



Eagle International Journal of Research, Innovation and Health Sciences

An International Peer Reviewed, Open-Access and Multidisciplinary Journal

Volume 1 | Issue 5 | August 2026 | ISSN:3141-4907

Website: <https://eijrihs.com>

**STRENGTHENING SCHOOL-BASED MENTAL HEALTH SERVICES IN
NIGERIAN SECONDARY SCHOOLS: A HOLISTIC COUNSELING
FRAMEWORK FOR EARLY DETECTION AND INTERVENTION**

Dr P. F. Tobins

Department of Guidance and Counselling, University of Abuja

Corresponding Email: Patencetobins@gmail.com

ABSTRACT

Adolescent mental health has become an educational, counselling and public-health concern in Nigeria because psychological distress often develops during the secondary-school years, while specialist care remains difficult to access. This conceptual thematic study examines how Nigerian secondary schools can strengthen mental-health services through a holistic counselling framework for early detection and intervention. Contemporary Nigerian studies, recent evidence from low- and middle-income countries, WHO and UNICEF guidance, and Nigerian mental-health policy documents were synthesized thematically. Bronfenbrenner's ecological systems theory guided the analysis because adolescent well-being reflects interaction among personal, family, school, community and wider social conditions. The synthesis identifies seven requirements for effective provision: universal mental-health promotion; trained gatekeepers; accessible counselling and risk assessment; tiered psychosocial intervention; family and school-climate support; formal referral and follow-up; and governance for confidentiality, safeguarding and evaluation. Nigerian evidence shows substantial depression, anxiety, suicidal ideation, bullying-related vulnerability and mental-health literacy deficits among secondary-school adolescents, but school-based literacy programmes and supportive school relationships can improve recognition and protection. The proposed framework does not turn schools into psychiatric clinics. It positions schools as accessible points for prevention, recognition, first-line counselling, risk triage, referral and educational reintegration. The study concludes that stronger services require qualified counsellors, trained teachers, culturally responsive mental-health education, safe reporting procedures, referral partnerships and sustained collaboration between education and health authorities.

Keywords: school-based mental health; secondary schools; guidance and counselling; early detection; adolescent mental health; Nigeria

1. INTRODUCTION

Adolescence is widely recognized as a formative stage of human development characterized by substantial biological, cognitive, emotional, and social transformations. During this period, young people encounter increasing academic responsibilities, evolving social relationships, and diverse pressures arising from family circumstances, social expectations, and economic realities. These experiences can significantly influence their psychological adjustment and overall well-being. According to the World Health Organization (WHO, 2025), mental-health conditions represent a significant contributor to illness and disability among adolescents worldwide. Since many psychological difficulties emerge during adolescence, failure to identify early warning signs may allow manageable emotional challenges to develop into more persistent conditions, including depression, anxiety, self-harming behaviours, substance misuse, and impaired functioning. Secondary schools are therefore critical settings for prevention and early intervention because teachers and counsellors interact with students consistently and are often in a position to notice behavioural and emotional changes at an early stage.

The relevance of mental health within schools extends beyond individual psychological outcomes; it is closely connected to students' educational experiences and academic development. Emotional difficulties may affect students' concentration, attendance patterns, motivation, classroom behaviour, relationships with peers, and academic achievement. Conversely, adverse school experiences, such as bullying, unsafe social interactions, and excessive academic pressure, may contribute to increased emotional distress. Recognising this relationship, WHO (2021a) identifies schools as important environments for promoting health and providing support services. The WHO–UNICEF Helping Adolescents Thrive framework emphasizes the importance of nurturing environments, psychosocial learning opportunities, caregiver involvement, and accessible support systems for adolescents (WHO & UNICEF, 2021). Similarly, WHO, UNICEF, and UNESCO (2023) advocate whole-school approaches that integrate mental well-being into safe, supportive, and inclusive learning environments. WHO (2021b) further highlights the importance of preventive strategies that strengthen adolescents' psychological capacities and the social conditions necessary for healthy development.

In Nigeria, available evidence indicates that adolescent mental-health challenges require greater attention within educational settings. Chinawa et al. (2023), in a study involving 450 secondary-school adolescents in Enugu State, reported considerable levels of anxiety (36.4%), depression (30.7%), and suicidal ideation (8.4%). Similarly, DadeMatthews et al. (2024) identified a twelve-month prevalence of major depression of 11.3% among senior secondary-school students in Abeokuta and associated these difficulties with experiences such as bullying, sexual abuse, friendship challenges, and family dysfunction. Although these studies employed different methodologies and examined different populations, making direct comparison inappropriate, their findings collectively demonstrate that

psychological difficulties among Nigerian secondary-school students represent a significant concern requiring structured and coordinated school-based responses.

While schools may contribute to psychological risks, they can also serve as important protective environments. Evidence from Adewuya et al. (2026b), based on 9,437 adolescents across 47 secondary schools in Lagos, showed that supportive teachers, positive peer relationships, school belonging, and reduced exposure to bullying were associated with lower likelihoods of mental-health problems and suicidal ideation. Similarly, Ariyo et al. (2026) found that stronger school connectedness was associated with improved psychological well-being and reduced emotional distress among Nigerian adolescents. These findings highlight the need for counselling interventions that move beyond addressing individual symptoms to also consider the social relationships and school conditions that shape students' psychological experiences.

Despite the importance of early support, effective identification of adolescent mental-health concerns remains challenging. Many students lack adequate understanding of psychological symptoms, while stigma and fear of judgement may discourage them from seeking help. Aluh et al. (2018) reported low levels of depression literacy among Nigerian adolescents, suggesting limited awareness of mental-health conditions and available sources of support. However, subsequent intervention studies indicate that targeted educational efforts can improve mental-health knowledge and attitudes. Atilola et al. (2022), through a depression-literacy programme involving 3,098 students and 294 teachers across 21 secondary schools in South-West Nigeria, found improvements in students' knowledge, attitudes, and confidence, alongside increased teacher competence in recognising mental-health concerns. Similarly, Dedeke et al. (2025) reported positive outcomes following a multidimensional school-based mental-health intervention. These findings reinforce the importance of combining mental-health education with accessible counselling structures within secondary schools.

Guidance and counselling services provide a vital connection between mental-health promotion, early identification, and access to specialised support. Within the school context, counsellors can facilitate psychoeducation, individual and group counselling, brief psychosocial interventions, risk identification, family engagement, teacher consultation, referral processes, and follow-up support. However, these responsibilities are distinct from psychiatric diagnosis and specialist clinical treatment. The National Mental Health Act, 2021, gazetted in 2022, provides a framework for coordinated, community-oriented mental-health services in Nigeria (Federal Republic of Nigeria, 2022). Against this background, the present study develops a holistic counselling framework aimed at strengthening how schools promote mental well-being, identify psychological distress, provide initial support, and establish appropriate referral pathways for students requiring higher levels of care.

Statement of the Problem

Adolescents in secondary schools experience a wide range of psychological and emotional challenges, yet the structures available for identifying and responding to these concerns remain inadequate in many educational settings. Mental-health difficulties among students may appear through changes in behaviour, such as social withdrawal, irritability, declining academic performance, frequent absenteeism, aggression, unexplained physical complaints, involvement in bullying, substance-related behaviours, or disruptions in peer relationships. Although teachers and school counsellors are often among the first adults to observe these changes, many schools do not have well-defined mechanisms for confidential reporting, early assessment, protection of vulnerable students, referral pathways, and continuous follow-up. Consequently, behaviours that may indicate underlying psychological distress are sometimes interpreted as misconduct, laziness, or lack of academic motivation rather than as possible indicators of unmet mental-health needs.

The challenge is further complicated by the fact that adolescent mental-health concerns are influenced by experiences that extend beyond the school environment. Evidence from Nigerian contexts has linked students' psychological difficulties with factors such as bullying, dysfunctional family relationships, sexual abuse, exposure to domestic violence, and economic hardship (DadeMatthews et al., 2024; Nwachukwu et al., 2022; Obioha et al., 2024). Similarly, Aruoture and Essien (2026) highlight the relationship between negative parenting practices, pressures associated with social media engagement, emotional distress, and suicidal ideation among young people. These realities suggest that the concern is not merely the existence of mental-health problems among adolescents but the limited capacity of schools to establish coordinated systems that transform early warning signs into appropriate, confidential, and timely interventions. Without such structured processes, opportunities for prevention, support, and referral may be lost, leaving vulnerable students without the assistance required for healthy development and academic adjustment.

Objectives of the Study

The study seeks to;

- i. Clarify the meaning of school-based mental-health services in Nigerian secondary schools;
- ii. Examine current evidence on adolescent needs, risks, protective factors, and help-seeking;
- iii. Identify the roles of counsellors, teachers, families, and health services;
- iv. Develop a holistic counselling framework for promotion, early detection, intervention, referral, and follow-up; and propose practical directions for implementation.

Research Questions

The following research questions guided the study :

- i. What should school-based mental-health services mean in Nigerian secondary schools?
- ii. Which factors make early detection and intervention necessary?
- iii. What responsibilities should counsellors, teachers, families and health services perform?
- iv. What components should a holistic counselling framework contain?
- v. How can schools protect confidentiality, safeguarding, and professional boundaries while strengthening access to care?

2. LITERATURE REVIEW

School-Based Mental Health Services

School-based mental-health services are organized activities delivered through or linked to schools to promote well-being, prevent problems, identify students who may need support, provide appropriate psychosocial assistance,, and connect students with further care. The concept is broader than counselling after a crisis. Margaretha et al. (2023) found that global policy documents generally favour comprehensive school approaches combining promotion, prevention, identification, support and referral. WHO (2021a) similarly places health services beside the educational functions of schools. A complete service therefore requires continuity, defined responsibilities, privacy, referral arrangements and accountability.

Promotion, prevention, early detection and treatment should remain conceptually distinct. Promotion strengthens positive functioning for all students. Prevention reduces known risks or strengthens coping resources. Early detection recognises possible distress before severe impairment develops. Treatment addresses diagnosed conditions through suitably qualified professionals. Grande et al. (2023) found that school-delivered interventions in low- and middle-income countries can reduce mental-health problems, although effects vary by condition and intervention. Harte and Barry (2024) add that cultural adaptation, staff preparation, leadership and local participation affect implementation.

Adolescent Mental Health, Early Detection and Counselling

Adolescent mental health includes emotional, psychological and social functioning, including the ability to regulate emotion, learn, cope with stress and maintain relationships. It is broader than the absence of diagnosis. Early detection refers to recognising signs of distress or impairment before a severe crisis develops. Detection may occur through self-referral, peer concern, teacher observation, parent report, counselling interviews or selected

screening tools. Screening is not diagnosis. It should identify possible risk and lead to further assessment. Schools should therefore avoid screening programmes that have no trained interpretation, consent procedure or referral capacity.

Guidance and counselling provides a professional entry point because counsellors combine helping skills with knowledge of the educational environment. They can offer confidential listening, structured assessment, brief counselling, group work, problem-solving, parent consultation, teacher guidance and referral. Teachers can serve as gatekeepers by recognising warning signs and referring students, but they should not diagnose or provide specialist treatment. Atilola et al. (2022) show that teacher knowledge and confidence can improve through structured mental-health training. Clear division of responsibility protects students and prevents role confusion.

Confidentiality is central to help-seeking but has limits. Students should know what information remains private and which circumstances require action for safety, such as immediate suicide risk, serious abuse or danger to another person. McPhail et al. (2024) show that trust, accessibility and perceived confidentiality influence the use of targeted school mental-health services. Nigerian schools therefore need written counselling and safeguarding procedures that explain privacy in language students can understand.

Intervention, Referral and Continuity

School intervention should be matched to need. Universal support can include mental-health education, social-emotional learning and anti-bullying work. Selective support may target students facing bereavement, family violence or repeated victimisation. Indicated support addresses students already showing significant symptoms or functional decline. Referral becomes necessary when risk, severity or diagnostic need exceeds school competence. It should involve a current service directory, clear criteria, documentation and follow-up instead of simply telling a family to visit a hospital. Reintegration after specialist care is equally important because students may need temporary educational adjustments while returning to normal school participation.

Thematic Review

The literature presents four connected themes. First, Nigerian secondary-school students experience significant internalising distress and suicide risk. Chinawa et al. (2023) link depression and anxiety with suicidal ideation, while DadeMatthews et al. (2024) identify depression alongside bullying, abuse and family dysfunction. Second, school and family ecology matters. Adewuya et al. (2026b) identify protective effects associated with peer support, teacher support, belonging and freedom from bullying, while Obioha et al. (2024) connect interparental violence with bullying behaviour. Third, mental-health literacy remains modifiable. Aluh et al. (2018) documented poor recognition, but Atilola et al.

(2022) and Dedeke et al. (2025) show that structured school programmes improve knowledge and attitudes.

Fourth, implementation determines whether services are actually used. Awhangansi et al. (2025) show that bullying victimisation predicts emotional and behavioural difficulties among Nigerian students, while Adewuya et al. (2026a) report that internalising and externalising disorders strongly predict substance-use disorders. Harte and Barry (2024) emphasise adaptation and school capacity, and McPhail et al. (2024) show that help-seeking depends on trust, visibility and service accessibility. The literature therefore supports an integrated framework that addresses symptoms, relationships, school climate and the practical route from disclosure to care.

Theoretical Framework

Bronfenbrenner's ecological systems theory provides the theoretical basis for the study. Bronfenbrenner (1979) explains development through reciprocal relationships between the person and several layers of the surrounding environment. For adolescent mental health, immediate settings include family, classroom, peers and counselling relationships. Connections among family, school and health services form another level of influence, while school administration, local service availability, cultural beliefs, economic conditions and public policy shape support more indirectly.

The theory is suitable because the same symptom may reflect different interacting pressures. Declining performance can be connected with depression, bullying, family conflict, poverty or several conditions acting together. Ecological analysis therefore directs the counsellor to assess relationships and environments as well as the student's coping resources. Adewuya et al. (2026b) support this reasoning by showing that school protective factors can reduce the mental-health burden associated with family adversity. The framework developed here applies ecological theory by linking individual counselling with family-school collaboration, safe school climate and referral systems.

3. METHODOLOGY

The study used a conceptual thematic review design and did not collect primary data or calculate pooled effects. Sources were identified through targeted searches of PubMed, publisher databases and authoritative institutional websites. Search combinations included adolescent mental health, Nigerian secondary schools, school-based mental health, guidance and counselling, depression, anxiety, suicide, bullying, mental-health literacy, school connectedness, early detection and referral. Priority was given to Nigerian studies from 2020 to August 2026, recent reviews relevant to low-resource school settings, and current WHO, UNICEF and Nigerian policy guidance. Selected earlier Nigerian studies

were retained where they provided an important baseline, while Bronfenbrenner's foundational work supplied the theory.

The analysis grouped evidence around recurring concepts: risk and protection, literacy, help-seeking, counselling roles, identification, intervention, family participation, safeguarding, referral and implementation. These themes were compared with ecological systems theory and with the operational demands of secondary schools. The framework therefore represents an evidence-informed conceptual synthesis, not a claim that every Nigerian school currently has the resources described. No ethical approval was required because only published and publicly available sources were used.

4. CONCEPTUAL ANALYSIS AND RESULTS

Promotion and Mental-Health Literacy

The first result is that early detection starts with universal promotion. Students need accurate language for stress, depression, anxiety, bullying, substance use, self-harm and help-seeking before a crisis occurs. Structured Nigerian programmes have improved student knowledge and attitudes, demonstrating that poor literacy can be changed (Atilola et al., 2022; Dedeke et al., 2025). Counsellors should therefore support classroom activities, assemblies, peer education, staff development and parent education, while ensuring that materials remain culturally appropriate and developmentally suitable. WHO and UNICEF (2025) also provide teacher-oriented material that can support developmentally appropriate mental-health education in schools.

Trained Gatekeepers and Early Recognition

The second result is that schools need a recognition network. Teachers may notice absence, falling achievement, withdrawal, irritability, repeated conflict or sudden behaviour change. Peers may hear hopeless or self-harm statements before adults. Gatekeeper training should teach observable warning signs, safe listening, urgent escalation and referral to the counsellor. Teachers should not diagnose, interrogate students publicly or promise absolute secrecy. The counsellor should remain responsible for structured assessment and case coordination.

Counselling Assessment, Risk Triage and Tiered Support

The third result is the need for an accessible, private counselling entry point and proportionate response. Students should be able to seek help directly or arrive through teacher, peer or parent referral. Assessment should cover the presenting concern, duration, functional impact, relationships, school participation, family context and safety. Screening tools may assist but should never replace professional judgement. Immediate suicide intent, recent serious self-harm, psychosis, severe intoxication or current abuse require urgent safeguarding and clinical action. Moderate concerns may require counselling, parent

engagement and prompt referral, while mild adjustment problems may respond to brief counselling, problem-solving and monitoring. Chinawa et al. (2023) demonstrate why suicide-related assessment should accompany serious depression or anxiety concerns.

Family, Peer and School-Climate Partnership

The fourth result is that individual counselling should be accompanied by attention to relationships. Family dysfunction, interparental violence, abuse and bullying appear repeatedly in Nigerian research, while teacher support, peer support, belonging and safety operate as protective factors (Nwachukwu et al., 2022; Obioha et al., 2024; Adewuya et al., 2026b). Parents should receive guidance on adolescent development, communication and warning signs, but family involvement must take account of safety when the home contributes to risk. Peer programmes can strengthen belonging, but peers should never manage suicide or abuse disclosures without adult support.

Referral, Follow-Up and Reintegration

The fifth result is that referral must be formal and trackable. Schools or education districts should maintain current contacts for primary care, paediatrics, psychology, psychiatry, social welfare, child protection, substance-use services and emergency care. Urgent and routine referral criteria should be clear. Follow-up should establish whether care was reached and what educational support is required, subject to consent and safeguarding rules. A returning student may need temporary adjustments to workload, attendance or examinations. The school should receive only information needed for safety and educational support.

Governance, Confidentiality and Evaluation

The sixth result is the need for written governance. Schools should have procedures covering consent, confidentiality, record storage, suicide risk, abuse disclosure, parent contact, emergency transfer and reintegration. Counselling records should be secured and separated from disciplinary files. Evaluation should examine awareness of services, referral completion, waiting time, follow-up, perceived safety, bullying reports and student satisfaction, not only the number of counselling visits. Harte and Barry (2024) show that implementation quality and sustainability deserve deliberate attention.

The Holistic Counselling Framework for Early Detection and Intervention

The synthesis produces a five-stage pathway. Promotion and preparation come first through mental-health education, staff training, safeguarding procedures and referral mapping. Recognition and access follow through self-referral, teacher observation, peer concern, parent report or carefully governed screening. Counselling assessment and triage then determine severity, safety and the appropriate level of response. Intervention and linkage provide brief school counselling and specialist referral when indicated. Follow-up and reintegration review progress and support the student's return to stable educational participation. Four relationships support every stage: student-counsellor trust, a safe school

environment, appropriate family participation and reliable health-social service partnerships. Education and health authorities support the pathway through standards, training, supervision and funding. The model gives counselling a coordinating role while preserving the distinction between educational support and specialist clinical treatment.

4.1 Discussion of Findings

The analysis shows that school mental-health improvement in Nigeria requires a move from isolated counselling encounters to an organised continuum. Nigerian studies identify depression, anxiety, suicidal ideation, bullying, family adversity and substance-use risk, but they also identify protective school relationships and successful literacy interventions (Chinawa et al., 2023; Atilola et al., 2022; Adewuya et al., 2026b). Early detection therefore depends on both symptom recognition and a school climate in which students can safely disclose difficulty.

The framework also protects professional boundaries. School counsellors can promote mental health, assess concerns, provide brief support, coordinate family and teacher responses, triage risk, refer and assist reintegration. Severe psychiatric conditions require specialist assessment and treatment. This division reflects international guidance that treats schools as partners in comprehensive mental-health systems instead of substitutes for clinical services (WHO, 2021a; Margaretha et al., 2023).

Implementation remains decisive. Awareness programmes have limited value when counselling lacks privacy, referral costs are unaffordable, staff disclose cases carelessly or students expect ridicule. McPhail et al. (2024) demonstrate the importance of trust and accessibility, while Harte and Barry (2024) emphasise local adaptation and implementation capacity. Nigerian school mental-health policy should therefore be judged by student access, safe response and referral completion, not by policy statements alone.

5. CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Nigerian secondary schools can strengthen early detection and intervention when they organise mental-health support as a continuum of promotion, recognition, counselling, triage, referral and follow-up. Contemporary Nigerian evidence demonstrates meaningful psychological distress but also shows that supportive school relationships and mental-health education can improve protection and recognition. The holistic counselling framework developed in this study places the professional counsellor at the centre of coordination while maintaining clinical boundaries. It connects trained teachers, students, families, school leadership and health-social services through clear procedures for

confidentiality, safeguarding, referral and reintegration. Such an arrangement can make support earlier, safer and more accessible without turning the school into a psychiatric clinic.

5.2 Recommendations

Federal and state education authorities should establish minimum operational standards for school mental-health and counselling services, including professional qualifications, confidentiality, safeguarding, suicide-risk response, record keeping and referral. Secondary schools should provide access to qualified counsellors, using district or cluster arrangements where a full-time post is not feasible. Teachers and selected staff should receive recurring gatekeeper training, while schools should integrate developmentally appropriate mental-health literacy, social-emotional learning and anti-bullying practice into regular activities.

Every school should maintain an updated referral directory and formal links with health and social services, including urgent pathways for suicide risk, abuse and severe behavioural disturbance. Counsellors should use clear procedures for parent involvement, protect student privacy and provide reintegration support after serious psychological difficulty or specialist treatment. Education and health authorities should fund supervision and continuing professional development. Future research should test the framework across public and private, urban and rural Nigerian schools and examine feasibility, student acceptability, referral completion, equity and measurable educational and mental-health outcomes.

REFERENCES

- Adewuya, A. O., Njokanma, F., & Wright, K. O. (2026a). Internalizing and externalizing pathways to adolescent substance use disorders: A multi-level analysis in Nigerian schools. *Social Psychiatry and Psychiatric Epidemiology*, advance online publication. <https://doi.org/10.1007/s00127-026-03157-6>
- Adewuya, A. O., Oladipo, O. E., & Esangbedo, A. (2026b). School protective factors and adolescent mental health in Nigeria: An investigation of cumulative effects, buffering mechanisms, and gender differences. *BMC Psychology*, *14*, 399. <https://doi.org/10.1186/s40359-026-04150-z>
- Aluh, D. O., Anyachebelu, O. C., Anosike, C., & Anizoba, E. L. (2018). Mental health literacy: What do Nigerian adolescents know about depression? *International Journal of Mental Health Systems*, *12*, 8. <https://doi.org/10.1186/s13033-018-0186-2>
- Ariyo, E., Michael, A., & Ajala, C. O. (2026). The protective paradox: Can school connectedness buffer socioeconomic disparities in adolescent mental health? *Journal of Adolescence*. <https://doi.org/10.1002/jad.70157>
- Aruoture, E. O., & Essien, J. D. (2026). Caught between control and neglect: Exploring the psychological impact of toxic parenting, social media use and suicidal ideation among Nigerian adolescents. *Child & Youth Care Forum*. <https://doi.org/10.1007/s10566-025-09919-8>
- Atilola, O., Ayinde, O., Obialo, F.-K., Adeyemo, S. O., Adegbaju, D., & Anthony, R. (2022). Towards school-based mental health programs in Nigeria: The immediate impact of a depression-literacy program among school-going adolescents and their teachers. *Child and Adolescent Psychiatry and Mental Health*, *16*, 70. <https://doi.org/10.1186/s13034-022-00503-9>
- Awhangansi, S., Salisu, T., & Awhangansi, O. (2025). Examining the role of bullying victimization in predicting psychopathology among in-school Nigerian adolescents. *Journal of Forensic Practice*, *27*(2), 149–165. <https://doi.org/10.1108/JFP-06-2024-0031>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press. <https://www.hup.harvard.edu/books/9780674224575>
- Chinawa, A. T., Ossai, E. N., Chinawa, J. M., & Odinka, P. C. (2023). The unique contributions of depression and anxiety to suicidal ideation among Nigerian secondary school students: A cross-sectional survey. *African Health Sciences*, *23*(4), 537–550. <https://doi.org/10.4314/ahs.v23i4.57>
- DadeMatthews, A., Nzeakah, C., Onofa, L., DadeMatthews, O., & Ogundare, T. (2024). Teenage blues: Predictors of depression among adolescents in Nigeria. *PLOS ONE*, *19*(4), e0293995. <https://doi.org/10.1371/journal.pone.0293995>

- Dedeke, I., Fakorede, O., Soyannwo, T., Osinubi, M., Adekanmbi, A., Ogundeyi, M., Fasiku, M., Oyewole, O., Ogunmuyiwa, S., Adesina, A., Ekundayo, A., & Eruzegbua, P. (2025). Mental health literacy among adolescents in Nigeria exposed to a school-based multidimensional intervention. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 34(1), 17–27. <https://pubmed.ncbi.nlm.nih.gov/40958899/>
- Federal Republic of Nigeria. (2022). *National Mental Health Act, 2021 (Act No. 46)*. Federal Government of Nigeria. <https://health.gov.ng/public-health-policies/>
- Grande, A. J., Hoffmann, M. S., Evans-Lacko, S., Ziebold, C., de Miranda, C. T., McDaid, D., Tomasi, C., & Ribeiro, W. S. (2023). Efficacy of school-based interventions for mental health problems in children and adolescents in low- and middle-income countries: A systematic review and meta-analysis. *Frontiers in Psychiatry*, 13, 1012257. <https://doi.org/10.3389/fpsyt.2022.1012257>
- Harte, P., & Barry, M. M. (2024). A scoping review of the implementation and cultural adaptation of school-based mental health promotion and prevention interventions in low- and middle-income countries. *Global Mental Health*, 11, e55. <https://doi.org/10.1017/gmh.2024.48>
- Margaretha, M., Azzopardi, P. S., Fisher, J., & Sawyer, S. M. (2023). School-based mental health promotion: A global policy review. *Frontiers in Psychiatry*, 14, 1126767. <https://doi.org/10.3389/fpsyt.2023.1126767>
- McPhail, L., Thornicroft, G., & Gronholm, P. C. (2024). Help-seeking processes related to targeted school-based mental health services: Systematic review. *BMC Public Health*, 24, 1217. <https://doi.org/10.1186/s12889-024-18714-4>
- Nwachukwu, C. E., Akingbade, A. E., Olufunmilayo, E. O., Oyebamiji, T. A., Odefemi, O. F., Ikwunne, B. N., Adeyeye, V. B., Ojo, O. O., & Adebayo, A. M. (2022). Family characteristics and mental health status of secondary school students in a rural community in Southwest Nigeria. *International Journal of Mental Health and Addiction*, 20(3), 1325–1335. <https://doi.org/10.1007/s11469-020-00446-2>
- Obioha, W. C., Obi, C. J., Nnamani, K. E., Chima, U. E., Mefoh, P. C., Okoye, K. M., & Anozie, E. U. (2024). Interparental violence and school bullying among Nigerian adolescents: Moderating role of psychological resilience. *Child Protection and Practice*, 1, 100010. <https://doi.org/10.1016/j.chipro.2024.100010>
- World Health Organization. (2021a). *WHO guideline on school health services*. <https://www.who.int/publications/i/item/9789240029392>
- World Health Organization. (2021b). *Guidelines on mental health promotive and preventive interventions for adolescents: Helping adolescents thrive*. <https://www.who.int/publications/i/item/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents>
- World Health Organization. (2025). *Mental health of adolescents*. <https://www.who.int/news-room/fact-sheets/adolescent-mental-health>

- World Health Organization & United Nations Children's Fund. (2021). *Helping adolescents thrive toolkit: Strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours*.
<https://www.who.int/publications/i/item/9789240025554>
- World Health Organization & United Nations Children's Fund. (2025). *Teacher's guide to the Magnificent Mei and Friends comic series* (2nd ed.).
<https://www.who.int/publications/i/item/9789240065277>
- World Health Organization, United Nations Children's Fund, & United Nations Educational, Scientific and Cultural Organization. (2023). *How school systems can improve health and well-being: Topic brief: Mental health*.
<https://www.who.int/publications/i/item/9789240064751>