



EARLY RECOGNITION OF DEPRESSION AMONG ADOLESCENTS IN JUNIOR HIGH SCHOOL: A MIX-METHOD STUDY IN LOW-INCOME POPULATIONS SETTING

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ABSTRAK


Depresi merupakan masalah kesehatan mental yang umum terjadi pada remaja dan dapat berdampak pada prestasi akademik, hubungan sosial, serta kualitas hidup. Risiko depresi cenderung lebih tinggi pada remaja yang hidup di lingkungan berpendapatan rendah sehingga deteksi dini diperlukan untuk mendukung intervensi yang tepat. Penelitian ini bertujuan mengidentifikasi gejala depresi pada remaja sekolah menengah pertama serta mengeksplorasi keyakinan penyebab, mekanisme pertahanan diri, dan perilaku mencari pertolongan. Penelitian menggunakan metode mixed-method dengan desain sequential explanatory pada siswa SMP Satu Atap (SATAP) Tianyar Barat, Kabupaten Karangasem. Gejala depresi diukur menggunakan Patient Health Questionnaire-9 (PHQ-9), kemudian dilanjutkan dengan wawancara mendalam untuk memperdalam pemahaman mengenai faktor-faktor yang melatarbelakangi depresi pada remaja dengan skor PHQ-9 ≥ 10 . Sebanyak 67 remaja berpartisipasi. Gejala depresi diklasifikasikan sebagai minimal (43,3%), ringan (28,4%), sedang (19,4%), sedang berat (6,0%), dan berat (3,0%). Remaja perempuan dan siswa kelas VII memiliki risiko lebih tinggi mengalami gejala depresi sedang hingga berat. Wawancara terhadap 17 remaja menunjukkan bahwa masalah keluarga, kurangnya dukungan sosial, dan kesulitan ekonomi merupakan faktor yang paling sering dikaitkan dengan depresi. Temuan ini menegaskan pentingnya skrining kesehatan mental berbasis sekolah untuk mendukung deteksi dini dan intervensi bagi remaja berisiko.

Kata Kunci: *Depresi Remaja, Skrining Kesehatan Mental, Lingkungan Berpendapatan Rendah, Dukungan Sosial, Sequential Explanatory Mixed-Method.*

ABSTRACT

Depression is a prevalent mental health problem among adolescents and poses significant risks to emotional, social, and academic functioning, particularly in low-income settings where access to mental health services is often limited. This study aimed to identify depressive symptoms among junior high school adolescents and explore their causal beliefs, defense mechanisms, and help-seeking behaviors. A sequential explanatory mixed-methods design was employed among students at SMP Satu Atap (SATAP) Tianyar Barat, Karangasem Regency. Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9), followed by in-depth interviews with adolescents scoring ≥ 10 to provide a deeper understanding of the psychosocial factors underlying

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quantitative findings. A total of 67 adolescents participated. Depressive symptoms were categorized as minimal (43.3%), mild (28.4%), moderate (19.4%), moderately severe (6.0%), and severe (3.0%). Female students and seventh-grade students showed a higher risk of moderate-to-severe depressive symptoms. Interviews with 17 adolescents revealed that family relationship problems, lack of social support, and economic hardship were the most frequently perceived causes of depression. Isolation, repression, and acting out emerged as the dominant defense mechanisms. These findings highlight the importance of school-based mental health screening and psychosocial support programs to facilitate early identification and targeted interventions for adolescents at risk of depression.

Keywords: *Adolescent Depression, Depressive Symptoms, Low-Income Setting, Defense Mechanisms, School-Based Screening, Help-Seeking Behavior.*

INTRODUCTION

Adolescence is a critical developmental period characterized by rapid biological, psychological, and social changes that require continuous adaptation to new roles, expectations, and environments (Symonds et al., 2023). During this stage, adolescents experience important transitions in identity development, peer relationships, and educational demands, which may increase their vulnerability to emotional difficulties. Among the various mental health problems affecting young people, depression has become one of the most prevalent and disabling conditions worldwide (Thapar et al., 2022). Depression during adolescence is associated with substantial impairments in emotional, social, and academic functioning and may interfere with healthy developmental trajectories if not identified and addressed early (Davis et al., 2022; Thapar et al., 2022). From a developmental psychopathology perspective, adolescence represents a sensitive period in which psychological vulnerabilities interact with environmental stressors, making early identification of depressive symptoms essential for preventing long-term adverse outcomes.

The impact of adolescent depression extends beyond emotional distress and affects multiple aspects of everyday life. Adolescents experiencing depressive symptoms often demonstrate lower academic engagement, poorer school adjustment, and difficulties maintaining interpersonal relationships (Bortes, 2024; Thapar et al., 2022). Social stressors such as bullying, social pressure, and low social support have been found to increase the risk of depressive symptoms and self-harming behaviors among adolescents (Stea et al., 2024). Conversely, supportive relationships with family members and peers can serve as important protective factors that reduce psychological distress and promote resilience (Fitzpatrick et al., 2024). These findings are consistent with ecological systems theory, which emphasizes that adolescent mental health is shaped by interactions among individual, family, school, and community environments. Therefore, understanding depression requires attention not only to individual symptoms but also to the broader psychosocial context in which adolescents live.

Depression among young people also represents a significant public health concern in Indonesia. According to the 2023 Indonesian Health Survey (Survei Kesehatan Indonesia/SKI), depressive symptoms were reported among 2% of individuals aged 15–24 years (Badan Kebijakan Pembangunan Kesehatan, 2023). Although the reported prevalence appears relatively modest, adolescence remains a critical period for the onset of depressive disorders and other mental health problems. In Bali Province, socioeconomic disparities persist across districts, with Buleleng and



Karangasem reporting relatively high numbers of residents living in poverty (Badan Pusat Statistik Provinsi Bali, 2023), while provincial data also indicate the continued presence of socially vulnerable populations facing severe socioeconomic hardship (Satu Data Indonesia Provinsi Bali, 2022). Such conditions may place adolescents at greater risk of psychological distress because economic hardship often co-occurs with educational limitations, family stress, and restricted access to mental health resources.

A growing body of evidence suggests that socioeconomic disadvantage is an important risk factor for adolescent depression. Studies conducted in low- and middle-income countries, including Nigeria, South Africa, and China, consistently report higher levels of depressive symptoms among adolescents from economically disadvantaged backgrounds (Alinnor & Okefor, 2023; Mkhize et al., 2024; Yuan et al., 2023). Economic hardship may increase exposure to chronic stressors, limit access to educational and health resources, and reduce opportunities for positive psychosocial development. Furthermore, poverty has been associated with increased parental stress, family dysfunction, and exposure to adverse life experiences, all of which contribute to a greater risk of emotional and psychological difficulties among adolescents (Martins et al., 2023; Alto et al., 2023). However, most existing studies have primarily focused on prevalence rates and socioeconomic determinants, while relatively few have explored how adolescents themselves interpret and make sense of their depressive experiences within disadvantaged social contexts. This limitation indicates an important gap in understanding the subjective psychological processes underlying adolescent depression.

Despite extensive research on the prevalence and risk factors of adolescent depression, relatively little attention has been paid to how adolescents understand and interpret their depressive experiences. Causal beliefs refer to individuals' perceptions regarding the origins and causes of mental health problems and may influence how symptoms are recognized and managed. These beliefs can affect attitudes toward mental illness, willingness to seek help, and engagement with mental health services. Previous studies have shown that mental health stigma remains a major barrier to help-seeking among adolescents, highlighting the importance of understanding how young people conceptualize depression and its causes (Villatoro et al., 2022; Sheikhan et al., 2023). Similarly, defense mechanisms may influence how adolescents cope with emotional distress, while help-seeking behaviors determine whether psychological problems are addressed through formal or informal support systems. Nevertheless, studies integrating these three dimensions causal beliefs, defense mechanisms, and help-seeking behavior—remain scarce, particularly among adolescents living in low-income settings.

In addition to causal beliefs, defense mechanisms may play a crucial role in shaping adolescents' psychological responses to stress and adversity. Defense mechanisms are unconscious psychological processes used to regulate emotional distress and manage internal conflicts. Recent findings indicate that immature defense mechanisms mediate the relationship between negative life events and depressive symptoms, suggesting their importance in the development and maintenance of depression (Ma et al., 2024). Furthermore, individuals with depressive disorders tend to rely more heavily on immature defenses and exhibit lower levels of adaptive defensive functioning (Fiorentino et al., 2024). Based on these considerations, the present study addresses an important research gap by simultaneously examining depressive symptoms, causal beliefs, defense mechanisms, and help-seeking behaviors among adolescents in a socioeconomically disadvantaged

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setting. The novelty of this study lies in its integration of quantitative screening and qualitative exploration to provide a more comprehensive understanding of how adolescents experience, interpret, and respond to depression. Conceptually, this study contributes to the literature by linking psychological processes and contextual socioeconomic factors within a single explanatory framework, thereby offering evidence that may inform culturally and contextually relevant school-based mental health interventions.

METHODS

This study employed an analytical observational design with a cross-sectional approach using a sequential explanatory mixed-methods design. The sequential explanatory approach was selected because it enabled the quantitative findings on depressive symptoms to be enriched and explained through qualitative exploration of adolescents' experiences, perceptions, and coping processes. The study was conducted at SMP Satu Atap (SATAP) West Tianyar, Karangasem Regency, Bali, Indonesia, on June 23–24, 2024. A total sampling technique was applied, and 67 students from grades VII and VIII met the inclusion criteria and participated in the quantitative phase. Inclusion criteria included active enrollment in grades VII and VIII, provision of participant assent, and parental consent. Depressive symptoms were assessed using the Indonesian version of the Patient Health Questionnaire-9 (PHQ-9), and participants with PHQ-9 scores ≥ 10 were invited to participate in the qualitative phase. This study received ethical approval from the relevant institutional ethics committee prior to data collection. Of the 67 participants screened quantitatively, 17 adolescents with PHQ-9 scores ≥ 10 participated in the qualitative interviews.


Quantitative data included sociodemographic characteristics and PHQ-9 scores, while qualitative data were collected through semi-structured interviews, observation, and field documentation. The interview guide was developed according to the study objectives, and detailed interview questions are presented in Appendix 1. Quantitative data were analyzed using descriptive statistics and inferential tests, including the Chi-square test and Fisher's Exact test, with statistical significance established at $p < 0.05$. Qualitative data were analyzed using thematic analysis through transcription, coding, categorization, and theme development. To enhance trustworthiness, the study applied investigator triangulation through independent coding by multiple researchers, followed by peer discussion to achieve consensus on emerging themes. Credibility was further strengthened through the integration of quantitative and qualitative findings during interpretation, allowing a more comprehensive understanding of causal beliefs, defense mechanisms, and help-seeking behaviors among adolescents with depressive symptoms.

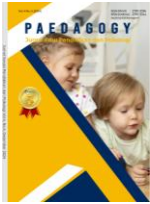
RESULTS AND DISCUSSION

Results

Respondent characteristics were examined to provide an overview of the participants involved in the study. Describing demographic information is important for understanding the context in which the findings should be interpreted. In addition to basic respondent characteristics, this study identified the distribution of depressive symptoms across different grade levels. Presenting these data offers an initial understanding of the variation in psychological conditions among adolescents before further analyses of relationships between variables were conducted. The characteristics of respondents and the distribution of depressive symptoms are presented in Table

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1.

Table 1. Demographic characteristics based on the attended grade

Characteristics	Grade 7/First Year (N = 36)	Grade 8/Second Year (N=31)	P value
Sex, n (%)			
Male	20 (55.6)	22 (71)	0.19*
Female	16 (44.4)	9 (29)	
Age (years), median (range)	14 (12 – 17)	15 (13 – 17)	< 0.001**
Total score PHQ, median (range)	8.5 (2 – 23)	4 (1 – 12)	0.002**
PHQ Category, n (%)			
Minimal	12 (33.3)	17 (54.8)	0.001***
Mild	7 (19.4)	12 (38.7)	
Moderate	11 (30.6)	2 (6.5)	
Moderately severe	4 (11.1)	0 (0)	
Severe	2 (5.6)	0 (0)	

* Pearson Chi-square, ** Mann-whitney, *** Linear-by-linear association

As shown in Table 1, the descriptive findings indicate differences in the distribution of depressive symptoms among students across grade levels. Overall, the pattern of depressive symptoms was not evenly distributed, suggesting that developmental stages and academic experiences may contribute to variations in students' psychological well-being. These findings provide preliminary evidence that grade level may be associated with differences in depressive symptom severity among adolescents. Therefore, further analyses were conducted to explore factors that may be related to the occurrence and severity of depressive symptoms.

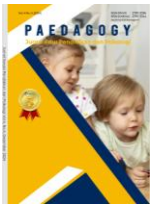
Following the presentation of respondent characteristics, the analysis proceeded to examine factors associated with the severity of depressive symptoms. This step was intended to identify individual characteristics that may contribute to an increased risk of experiencing more severe depressive symptoms. Understanding these factors is essential for recognizing vulnerable groups and informing targeted mental health interventions. The results of the bivariate analysis examining the relationships between respondent characteristics and depressive symptom severity are presented in Table 2.

Table 2. Factors associated with the severity of depressive symptoms

Risk factors	Moderate to severe, (N=19)	Minimal to mild, (N=48)	Prevalence Ratio (PR)	P value
Sex, n (%)				
Female	11 (16.4)	14 (20.9)	2.31	0.028*
Male	8 (11.9)	34 (50.7)		
Grade, n (%)				
7	17 (25.4)	19 (28.4)	7.31	< 0.001*
8	2 (3)	29 (43.3)		
Age (years), median (range)	14 (12 – 17)	14 (12 – 16)	-	0.225**

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* Pearson Chi-square, ** Mann-Whitney

As presented in Table 2, the findings suggest that not all respondent characteristics exhibit the same degree of association with depressive symptom severity. Some factors appear to have a stronger relationship with the distinction between mild and more severe levels of depressive symptoms. These results indicate that vulnerability to depression may be influenced by specific individual characteristics that warrant further investigation. Consequently, variables showing potential associations in the bivariate analysis were included in a multivariate model to determine their independent contributions.

A multivariate analysis was conducted to identify factors independently associated with depressive symptom severity while controlling for the influence of other variables in the model. This approach is important for reducing the potential effects of confounding factors and obtaining a more accurate understanding of the relationships under investigation. By considering multiple variables simultaneously, the analysis provides a clearer picture of the determinants of depressive symptoms among adolescents. The results of the multivariate analysis are presented in Table 3.

Table 3. Multivariate analysis

Risk factors	Odds Ratio	95% Confidence Interval	P value
Female	3	0.87 – 10.32	0.081
Grade 7	12.25	2.47 – 60.69	0.002

As shown in Table 3, the multivariate findings demonstrate that not all factors identified in the preliminary analyses remained significant after adjustment for other variables. This outcome suggests that certain relationships observed earlier may have been influenced by overlapping effects among the predictors. The multivariate model allows for the identification of factors that have the most substantial independent contribution to depressive symptom severity. These findings provide valuable evidence for developing targeted strategies aimed at improving adolescent mental health and preventing more severe psychological difficulties.

Qualitative Findings

Qualitative interviews were conducted with adolescents who demonstrated moderate to severe depressive symptoms based on their PHQ-9 scores. Of the eligible participants, seventeen adolescents agreed to participate in the interview process and shared their experiences related to emotional well-being and mental health challenges. The analysis of interview transcripts generated four major themes that reflected the adolescents' perceptions and experiences of depression, namely depressive moods, causal beliefs, defense mechanisms, and help-seeking behavior. These themes provide a deeper understanding of how adolescents interpret their emotional difficulties, identify contributing factors, cope with psychological distress, and seek support when facing mental health problems.



Depressive Moods

The qualitative findings revealed that most adolescents experienced persistent negative emotional states that reflected significant psychological distress. Participants commonly reported feelings of sadness, anger, hopelessness, guilt, and worthlessness, which often interfered with their daily functioning and overall well-being. Several adolescents also described emotional instability, characterized by sudden mood changes and difficulty identifying the reasons behind their emotional experiences. In some cases, depressive symptoms were severe enough to include suicidal ideation and self-harming behaviors, indicating a substantial psychological burden among adolescents with elevated levels of depression. These findings suggest that depressive symptoms among adolescents extend beyond temporary emotional fluctuations and may represent more profound challenges in emotional regulation and mental health.

Causal Beliefs

Analysis of the interview data showed that family-related issues were the most frequently perceived causes of depressive symptoms among participants. Adolescents commonly described experiences of parental conflict, poor family communication, financial difficulties, and exposure to verbal or physical violence as major sources of emotional distress. Many participants also expressed feelings of loneliness and helplessness resulting from a perceived lack of emotional support and understanding from caregivers. Economic hardship was often viewed as a factor that intensified family tensions and contributed to an unstable home environment. Overall, the findings highlight the central role of family circumstances in shaping adolescents' emotional well-being and suggest that adverse family experiences may increase vulnerability to depressive symptoms.

Defense Mechanism

To complement the quantitative findings, qualitative interviews were conducted with adolescents experiencing moderate to severe depressive symptoms. This approach was intended to gain a deeper understanding of how participants perceived their emotional experiences and how they responded to psychological distress. Through thematic analysis, various coping mechanisms and psychological defense strategies were identified. The distribution of defense mechanisms emerging from the interview data is presented in Table 4.

Table 4. Type of defense mechanism

Type of Defense Mechanism	Total, N=17
1. Immature	
Isolation	3
Repression	1
Isolation + Repression	4
Repression + acting out	1
2. Mixed	
Isolation + sublimation	5
Acting out + sublimation	1
Repression + suppression	1
Repression + sublimation	1



As presented in Table 4, the qualitative findings reveal considerable variation in the defense mechanisms employed by adolescents when dealing with emotional distress. Some participants tended to rely on avoidance-oriented responses, whereas others demonstrated more adaptive strategies for managing psychological challenges. These differences highlight the complex nature of emotional regulation during adolescence and the diverse ways individuals respond to stressful experiences. The findings underscore the importance of providing adequate social support and psychological guidance to help adolescents develop healthier and more effective coping strategies.

Help-seeking Behaviour

The findings indicated that adolescents employed different approaches when seeking support during times of emotional distress or personal difficulties. Most participants reported turning to parents, siblings, friends, or other trusted individuals for advice, comfort, and emotional assistance, although the extent of support received varied across participants. Adolescents who described having positive and supportive interpersonal relationships appeared more comfortable discussing their problems and were generally more willing to seek help when needed. In contrast, participants who experienced strained family relationships or limited social support were less likely to share their concerns with others. A small number of adolescents reported keeping their problems to themselves because they feared negative judgments, rejection, or a lack of understanding from those around them. These findings suggest that the presence of supportive social networks plays a crucial role in encouraging help-seeking behavior and may serve as an important protective factor against the worsening of depressive symptoms among adolescents.

Discussion

Depressive symptoms identified among adolescents in this study reflect a broader mental health challenge frequently observed in socioeconomically disadvantaged settings. Poverty is not merely an economic condition but also a social environment characterized by chronic stress, uncertainty, limited access to supportive resources, and increased family pressures. Adolescents growing up under such circumstances may experience cumulative psychosocial burdens that affect emotional development and psychological well-being. Similar patterns have been reported among adolescents living in low-income communities in China, Nigeria, and South Africa, where economic adversity was consistently associated with elevated risks of depression and emotional distress (Yuan et al., 2023; Alinnor & Okeafor, 2023; Mkhize et al., 2024). These findings are further supported by Wiguna and Aryani (2024), who emphasized that adolescent depression often develops through the interaction of psychosocial stressors, environmental challenges, and maladaptive coping processes. The findings therefore support contemporary perspectives that adolescent depression should be understood within a broader social determinants framework rather than solely as an individual psychological problem.

The higher vulnerability of female adolescents to depressive symptoms aligns with developmental theories emphasizing the interaction between biological maturation and psychosocial experiences during adolescence. Previous studies suggest that girls tend to experience greater emotional sensitivity to interpersonal difficulties, social evaluation, and relational stressors, which may increase susceptibility to depressive symptoms (Morken et al., 2023; Thapar et al.,

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2022). However, the present findings indicate that gender differences are unlikely to operate independently. Rather, gender may influence how adolescents perceive and respond to environmental challenges, particularly family conflict, social pressures, and emotional stress. This interpretation highlights the importance of examining depression through a multidimensional lens that incorporates both individual characteristics and contextual influences. The result reinforces developmental theories suggesting that emotional regulation and social appraisal processes become increasingly salient during adolescence, particularly among female adolescents exposed to multiple psychosocial stressors.

The association between school transition and depressive symptoms underscores the psychological demands faced by adolescents entering secondary education. Transitioning from elementary to junior high school involves adjustments to new academic expectations, peer networks, social hierarchies, and developmental responsibilities. These simultaneous changes may create feelings of uncertainty, reduced competence, and emotional strain, particularly among adolescents already facing socioeconomic adversity. Recent evidence suggests that school transitions represent a sensitive developmental period during which supportive school climates and positive social relationships play important protective roles against emotional difficulties (Symonds et al., 2023; Bortes, 2024). Consequently, schools constitute a critical setting for early mental health promotion and preventive interventions. From a socioecological perspective, school environments may function as compensatory systems that buffer the adverse effects of family and economic stressors on adolescent mental health.

A central contribution of this study is the identification of a conceptual pathway linking causal beliefs, defense mechanisms, help-seeking behaviour, and depressive symptoms. Adolescents predominantly interpreted their emotional distress through the lens of family conflict, inadequate emotional support, financial hardship, and household instability. These causal beliefs are important because they shape how individuals understand the origin of their difficulties and determine the coping strategies they subsequently employ. When adolescents perceive stressors as chronic, unavoidable, and beyond their personal control, they may become more likely to adopt emotion-focused defensive responses rather than problem-solving approaches. Similar findings have been reported among adolescents exposed to family dysfunction and socioeconomic adversity, where negative family experiences contribute significantly to emotional problems and psychopathology (Alto et al., 2023; Martins et al., 2023). Consistent with Rahmayani et al. (2025), adolescents often interpret psychological distress through experiences occurring in their immediate social environment, particularly family relationships and perceived emotional support. This suggests that subjective interpretations of adversity may be equally important as objective stressors in shaping depressive experiences.

Within this framework, defense mechanisms function as psychological processes that mediate the relationship between perceived stressors and emotional outcomes. The frequent use of isolation, repression, and acting-out behaviours observed in this study suggests that many adolescents attempted to manage distress by distancing themselves from painful emotions rather than directly addressing underlying problems. Although such strategies may temporarily reduce psychological discomfort, they often fail to resolve the source of distress and may contribute to the persistence of depressive symptoms. Recent studies demonstrate that immature defense mechanisms significantly mediate the effects of negative life events on depression and are

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consistently associated with poorer psychological adjustment among individuals experiencing depressive disorders (Ma et al., 2024; Fiorentino et al., 2024). These findings indicate that the manner in which adolescents cognitively and emotionally process adversity may be as important as the adversity itself in determining mental health outcomes. This interpretation extends existing literature by demonstrating that defense mechanisms not only function as coping responses but may also influence the trajectory from perceived adversity to depressive symptom development.

An encouraging finding is that many adolescents continued to demonstrate help-seeking behaviour despite reporting limited family support. This pattern suggests that help-seeking is not solely dependent on family relationships but is also influenced by the broader social ecology surrounding adolescents. During early adolescence, peer relationships become increasingly important sources of emotional validation, belonging, and practical support. Adolescents who perceive their families as emotionally unavailable may actively seek assistance from friends, teachers, school counselors, or other trusted adults. Furthermore, growing awareness of mental health issues and increasing exposure to school-based mental health initiatives may enhance adolescents' willingness to disclose emotional difficulties and seek support when needed (Sekhar et al., 2021; Sekhar et al., 2023; Grande et al., 2023). Rahmayani et al. (2025) similarly reported that adolescents generally possess positive perceptions regarding psychological assistance when supportive and non-judgmental environments are available. This finding reflects adolescents' adaptive capacity to identify alternative support systems even when family-based resources are constrained.

Nevertheless, help-seeking behaviour remains vulnerable to several barriers. Some adolescents reported reluctance to disclose emotional problems because of fears of negative judgment, social rejection, or being misunderstood. Mental health stigma may therefore inhibit the translation of emotional needs into actual service utilization, even when support resources are available. Research has shown that perceived stigma, concerns about social evaluation, and uncertainty regarding symptom severity frequently discourage adolescents from accessing mental health services (Villatoro et al., 2022; Sheikhan et al., 2023). The findings also align with Arirahmayanti et al. (2024), who highlighted the importance of non-pharmacological approaches, psychoeducation, emotional support, and early psychosocial interventions in reducing depressive symptoms among adolescents. Taken together, the findings suggest that depression among adolescents emerges through a dynamic process in which socioeconomic adversity and family-related stressors shape causal beliefs, causal beliefs influence defensive coping responses, and these coping processes subsequently affect patterns of help-seeking behaviour. The conceptual contribution of this study lies in integrating these dimensions into a single explanatory framework, demonstrating that adolescent depression in low-income settings is not merely the result of environmental hardship but also of how such hardship is interpreted, managed, and responded to psychologically. Interventions should therefore adopt an integrated approach that strengthens family communication, promotes adaptive coping skills, enhances mental health literacy, reduces stigma, and expands access to school-based support systems. Such strategies may interrupt the progression from environmental adversity to persistent depressive symptoms and facilitate earlier engagement with appropriate sources of support.



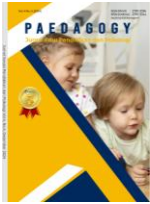
CONCLUSION

This study aimed to identify depressive symptoms among adolescents and explore their causal beliefs, defense mechanisms, and help-seeking behaviours within a low-income setting. The findings indicate that depressive symptoms are relatively common among adolescents and are closely associated with family-related difficulties, limited emotional support, and financial hardship. Adolescents predominantly interpreted their distress through these social and family experiences, while defense mechanisms such as isolation, repression, and acting out emerged as common responses to emotional challenges. These findings suggest that adolescent depression should be understood as a multidimensional phenomenon shaped by the interaction of socioeconomic conditions, personal interpretations of adversity, and psychological coping processes.

The study contributes conceptually by demonstrating the interconnected roles of causal beliefs, defense mechanisms, and help-seeking behaviour in shaping adolescents' experiences of depression. The findings highlight the importance of school-based mental health screening and support programs that are sensitive to family and socioeconomic contexts. Practically, interventions should strengthen emotional support systems, improve mental health literacy, and promote adaptive coping strategies among adolescents. Future research is recommended to employ longitudinal designs and involve broader populations to further examine the dynamic relationships among psychosocial stressors, coping mechanisms, and mental health outcomes across different socioeconomic settings.

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