

Academic Stress, Psychiatric Morbidity and Coping Strategies of Adolescents

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Abstract: *In recent years, high levels of academic stress among adolescents are raising concern. Academic stress of adolescents has been associated with many mental health problems. This study was aimed to explore the correlation between academic stress, psychiatric morbidity and coping strategies of adolescents. This study used quantitative research approach, descriptive correlation study design. The data was collected by using Goldberg's General Health Questionnaire (GHQ) to assess the psychiatric morbidity, structured questionnaire to assess academic stress of adolescents, coping strategies of adolescents developed by the researcher. The study found positive correlation between academic stress and psychiatric morbidity among adolescents ($r = 0.37$), moderate negative correlation between academic stress and coping strategies adopted by adolescents ($r = -0.45$) and moderate negative correlation between psychiatric morbidity scores and coping scores of adolescents ($r = -0.42$). The study concluded that efforts to be taken to develop and deliver effective mental health promotion programs for schools and families. Increased attention to be given for provision of professional counseling support for students who are troubled by the serious effects of academic stress.*

Keywords: Academic stress, psychiatric morbidity, coping strategies, adolescents, mental health promotion.

1. Introduction

Adolescence is a time of great change and transition, and it is considered as a period filled with significant physical, emotional, cognitive and social changes and challenges.

Life today for adolescent is becoming increasingly complex, tension ridden and a great source of stress. Adolescents are expected to accomplish achievements in the field of education and prepare for career¹. Changing job market, the increased cost of higher education, technological advancements - give pressure to adolescents. Stress has become an important topic in academic circle Indian adolescents face a highly competitive examination system. The pressure to perform well in the examination and time allocated makes academic environment very stressful¹².

Empirical studies have documented that academic stress has a significant association with many mental health problems in adolescence. There have been reported cases of stress among students that has resulted in loss of lives. Stress-induced emotional imbalance has been on the rise during the past few decades among the student population. The number of adolescents requiring intervention by therapists has also increased considerably (British Association for Counseling and psychotherapy).

Stress can be positive, keeping us alert and ready to avoid danger. Stress becomes negative when a person faces continuous challenges without relief or relaxation between challenges. As a result, the negative effects of stress occurs which may lead to depression, anxiety, behavioral problems and suicide. Unresolved stress has long been associated with development or exacerbation of symptoms of mental illness (Kaye & Lightman)¹⁰.

More than 50% of lifetime prevalence of an emotional disorder is often due to chronic, untreated stress reactions. The inability to cope with change causes great stress that

translates into depression. Major depression of adolescence ranges from 15 to 20 % (Laurie Martin, and Alyssa Milot)³. In adolescents behavioral problem rates rise to 8.5%. The life time prevalence of deliberate self-harm is 2 – 3.5% in studies from Europe and about 9% in the USA. Suicide is an increasing trend in 15 -19 year old adolescents. The rate is about 10 adolescents per 1,00,000 general population (14% of all deaths). Substance use and abuse are significant problems for adolescents. They carry serious consequences, causing 50% of deaths in youth age 15-24 years. Academic stress is one of the risk factors for adolescent alcohol use. In school, adolescents often see themselves as being evaluated in terms of their academic performance, this in turn causes greater stress to them (Needham et al.)¹⁹

Lazarus and Folkman states that coping is psychological effort to manage stressful events. Positive coping leads to adaptation, balance between health and illness, a sense of well-being, and maximum social functioning. When a person does not cope positively, mal-adaptations occur that can shift the balance towards illness, a diminished self-concept, and deterioration in social functioning. Jacqueline K. coats that the school year can be hard on anyone. Academic stress can build upon self-esteem issues, family, friends and even self. When not taken care of, performance suffers, morale suffers, and life just suffers.

2. Need for the Study

Adolescents account for 22.8% of the population of India. Adolescents with better mental health are physically healthier, demonstrate more socially positive behaviors and engage in fewer risky behaviors. Conversely, adolescents with mental health problems are more likely to engage in health risk behaviors. Furthermore, Adolescents' mental health problems pose a significant financial and social burden on families and society in terms of distress, cost of treatment, and disability⁶. The issue of adolescent psychiatric morbidity is more serious in middle and low

Volume 8 Issue 2, February 2019

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income countries because of larger proportion of adolescent population. The academic stress is one of the most important cause for many mental health problems has been widely discussed in all cultures and has been given less importance in India. In Indian situation, while dealing with academic stress, awareness to be created about appropriate strategies to reduce stress. Though Indian education system is pressure oriented and stressful to adolescents, they should be able to cope with the stress and optimal mental health is to be maintained.

In this study Thirunelveli district of TamilNadu was selected by the researcher. Tirunelveli is known for its educational institutions. Each year approximately twenty five to thirty thousand students are writing 10th and 12th examination. There is a heavy competition among students for marks and choosing the preferred field of higher education. This in turn produces a severe stress for adolescents which may have a greater influence on both physical and mental health. Mental health nurses are concerned with care as well as preventive aspects in maintaining and preserving mental health of adolescents.

3. Statement of the Problem

Psychiatric morbidity, academic stress and coping strategies of adolescents in Thirunelveli district, Tamil Nadu.

Aim of the Study

Explore the correlation between academic stress, psychiatric morbidity, and coping strategies adopted by adolescents.

4. Materials and Methods

This study used quantitative research approach, the researcher adopted descriptive correlational design. The data was collected from 1200 adolescent students studying in 10th,11th, 12th grades from selected schools of Thirunelveli district at Tamil Nadu, from all four(North, South, East And West) zones, using random sampling method. Research tool consisted four parts.

Questionnaire of demographic data of adolescents such as , age, gender, religion, type of school, class studying, Living status of parents, occupation of parents ,educational status of parents ,type of family, family size, number of children, birth order, income of family, habits of parents, parenting style , academic coaching, and availability of counseling cell at school Structured questionnaire to assess academic stress of adolescents, Goldberg's General Health Questionnaire (GHQ) to assess the psychiatric morbidity of adolescents, Structured questionnaire to assess the coping strategies of adolescents were used to collect data.

Structured questionnaire to assess academic stress of adolescents included 37 items under six major components such as pressure, frustration, time related , age related, relational, self- imposed stressors and was assessed using 5 point rating scale.The score given for the responses were, Never-0, Seldom-1, Occasionally-2, Often-3,Most of the time-4.

Goldberg's General Health Questionnaire (GHQ)-28, was used to assess the psychiatric morbidity of adolescents. The General Health Questionnaire (GHQ) is a self-administered screening instrument designed to detect current diagnosable psychiatric disorders.The GHQ-28 provides four scores, measuring somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression.It was scored using conventional 0-1-2-3 Likert scores.

Structured questionnaire to assess coping strategies of adolescents included 46 items under eight major components such as problem focused, time management, self-blaming, holding to self, focusing on positive, support seeking, and detachment coping strategies.Coping strategies was assessed using 4 point Likert scale, the score given for the responses were, Not used-0, Used somewhat-1, Used quite a bit-2, Used a great deal-3.

The reliability of these tools were tested by using split half method, Reliability of academic stress scale: $r = 0.84$, General Health Questionnaire: $r = 0.80$, coping scale: $r = 0.78$. Data was collected after obtained official permission and consent from the samples. After collecting the data Psycho- education booklet was issued to the samples and explained method of using it for prevention of academic stress, to strengthen the coping abilities and to have a healthy adolescence.

5. Data analysis and Interpretation

Data were presented using descriptive statistics in the form of frequency and percentage, mean and standard deviation, Karl Pearson correlation method, Pearson chi-square test. Prevalence of Stress score, coping score and psychiatric morbidity scores were analyzed using proportion with 95% confidence interval (CI) and mean difference with 95% CI. $P < 0.05$ were considered statistically significant.

Table 1: Frequency and percentage distribution of demographic characteristics of adolescents

Demographic variables		No. of adolescents (Frequency)	Percentage (%)
Age	15 years	393	32.7%
	16 years	403	33.6%
	17 years	404	33.7%
Gender	Male	550	45.8%
	Female	650	54.2%
Religion	Hindu	1079	89.9%
	Muslim	64	5.3%
	Christian	57	4.8%
Class studying	10th std	400	33.3%
	11th std	400	33.3%
	12th std	400	33.4%
Type of school	Government school	900	75.0%
	Private school	300	25.0%
Type of family	Nuclear family	1008	84.0%
	Joint family	180	15.0%
	Extended family	12	1.0%
Family size	< 5	625	52.0%
	5 -6	492	41.0%
	7 -8	69	5.8%
	> 8	14	1.2%
Number of	One	306	25.5%

children in Family.	Two	538	44.8%
	Three	306	25.5%
	>Three	50	4.2%
Birth order	First	553	46.1%
	Second	457	38.1%
	Third	174	14.5%
	> Third	16	1.3%
Academic coaching	Yes	720	60.0%
	No	480	40.0%
Availability of counselling cell in school	Yes	744	62.0%
	No	456	38.0%

Table 2: Frequency and percentage distribution of demographic characteristics parents information of adolescents

Parents variables		n	%
Father alive	Yes	1193	99.4%
	No	7	.6%
Educational status of father	Primary education	456	38.0%
	Secondary education	231	19.3%
	Higher secondary education	171	14.3%
	Graduate	191	15.9%
	Illiterate	151	12.6%
Occupation of Father	Government employee	62	5.2%
	Private employee	346	28.8%
	Business	146	12.2%
	Farmer	528	44.0%
	Others	118	9.8%
Mother alive	Yes	1196	99.7%
	No	4	.3%
Educational status of Mother	Primary education	610	50.8%
	Secondary education	184	15.3%
	Higher secondary education	147	12.3%
	Graduate	63	5.3%
	Illiterate	196	16.3%
Occupation of Mother	Government employee	30	2.5%
	Private employee	170	14.2%
	Business	76	6.3%
	Farmer	494	41.2%
	House wife	430	35.8%
Income of family per month	less than 10000 INR	823	68.6%
	11000 - 20000 INR	283	23.6%
	21000 - 30000 INR	91	7.6%
	more than 30000 INR	3	.3%
Habits of parents	Smoking	183	15.3%
	Consume alcohol	159	13.3%
	Substance abuse	6	.5%
	Tobacco chewing	51	4.3%
	No habits	801	66.8%
Parenting style	Democratic style of parenting	884	73.7%
	Strict parenting style	122	10.2%
	Friendly parenting with very rare discipline	189	15.8%
	Uninvolved parenting	5	.4%

Table 1 and 2 indicates frequency and percentage distribution of demographic characteristics of adolescents.

Table-3 shows adolescents' percentage of academic stress score in each component. Adolescents had maximum academic stress score in self-imposed stressors (39.8%) and minimum academic stress score in age related stressors (24.7%). Overall percentage of mean academic stress score of adolescents were 33.9%. This may be due to lack of

awareness about the coping strategies to overcome academic stress by the adolescents.

Table 3: Assessment of academic stress of adolescents, (N=1200)

Stress	No. of questions	Min – Max score	Stress score		
			Mean	SD	% of mean score
Pressure stressors	9	0 -36	12.84	4.98	35.7%
Frustration stressors	5	0 -20	5.64	3.41	28.2%
Time related Stressors	4	0- 16	4.87	3.08	30.4%
Age related Stressors	3	0 -12	2.96	2.41	24.7%
Relational stressors	3	0 -12	3.15	3.20	26.3%
Self imposed Stressors	13	0 -52	20.67	8.17	39.8%
Overall	37	0-148	50.14	16.17	33.9%

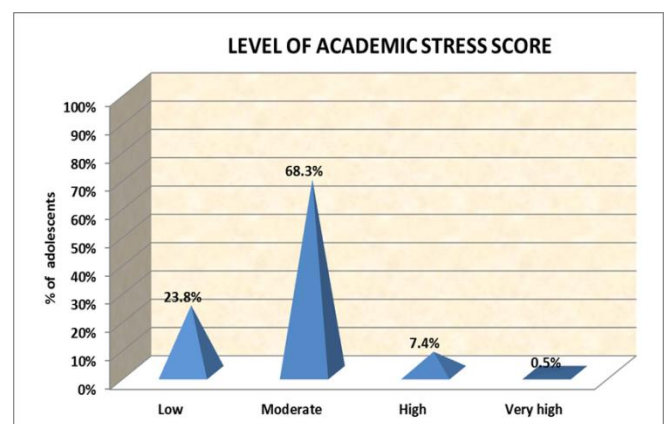


Figure 1: Bar diagram showing percentage of levels of academic stress scores of adolescents

Fig 1 depicts that 23.8% of adolescence had low level of academic stress, 68.3% of them had moderate level of academic stress, 7.4% of the adolescents had high academic stress and 0.5% of them had very high academic stress.

These results indicate that there is a fair number of adolescents preparing for public examination are suffering from moderate to very high level of academic stress. This may be due to the pressure placed on them for their grades and for future career. Findings reveal that there was need for undertaking interventions to reduce academic stress and to promote the mental health of adolescents.

Table 4: Assessment of psychiatric morbidity score of adolescents, (N=1200)

Psychiatric morbidity	No. of questions	Min – Max score	Stress score		
			Mean	SD	% of mean score
Somatic symptoms	7	0 -21	2.66	2.53	12.7%
Anxiety and insomnia	7	0 -21	2.83	2.59	13.5%
Social dysfunction	7	0- 21	2.76	2.36	13.1%
Depressive symptoms	7	0 -21	2.65	2.38	12.6%
OVERALL	28	0 -84	10.90	6.59	13.0%

Table 4.illustrate adolescent's percentage of psychiatric morbidity score. Overall adolescents had 13% of psychiatric

morbidity. 12.7% of adolescents suffered from somatic symptom, anxiety and insomnia 13.5%, social dysfunction 13.1% depressive symptom 12.6%. Symptoms of anxiety and insomnia had highest percentage of mean score 13.5%, and standard deviation 2.59 and depressive symptom had lowest percentage of mean score 12.6% and standard deviation 2.38. The percentage of mean scores of psychiatric symptoms did not show a great difference which indicates all the four symptoms of psychiatric morbidity must be given equal importance and the care must be taken to reduce the worsening of symptoms and to promote mental health.

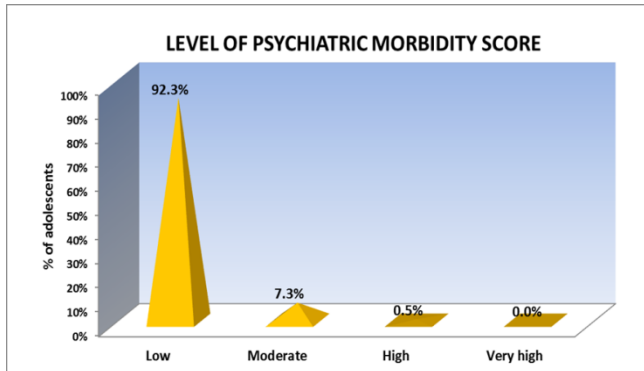


Figure 2: Bar diagram showing percentage of levels of psychiatric morbidity scores of adolescents

Fig 2 illustrates 92.3% of adolescents had low level of psychiatric morbidity, 7.3% of them had moderate level of morbidity, 0.5% of the adolescents had high morbidity. These results indicate that there was a fair number of adolescents preparing for public examination had moderate to high level of psychiatric morbidity. This may be due to lack of support, poor coping and negative self-thought.

Table 5: Assessment of coping scores of adolescents, (N=1200)

Coping strategies	No. of questions	Min - Max score	Stress score		
			Mean	SD	% of mean score
Problem focused	8	0 -24	15.32	4.21	63.8%
Time management	4	0 -12	7.32	2.83	61.0%
Self-blame	6	0- 18	6.16	3.49	34.2%
Hold onto self	4	0 -12	5.96	2.54	49.7%
Focus on positive	4	0-12	7.73	2.78	64.4%
Seeking for support	4	0-12	7.75	2.74	64.6%
Detachment	5	0-15	6.59	3.09	43.9%
Relaxation	11	0-33	8.33	3.53	25.2%
OVERALL	46	0 -138	65.16	12.17	47.2%

Table 5 shows In all areas adolescents coping score was 47.2% . Adolescents had maximum score in Problem focused coping (63.8%) and minimum coping score in Relaxation coping (25.2%).

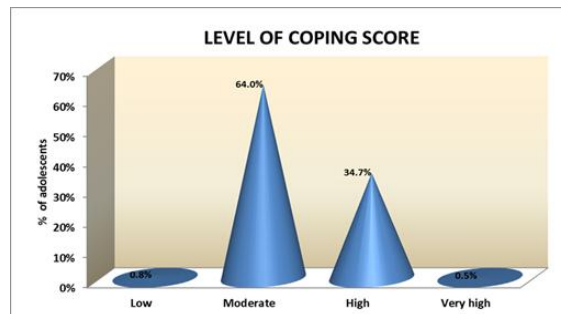


Figure 3: Bar diagram showing percentage distribution of levels of coping scores of adolescents.

Fig 3 shows the level of coping among adolescents preparing for public examination. 0.8% of adolescents had low level of coping score, 64.0% of them had moderate level of coping score, 34.7% of the adolescents had high coping score and 0.5% of them had very high coping score. This result indicates that the adolescents adopt coping strategies from low level to very high level. Even though they use coping strategies the emphasis should be given more on effective coping strategies which will have a positive impact on physical and mental health.

Correlation between academic stress, psychiatric morbidity and coping strategies were analyzed using Karl Pearson correlation method. Correlation between academic stress score and psychiatric morbidity score among adolescents was $r=0.37$, significant at the level of $p=0.001$, shows a positive correlation between academic stress and psychiatric morbidity among adolescents. (Fig-4)

Correlation between academic stress score and coping score among adolescents was $r= -0.45$, significant at the level of $p=0.001$, showed that there was a moderate negative correlation between academic stress and coping strategies among adolescents (Fig-5)

Correlation between psychiatric morbidity score and coping score among adolescents was $r = -0.42$ which is statistically significant at the level of $p = 0.001$ showed that there was a moderate negative correlation between coping strategies adopted by the adolescents and psychiatric morbidity of adolescents.(Fig-6)

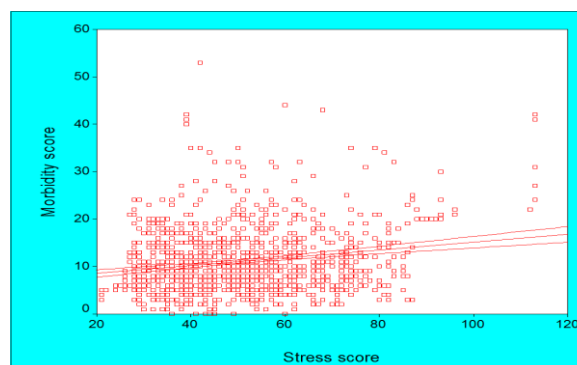


Figure 4: Scatter diagram with regression estimate shows the fair positive correlation between academic stress and psychiatric morbidity among adolescents ($r = 0.37$ $p=0.001$)

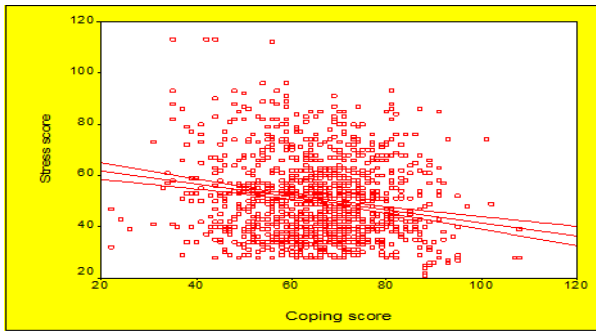


Figure 5: Scatter diagram with regression estimate shows the moderate negative correlation between academic stress and coping strategies among adolescents ($r = -0.45$, $p = 0.001$)

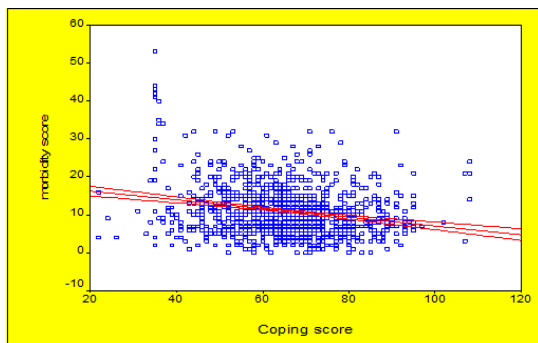


Figure 6: Scatter diagram with regression estimate shows the moderate negative correlation between psychiatric morbidity and the coping strategies adopted by the adolescents ($r = -0.42$, $p = 0.001$)

Table 6: prevalence of academic stress, coping, psychiatric morbidity

	Max score	Mean score	Mean score with 95% confidence interval	Percentage of Mean score with 95% confidence interval
Academic stress	148	50.14	50.14(49.23 - 51.06)	33.9%(33.3% - 34.5%)
Coping strategies	138	65.16	65.16(64.47 - 65.85)	47.2%(46.7% - 47.7%)
Psychiatric morbidity	84	10.90	10.90(10.52 - 11.27)	13.0%(12.5% - 13.4%)

Univariate analysis of Pearson chi-square test identifies age, sex, class, father education were significantly associated with academic stress of adolescents at the levels $P = 0.01, P = 0.001, P = 0.01, P = 0.05$, Adjusted odds ratio using multivariate logistic regression identifies elders, females, more educated were significantly had increased academic stress than others. Age, class studying, type of school, Parents habit were significantly associated with coping of adolescents at the levels of $P = 0.01, P = 0.001, P = 0.001, P = 0.001$, Adjusted odds ratio using multivariate logistic regression identifies elders, more educated, students of private school and parents with no habit were significantly had increased coping scores than others. Age, gender, class, type of school and type of family of adolescents were significantly associated with psychiatric morbidity of adolescents at the levels of $P = 0.01, P = 0.04, P = 0.001, P = 0.001, P = 0.02$. Adjusted odds ratio using multivariate logistic regression identifies elders, girls, more educated, students of government schools and nuclear

family were significantly had increased psychiatric morbidity than others.

6. Discussion

The study assessed the prevalence of academic stress, psychiatric morbidity, and coping strategies of adolescents and correlation between academic stress, psychiatric morbidity, and coping strategies of adolescents preparing for school public examinations. Academic stress score of adolescents showed that on average mean academic stress score of adolescents were 33.9%. This indicates approximately one third of adolescents have academic stress. The level of academic stress score of adolescents showed that 23.8% of adolescence had low level of academic stress, 68.3% of them had moderate level of academic stress, 7.4% of the adolescents had high academic stress and 0.5% of them had very high academic stress. The findings emphasize that adolescents are in need of stress management in order to avoid serious impact stress on their ability to perform, progress in school and prevent many psychiatric and physical disorders.

The findings of this study is in consistent with the findings of the study on the effects of stress on students life done by Kathryn Powell²⁴. The results shows 63 percent of the students said that they faced with academic stress, 37 percent said that they didn't do. Castillo, Linda G. (2006). compared academic stressors and reactions to stressors between American and international students using Gadzella's Life Stress Inventory (B. M. Gadzella, 1991). Five categories of academic stressors (i.e., frustrations, conflicts, pressures, changes, and self-imposed) and four categories describing reactions to these stressors (i.e., physiological, emotional, behavioral, and cognitive) were examined. American students reported higher self-imposed stressors and greater behavioral reactions to stressors than international students. Respondent's status (American or international) and interaction of status and stressors emerged as the 2 strongest predictors of their behavioral, emotional, physiological, and cognitive reaction to stressors. Five stressors attained statistical significance in the regression model. The findings emphasize the need to recognize cultural differences in stress management.

In addition, adolescents psychiatric morbidity score discovered that on average 70.6% of the adolescents were healthy, 20.3% of the adolescents had few symptoms which is considered as normal, 8.7% of the adolescents had more psychiatric symptoms than normal, 0.4% of the adolescents had much more psychiatric symptoms than normal. Adolescent's percentage of psychiatric morbidity score expresses that overall adolescents had 13% of psychiatric morbidity. The level of psychiatric morbidity score of adolescents preparing for public examination Shows that 92.3% of adolescents had low level of psychiatric morbidity, 7.3% of them had moderate level of morbidity, 0.5% of the adolescents had high morbidity. This findings show that adolescents have lack of knowledge on practice of coping strategies against pressure oriented and stressful education system. They are in need of interventions, and training in decision making, problem solving skills to cope with the

competition examinations and for the promotion of mental health.

The findings of the study done by *Col s Chaudry et al¹⁵*, on Psychiatric morbidity pattern in child guidance clinic as retrospective analysis of 213 adolescents who attended a child guidance clinic found neurotic, stress related and somatoform disorders in 15.98% cases. A survey done by *Kathryn Powell²⁵* shows 73.51% of students reported that academic stress made them lose sleep, and 60% of students reported that they were not getting adequate sleep every night. 41% of students lash out when they are stressed, and about 45% of students feel depressed when confronted with stress and concluded that depression can lead to even more stress over academics, as students feel that things are hopeless. Having a competitive and teasing peer group doesn't help students who are struggling with academic stress and depression.

Furthermore, in these present study adolescents coping score discovered that mean score of coping strategies was 65.2, standard deviation score was 12.2. On average adolescents adopted 47.2% of coping strategies. Adolescents had maximum score in Problem focused coping (63.8%) and minimum coping score in Relaxation coping (25.2%). The level of coping score illustrates that 0.8% of adolescents had low level of coping scores, 64.0% of them had moderate level of coping score, 34.7% of the adolescents had high coping score and 0.5% of them had very high coping score. The finding of this study is in consistent with the finding of the study done by *Pi-chi chou et al²⁰* on Relationships between stress, coping and depressive symptoms among overseas university preparatory Chinese students the study found that High levels of stress significantly predicted the adoption of active, problem-focused coping strategies ($R^2 = 0.13$, $p < .01$) and passive, emotion-focused coping strategies ($R^2 = 0.24$, $p < .01$).

The present study findings revealed problem focused coping and positive coping may decrease stress and also coping strategies might be an effective technique of reducing the level of stress among adolescents.

In this study the correlation of academic stress scores and psychiatric morbidity scores of adolescents showed that there was a fair positive correlation between academic stress and psychiatric morbidity among adolescence. It means when academic stress increases and their psychiatric morbidity also increase. In line with the study conducted by *Jiandong²⁸*, reports that academic pressure among adolescents is a major risk factor for poor mental health and suicide and other harmful behaviours. The study found that educational stress was the most predictive variable for depression, but was not strongly associated with happiness. It had a strong association with suicide ideation but not with suicide attempts. The finding of the study is contradicted with the finding of study of *Chan Mo Ching, Aya*, on academic stress and health outcomes of college students that showed negative relationship between stress and health.

Analysis of correlation of academic stress scores and coping scores of adolescents showed that there was a moderate negative correlation between academic stress and coping

strategies adopted by adolescents. It means when academic stress score increases and their coping score decreases. This is in congruence with a study done by *C.Ward Struthers et al²³*, reported that the relationship between college students' academic stress and course grade was influenced by problem-focused coping and motivation. As expected, greater academic stress covaried with lower course grades; The study recommended Strategies for promoting more effective coping in college students.

Similarly, Correlation of psychiatric morbidity scores and coping scores of adolescents showed that there is a moderate negative correlation between psychiatric morbidity scores and coping scores of adolescents. The study finding indicates when coping strategies increase, stress and psychiatric morbidity decrease. This is in consistent with the study done by *Sreeramareddy. CT. et al²⁷*, on Psychological morbidity, sources of stress and coping strategies among undergraduate medical students of Nepal. The study found that the overall prevalence of psychological morbidity was 20.9% The most common sources of stress were related to academic and psychosocial concerns. The students generally used active coping strategies The coping strategies showed variation by GHQ-caseness, year of study, gender and parents' occupation.

Concerned with finding the association among variables it was found that age, sex, class, father education are significantly associated with academic stress score. Adjusted odds ratio using multivariate logistic regression identifies elders, females, more educated are significantly having more academic stress than others. Age, sex, class, father education are significantly associated coping score. Adjusted odds ratio using multivariate logistic regression identifies elders; more educated, private school and parents with no habit are significantly having more coping than others. Age, sex, class, type of school and type of family are significantly associated with psychiatric morbidity score. Adjusted odds ratio using multivariate logistic regression identifies elders, females, more educated, government schools and nuclear family are significantly having more morbidity than others. The study finding are in consistent with the findings of the study done by *Yussuf AD et al²²*. Result shows Students who had morbidity were 9 times at risk of being stressed consequent upon 'competing with their peers' and 4 times at risk due to 'inadequate learning materials'. Morbidity was significantly more likely to engender use of 'religion', 4 times less likely to engender use of 'positive reframing' with a trend in the use of self-blame as coping strategies.

7. Conclusion and Recommendations:

The study concluded that there was prevalence of academic stress, Psychiatric morbidity among adolescents. The study results found that the adolescents adopt coping strategies to some extent. And there was correlation of academic stress and psychiatric morbidity, academic stress and coping strategies, coping strategies and psychiatric morbidity of adolescents. The results also found that there was significant association between academic stress and demographic variables, coping strategies and demographic variables,

psychiatric morbidity and demographic variables of adolescents.

When the stress is long term the immune alteration continues with time, biologic responses to stress compromise a person, health status. Nurses are in a place to prevent the serious effects of academic stress, by strengthening the coping abilities of adolescents and mold healthy behavior of adolescents. The researcher developed psycho-education booklet of coping strategies for academic stress for the effective management of academic stress.

The investigator hopes that this study may contribute to better understanding and awareness of academic stress and mental health among students in secondary schools. This may help to fill gaps in the literature regarding the associations between school pressures, risk behaviors and mental health among young people. This information should be used to stimulate further efforts to develop and deliver effective mental health promotion programs for schools and families. This work should include increased attention to provision of professional counseling support for students who are troubled by the serious effects of academic stress.

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