S and Parker, J.D.A (1990). The Multidimensional Assessment of Coping: A Critical Evaluation. *Journal of Personality and Social Psychology*, 58, 844-854.
- Erikson, E.H. (1959). *Identity and the Life Cycle*. Psychological Issues.
- Galanti, M.R., Dalman, C, Hultin, H., Engström, K., Ferrer-Wreder, L., Forsell, Y., Karlberg, M., Lavebratt, C., Magnusson, C., Sundell, K., Zhou, J. and Almroh, M. (2016). School Environment and Mental Health in Early Adolescents: A Longitudinal Study in Sweden (KUPOL- Knowledge on Young People's Mental Health and Learning) *Journal of BMC Psychiatry*, 16, 243.
- Ireland, J.I, Bonstead, R and Ireland, C,A. (2005). *Journal of Adolescence*, 28, 3, 411-423.
- Kendler, K.S (2008). Explanatory Models for Psychiatric Illness. *American Journal of Psychiatry*, 165, 6, 695-702.
- Kessler, R.C., Amminger, G.P, Aguilar-Gaxiola, S., Alonso, J., Lee, S and Ustun, B.T. (2007). Lifetime Prevalence and Age-of-Onset Distributions of Mental Disorders in the World Health's World Mental Survey Initiative. *World Psychiatry*, Vol. 6, 168-176.

- Kumpfer, L.K (1999). Factors and Processes Contributing to Resilience: The Resilience Framework. In Glantz, M.D & Johnson J.L (eds.), *Resilience and Development: Positive Life Adaptations*. NY: Academic Plenum Press, 179-224.
- Lazarus, R.S (1999). *A New Synthesis*. NY: Springer.
- Lazarus, R.S and Folkman, S. (1984). *Stress, Appraisal and Coping*. NY: Springers Publishing Company.
- Lazarus, R.S and Folkman, S. (1988). Transactional Theory and Research on Emotions and Coping. *European Journal of Personality*, 1, 141-169.
- Li, M-h (2008). Helping College Students Cope: Identifying Predictors of Active Coping in Different Stressful Situations. *Journal of Psychiatry, Psychology and Mental Health*, 2.
- Markham, W.A and Aveyard, P (2003). A New Theory of Health promoting Schools Based on Human Functioning, School Organization and Pedagogic Practice. *Social Science and Medicine*, 56, 1209-1220.
- Molina-Garcia, J.J, Castillo, I. and Queralt, A. (2011). Leisure-Time Physical Activity and Psychological Well Being in University Students. *Psychological Reports*, 109, No. 2, 453-466.
- Moos, R.H (1993). *Coping Responses Inventory: CRI from Adults. Psychological Assessment Resources, Professional Manual*. Tx: Odessa.
- Morrison, R & O'Conner, R.C (2005). Predicting Psychological Distress in College Students: The Role of Ruminating and Stress. *Journal of Clinical Psychology*, 61, 4, 447-460.
- Qiao, G, Li, S., and Hu, J. (2011). Stress, Coping and Psychological Well Being among New Graduate Nurses in China. *Home Health Care Management Practice*, 23, 398-403.
- Rodriguez, E, Donenberg, G, Emerson, E, Wilson, H, Brown, Larry and Houck, C. (2014). Relationship Among Family Environment, Coping, Emotional and Conduct Problems in Adolescents Attending Therapeutic Day Schools. *Journal of Adolescents*, 37, 7, 1133-1142.
- Ryff, C. (1989). Happiness is Everything or Is It? Exploration on the Meaning of Psychological Well-Being. *Journal of Personality and Social Psychology*, 57, 1069-1081.
- Ryff, C. (2005). Psychological Well-Being: meaning, Measurement and Implications For Psychotherapy Research. *Psychotherapy and Psychosomatics*, 65, 14-23.
- Uke, M.I and Hassan, A.S (2018). The Impact of Coping Strategies on Psychological Well Being Among Students of Federal University, Lafia, Nasarawa State, Nigeria. *Journal of Psychological Psychotherapy*, 8, 349.
- UNESCO (2019). *Empowering Students for Just Societies: A Handbook for Secondary School Teachers*.

-
- United Nations International Children's Emergency Fund (2019). *On Adolescents' Mental Health*.
- Weiten, W, Dunn, D.S and Hammer, E.Y (2011). *Psychology Applied to Modern Life: Adjustment in the 21st Century*. Uk: Wadsworth.
- World Health Organization (2000). *The World Health Report. Health Systems: Improving Performance*. Geneva.
- World Health Organization (2006). *Assessment Instrument for Mental Health System (WHO-AIMS) Report on Mental Health Systems in Nigeria, Ibadan*.
- World Health Organization (2013). *Health Statistics and Health Information Systems*. Geneva.
- World Health Organization (2014a). *World Health Statistics*, Geneva.
- World Health Organization (2017). *Child and Adolescents Mental Health*. World Mental Health Day.
- World Health Organization (2018). *Mental Health of Adolescents*. World Mental Health Day.
- Zullig, K.J, Koopman, T.M, patton, J.M and Ubbes, V.A (2010). School Climate: Historical Review, Instrument Development and School Assessment. *Journal of Psycho-educational Assessment*, 28. 2 139-152.