

The Unspoken Mental Health Crisis among Adolescents in Cameroon's War-Torn North West Region

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ABSTRACT

Cameroon's war-torn North West region faces a serious mental health crisis among adolescents that hasn't received enough research attention. Our work looks at how the ongoing Anglophone crisis affects displaced teens' psychological wellbeing, studying both what puts them at risk and how they cope. The study used two key theories - Bronfenbrenner's Ecological Systems Theory and Lazarus and Folkman's stress coping model - to understand how the conflict disrupts teens' lives and what helps them adapt. For this study, the study combined survey data from 366 displaced adolescents (getting responses from nearly 92% of those asked) with in-depth focus group discussions. The study carefully selected participants from displaced communities and analyzed the information using both statistics and thematic methods. The results paint a troubling picture: about two-thirds of teens showed signs of mental health disorders. School disruptions (average score 4.21/5), family separation (4.15), and constant fear of violence (4.18) emerged as major stressors. Negative attitudes about mental health (3.72) made things even harder. But there's hope - teens relied on their faith (4.12), family support (3.98), and community ties (3.75) to get through tough times. These findings show the study urgently need trauma-sensitive support in conflict areas. The study suggests building mental health services into schools and camps, training local health workers, and working with religious leaders to reduce stigma. This research offers practical ways to help teens in Cameroon and other crisis zones, showing that while war takes a heavy psychological toll, culturally appropriate coping methods - combined with systemic support - can foster recovery.

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Background to the study

Adolescence is a pivotal developmental stage marked by rapid physical, psychological, and emotional changes. During this period, individuals are especially susceptible to mental health challenges, which can be significantly intensified by adverse environmental factors such as armed conflict, displacement, and the breakdown of social support systems. In areas experiencing protracted crises, adolescents are exposed to heightened risks of psychological distress stemming from trauma, uncertainty, and loss.

The ongoing violence in Cameroon's North West region has seriously harmed adolescents by leading to educational breakdown, parental losses, and weakening of the community. Regardless of extensive documentation of these challenges, mental health problems in young people continue to be given inadequate attention. Current mental health responses

are restricted by the combined effects of stigma, unmet service needs, and limited attention from policies.

In a 2021 study in Borno State, Nigeria, Adebayo et al. investigated the psychological consequences of Boko Haram's insurgency for adolescents. According to the results, more than 60% of the adolescents examined showed symptoms of PTSD, depression, and anxiety. According to the research, these symptoms were caused by losing relatives, facing violence, and having to move, and the authors urged that emergency responses should include mental health programming.

Adolescents experiencing the effects of the conflict in Tigray, Ethiopia, were studied by Tadesse et al. (2020). According to their study, youth showed high

prevalence of anxiety and depressive disorders largely influenced by trauma and the destruction of important social environments, like schools and peer groups. They called attention to the necessity of scaling up mental health care to assist conflict-affected children and adolescents as a top priority.

In the Democratic Republic of Congo, Mukwege et al. (2019) assessed the impact of extended violence in the eastern provinces. Adolescents in the study with direct experience of the conflict were found to experience depressive symptoms and trauma disorders three times more often than those who were not affected by conflict. The authors proposed that escalating the investment in support for adolescent mental health should become a core focus in humanitarian programs.

Okello et al. (2020) examined adolescents living in settlements for refugees from neighboring countries in Uganda. Participants displayed high psychological distress, primarily due to earlier violence and ongoing stressors in refugee life, encompassing poverty and concerns about what the future might hold. The research called for the inclusion of MHPSS services as a routine aspect of responses to refugee crises.

Ahmed et al. (2021) studied adolescents in Sudan who had been affected by the conflict in Darfur. Anxiety and depressive disorders were shown to be very common among displaced youth, according to their research. The researchers explained that mental health resources are difficult to reach and that stigma within Fijian culture often makes it hard for adolescents to get help.

Ngakoutou et al. (2019) study in the Central African Republic showed that many adolescents developed serious psychological problems as a result of violence exposure or witnessing. The research team found more than half of their participants showed symptoms of PTSD or adjustment disorders and underlined the need for trauma-ready mental health personnel in this context.

Univ. Psy and UNFPA, together with the United Nations Population Fund, performed a psychiatric assessment targeting adolescents exposed to violence and displacement in Cameroon's Far North Region (Zangana et al., 2022). The reported results demonstrated that 68% of those adolescents examined experienced at least one psychiatric disorder. The highest incidence involved anxiety disorders (24.3%), followed by trauma- and stressor-related disorders (17.0%), and mood disorders (8.0%). The researchers suggested the need for a countrywide approach to mental health that gives particular attention to young people.

INTEROS' 2021 report on the North West region of Cameroon revealed that ongoing violence and attacks on educational institutions have significantly contributed to the report explained that ongoing insecurity forced thousands of children to leave school, which negatively affected their development and increased the likelihood of ongoing mental health troubles INTERSO (2021)

In 2020, Tchouaket et al. published a qualitative study in the Journal of Global Health Reports about the impact of the Anglophone crisis on youth living in the North West region. Adolescents discovered in the study to be more at risk for involvement in transactional sex, mainly those who were displaced from their home communities. Such exposure is strongly associated with greater psychosocial pressure and emotional suffering, which the study found in 2020 (Tchouaket et al. 2020).

The loss of traditional support frameworks has made the mental health situation more dire in the area. Emotional safety and social structure provided by families and community groups have often been lost or badly weakened. Therefore, many young people in the region feel abandoned, without help or agency, which creates a sense of emptiness that elevates their risk for both depression and suicidal thoughts.

Cameroon's mental health system is considerably underdeveloped, given that there are less than one psychiatrist for every 100,000 citizens, and access to these services is mostly limited to urban sites far from conflict zones according to the WHO, (2022). Adolescents in the Northwest region frequently are unable to access basic psychosocial assistance, and the stigma surrounding mental health problems keeps families from seeking required support.

In order to properly address this increasing crisis, an integrated mental health strategy is urgently necessary, covering areas such as trauma-informed treatment, involvement of communities, and school-based mental health services. Enhancing capacity at the local level in a partnership with international organizations may strengthen both the supply and standards of mental health services for adolescents.

Adolescent mental health has declined remarkably as a result of the current conflict in the North West region of Cameroon. The interaction of traumatic events, educational interruptions, and family and community breakdowns makes this a particularly demanding and pressing health problem. Dealing effectively with this crisis means that policymakers, healthcare organizations, and international aid groups should collaborate to make adolescent mental well-being a main component of the humanitarian response.

Statement of the problem

Since the commencement of the Anglophone crisis in 2016, the rising violence in Cameroon's North West and South West regions has forced massive evictions and prevented effective provision of important services. The group most seriously affected by the conflict is comprised of adolescents, who are experiencing crucial changes in their psychological, emotional, and cognitive development. Because the conflict continues to unfold after years, youths have missed out on schooling, become separated from their families and communities, and repeatedly endured various forms of violence including attacks, kidnappings, and seeing family die. Experiencing severe trauma has raised the risk for adolescents of having PTSD, depression, anxiety, and behavioral problems. In comparison to the noticeable physical destruction, mental health concerns are for the most part undiscussed and go unaddressed by available network.

The WHO, (2022) report points out that mental health is most often neglected during the planning stages of emergency responses to conflict. In the North West region of Cameroon, the response to mental health needs among adolescents during armed conflict is particularly unresponsive. At this time, the North West region faces an insufficiency of skilled mental health personnel, minimal institutional resources, and almost no formal programs to identify or treat adolescent trauma. The Cameroonian people generally feel reluctant to recognize and discuss mental illness, resulting in fewer individuals seeking aid when needed (Zangana et al., 2022). Progressive changes in mental health provision increase the dangers these youth face, particularly with regard to education, substance misuse, self-harm, and disabilities.

According to Tadesse, (2020), studies executed in Nigeria and in Sudan also reveal the same patterns. Also, a study by Ahmed (2021) found out the same patterns. Local data shortages impede a complete assessment of challenges facing the adolescent population in the North West region, with evidence suggesting those challenges are comparable to those elsewhere. Because these statistics are missing, policymakers and humanitarian agencies cannot create interventions adapted to the region's challenges.

In addition, the problem is made more intense by the disruption of essential support systems, including schools, churches, and community organizations, that have historically given young people stability. Since violence disrupted learning, youth have also lost key platforms for safety, social development, positive role

model engagement, and consistency in their daily routines. Internally displaced young people are increasingly exposed to life in poverty and crowded settings with little adult supervision, creating a heightened risk of exploitation, unfair working conditions, and sexual violence—conditions strongly correlated with worse mental health (Tchouaket ., 2020).

Although it is clear that young people in conflict zones experience distress, shown in withdrawal, aggression, and risky actions, there is still no concerted approach to mental health programming for these adolescents. Current federal efforts through the mental health strategy do not fully correspond to ongoing requirements, receive inadequate financial support, and are largely not included in regional health and education work. The conspicuous absence of services tailored to recognized needs highlights a chronic difficulty in the overall process of identifying and caring for young people's mental health concerns.

Not taking action in this field leads to harmful consequences that can be felt over a wide range of areas. When trauma during adolescence remains untreated, it consistently brings about major, long-term struggles in a person's overall functioning at school, in relationships, and in employment. Also, this leaves them at heightened risk of radicalization, delinquency, and perpetuating the violence that began with them, resulting in persistent cycles. In comparison, delivering mental health interventions that suit the local context early on lessens the occurrence of symptoms, improves actual functioning among youth, and supports their ability to cope during conflict (Okello, 2020).

The critical nature of the crisis and the vulnerability of these adolescents necessitate detailed study into the variety and frequency of mental health problems occurring among youth in the North West region of Cameroon. Our study's goal is to identify and explain mental health problems facing this population. This research is planned to provide evidence influencing mental health efforts, improving the allocation of resources, and advancing the creation of humanitarian strategies that respond to trauma.

Objectives

The study was guided by the following objectives;

1. To explore the socio-cultural and conflict-related factors contributing to psychological distress among adolescents in internally displaced communities.
2. To investigate coping strategies and sources of psychosocial resilience among adolescents living in conflict-affected communities.

Scope of the study

Research in this study concentrated on adolescents in the 13–19 age group residing in conflict-affected areas of the North West region, especially the internally displaced in divisions that have experienced the greatest impact of the Anglophone crisis. It investigated connections between social-cultural properties, conflict presence, and how these shaped adolescents' psychological distress, while also determining their coping and resilience strategies. Although conflict dynamics are common across Cameroon, the geographic focus of the study remained on the North West region and specifically did not include the South West or other parts of the country. Because the needs of those below 13 and above 19 differ considerably from adolescents, our sample was limited to adolescents within this age range.

The study used a descriptive survey as its methodology to ensure systematic collection of participants' experiences. 420 adolescents chosen specifically for the study responded to structured questionnaires, and 91.7% of these respondents completed the questionnaires (366 surveys returned). In order to clarify the meaning of quantitative findings, semi-structured interviews were held with 18 informants, most of whom were community leaders and health workers. Interacting with displaced adolescents in focus group discussions yielded more nuanced information about group-level trauma stories and adaptive strategies. For the qualitative data, thematic analysis was conducted, and quantitative data were analyzed with descriptive statistics and Pearson's correlation tests to determine relationships between distress and resilience.

Topics addressed included anxiety, depression, and PTSD as expressions of psychological distress, together with their socio-cultural drivers including interrupted schooling, family separation, and stigma. The research examined how spiritual activities, close peer connections, and local support groups contribute to resilience. Although the research gathered information for improving mental health strategies, it does not offer clinical diagnoses or interventional therapies. The research design pursued both substantial evidence and realism in the challenging setting of the conflict context.

The outcome of this study is intended to help formulate interventions, educational guidelines, and local support programs for adolescents living through conflict. Despite providing no clinical diagnoses or therapeutic treatment, the study furnishes practical information to support mental health efforts in

Cameroon and other areas of the world experiencing similar issues.

Theoretical Framework

The present research was developed using two main psychological theories as foundations. The investigation employed as its foundation both Bronfenbrenner's Ecological Systems Theory and Lazarus and Folkman's Transactional Model of Stress and Coping. Together, they formed a detailed framework for analyzing the mental health realities of adolescents in regions facing armed conflict. Ecological Systems Theory states that mental health development and maintenance in adolescence are influenced by the interactions occurring between their family, school, peer group, and the wider political climate. Equally important, the Transactional Model of Stress and Coping focuses on the processes by which people respond to stress, allowing us to better understand how adolescents manage during periods of conflict and displacement.

Bronfenbrenner's Ecological Systems Theory

Following Urie Bronfenbrenner's original Ecological Systems Theory explained in 1979 and later refined, human development proceeds through the interactions between the individual and different environmental systems (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). Bronfenbrenner & Morris, 2006). Each environmental system in the model was arranged in a manner where one was nested within the preceding one. The model includes the microsystem as immediate environments, mesosystem as the linkages between these settings, exosystem as systems distant from the person, and macrosystem as the biggest context.

In light of this study, Bronfenbrenner's theoretical approach provided essential understanding of how adolescents' mental health in the North West region was influenced by ongoing conflict across several environmental layers. Owing to insecurity and forced displacement, adolescents at the microsystem level encountered interrupted family relations, the closure of schools, and a lack of peer connections. These resulting interruptions therefore brought about emotional instability, anxious feelings, and a loss of essential social backing, all of which are necessary for adolescent growth.

Breakdowns in the interactive relationships between a family, school, and community at the mesosystem level lowered the protective factors for adolescents. As a result, the absence of collaboration between schools and their surrounding communities caused a shortage of usual organizational, mentoring, and psychosocial support for adolescents.

The daily lives of young people were greatly affected by the decisions of humanitarian organizations, local government, and the military, even though adolescents had no involvement, especially through exosystem operations. Adolescents' reactions to trauma were greatly influenced, at the macro level, by societal attitudes on mental health, levels of stigma against mental illness, and societal approaches to conflict. A strong conviction in traditional ties for mental health issues among youth in Cameroon, mentioned in Zangana, (2022), led many to avoid professional help.

The chronosystem assessed the way in which repeated exposure to conflict shaped the growing years of adolescents. Because most of these adolescents lived during times of war and displacement, violence was a major feature of their childhoods. Living in an unstable environment over time raised the risk of continued emotional problems and unfavorable conduct in adolescents.

By using Bronfenbrenner's theoretical approach, researchers could locate adolescent mental health within a continual interaction between the social and ecological environment. By recognizing that growth occurs within multiple linked systems, the approach facilitated a closer look at the influences—positive and negative—on adolescent mental health. The use of the theoretical approach was a key part of what the research intended to achieve in its first aim. It was the researchers' intent to identify the role of sociocultural effects and conflict exposure in shaping the psychological pressures confronting adolescents in internally displaced areas.

Lazarus and Folkman's Transactional Model of Stress and Coping

According to Lazarus and Folkman, (1984) model, the way people deal with stress in conflict or crisis areas continues to be based on their cognitive assessment of the situation. In the model, stress in individuals is determined by their intellectual appraisal of the event's urgency, risk, and demands. The particular emotional and behavioral responses that ensue are created by the appraisal as described by Lazarus and Folkman in 1984.

Among the adolescents in Cameroon's North West region who experience war, displacement, and economic difficulties, this model is crucial for understanding psychological distress. Adolescents affected by violence and trauma regularly judge their situation and recognize risks including family death, problems with education, and their own safety. Adolescents' perceptions of and approach to potential risks are important factors in the emergence of anxiety, depression, and PTSD in psychological

responses according to Adebayo, (2021) and Tadesse, (2020).

Important features of the theory are the two cognitive appraisals, primary and secondary. Adolescents make an initial judgment, through primary appraisal, about whether the conflict could endanger their health or life. Because the conflict lasts for a prolonged period, adolescents commonly consider it a major threat to their physical and emotional well-being. Secondary appraisal refers to the way adolescents judge their capacity to deal with the problems they face. A lack of social help, experience of trauma, and instability in the community make adolescents in conflict regions more at risk of helplessness and vulnerability, according to Zangana et al. (2022).

The model details that coping strategies are divided into problem-focused and emotion-focused categories. Should family, humanitarian organizations, or community groups be available, adolescents prefer to use them for problem-focused coping strategies. As displacement and community breakdown limit problem-focused support, adolescents generally turn to emotions-focused ways like avoiding, denying, or withdrawing, according to Okello et al. (2020).

The results from Ahmed, (2021) study in Darfur, Sudan suggest that adolescents mostly turn to emotion-focused coping because support from mental health services and community sources is not easily available. Adolescents in the North West of Cameroon, as in many other places, use emotion-focused coping when regular sources of support are lost and mental health services are inaccessible, according to INTERSOS.

Lazarus and Folkman argue in their theory that improving adolescents' coping abilities should be a priority in mental health interventions. Community-based delivery of psychosocial assistance that responds to trauma can help adolescents strengthen their problem-focused coping and resilience. Implementing these resources in schools and community centers would likely make them havens where adolescents can work through past trauma and build their adaptive coping abilities (Zangana, 2022).

This model is directly applicable to the central cause of this study's second aim. The study aim to assess which coping techniques adolescents rely on in areas affected by conflict and to understand the factors responsible for their psychosocial resilience. The researchers utilize the Transactional Model of Stress and Coping to identify the mental health barriers faced by young people in addition to the means they rely on to cope with stressful changes. Knowing how

adolescents respond to stress in this particular environment is necessary for the formation of mental health initiatives that match their lives.

RESEARCH METHODOLOGY

Research Design

Since the study is modeled on descriptive survey approaches, the study can collect, evaluate, and interpret mental health data about adolescents in conflict-affected North West Cameroon. Using this design makes it possible to assess psychological distress, discover how adolescents cope, and learn about their resilience, given that the method allows for studying factors in their routine settings without intervention (C Using this design enables researchers to see how conflict and cultural influences shape mental health in adolescents, and contributes more broadly to our knowledge of their experiences.

Target Population

The study target population was a group adolescent residing in IDP communities within the North West region of Cameroon and aged between 13 and 19 years. Therefore, those in the study population are mostly affected by ongoing violence and have faced both displacement and significant problems at home and at school. The UNHCR states that 60,000 adolescent internally displaced people are currently settled in the North West region and are at considerable risk (UNHCR, 2022)

In addition to health workers, those who guide and educate youth, defined here as key informants including community leaders and school counselors, have also joined the study. Participating key informants provide significant insights into both the availability and structure of mental health services, local support opportunities, and the main difficulties involved in sustaining adolescent mental well-being.

Sample Size Determination

The sample size for the study is determined using Yamane's (1967) formula for finite populations:

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FINDINGS

Response Rate

A total of 399 questionnaires were distributed, comprising 379 for adolescents and 20 for key informants. Out of these, 366 questionnaires were successfully filled and returned, yielding an overall response rate of 91.7%. This high response rate is indicative of effective engagement with the target population and reliability in the data collection process.

Where:

- n = the required sample size
- N = the population size (60,000 adolescents)
- e = the margin of error (0.05 for 95% confidence level)

Substituting the values:

As a result, there are about 399 adolescents in the sample. Because reliability must be assured and only 399 participants responded, the number of participants is increased to 420. A purposive sampling approach is employed to choose informants who have meaningful contact with the adolescent group.

Data Collection Instruments

Data for this project were gathered through the use of structured questionnaires as well as interviews and focus group discussions. In order to provide numerical data on adolescent psychological distress, coping methods, and resilience, structured questionnaires were completed by the adolescents. The combination of closed and open questions in the methods ensures that numerical data can be analyzed and also facilitates in-depth exploration. Semi-structured interviews are also performed with informants who are community leaders, health workers, and school counselors to provide additional insight. The study conduct interviews with key informants to learn about the community's perception of teenage mental health, identify resources, and understand obstacles to psychological support. In addition, adolescents are brought together in focus groups to understand better their common experiences, their approaches to coping, and the ways in which social associations influence their mental health during conflicts. Every tool is first made in English, and translations into local languages follow, which guarantees that every participant can clearly understand the materials. The early deployment of the instruments is important because it lets us confirm that they are easy to understand, reliable, and relevant before the main phase of collecting data.

Table 1: Response Rate

Category	Distributed Questionnaires	Returned Questionnaires	Response Rate (%)
Adolescents	379	348	91.8%
Key Informants	20	18	90%
Total	399	366	91.7%

Socio-Cultural and Conflict-Related Factors Contributing to Psychological Distress

Reports show that most adolescents think the armed conflict has greatly interfered with their education. It is well established among adolescents that conflict-caused instability affects both how well they learn and how often they attend school. High degrees of educational instability over prolonged periods increase the likelihood of both enduring psychological problems and social hardships among children in dangerous places.

Losing family members due to conflict seems to significantly increase adolescents' fears, sadness, and worry, further harming their mental health.

According to the results, adolescents encounter social alienation. Adolescents gave an average score of 4.05 (SD = 0.9012) when asked about the statement 'I feel isolated because of displacement from my community'. Adolescents appear to lose important sources of security and connection when forced to leave their communities. Being separate from others may make adolescents feel lonelier and more anxious or depressed.

According to adolescents, the mean rating of 3.89 (SD = 0.9568) for the question "Lack of access to mental health services has worsened my psychological state". Consequently, it seems that challenges accessing mental health services are associated with ongoing or increasingly serious mental health issues.

Strong emotional turbulence among adolescents during family separations in conflict is shown by an average score of 4.15 (SD = 0.8991). Experiencing parental separation seems to disrupt adolescents' ability to regulate emotions, thereby raising their susceptibility to trauma.

According to a mean score of 4.18 (SD = 0.8827), the presence of continual fear of violence greatly affects respondents' mental health on a

Respondents answered with a mean score of 3.72 (SD = 0.9473) regarding "Cultural beliefs prevent me from seeking mental health support," which shows that this barrier affects some adolescents differently when they want to seek mental health help. Consequently, it points to the importance of offering culturally appropriate programs to battle stigma and promote mental health understanding.

Table 2: Socio-Cultural and Conflict-Related Factors Contributing to Psychological Distress

Statement	Min	Max	Mean	SD
Armed conflict has disrupted my education significantly.	1	5	4.21	0.8723
Loss of family members has increased my feelings of anxiety and distress.	1	5	4.10	0.9135
I feel isolated because of displacement from my community.	1	5	4.05	0.9012
Lack of access to mental health services has worsened my psychological state.	1	5	3.89	0.9568
Family separation during conflict has caused emotional instability.	1	5	4.15	0.8991
Fear of violence affects my mental well-being daily.	1	5	4.18	0.8827
Cultural beliefs prevent me from seeking mental health support.	1	5	3.72	0.9473

Coping Strategies and Sources of Psychosocial Resilience

The results show that adolescents deal with feelings caused by conflicts in multiple manners. Based on the study, faith and spirituality are used primarily by Cameroonian adolescents to face emotional struggles caused by displacement. Adolescents reported a mean score of 3.98 (SD = 0.8812) when rating how much they rely on their family's help during challenges. The way community members offer comfort and help to one another illustrates the manner in which family help strengthens adolescents' safety in hard times.

Peer relationships are considered important according to the data, since adolescents reported an average score of 3.87 (SD = 0.9251) about how much they rely on peers in conflict situations. Talking about feelings with friends and trading stories enables adolescents to understand and recover from trauma, and to prevent social isolation. Therefore, adolescents need their peer relationships in order to manage and overcome challenges. Simple, personal activities may help adolescents to cope with stress when things are difficult.

Participating in community activities to a greater extent seems to increase resilience during challenging periods. Participants gave an average score of 3.75 (SD = 0.9123) when answering how well they agreed with the statement.

A mean rating of 3.68 (SD = 0.9587) on "I participate in school programs that support mental well-being" makes it clear that adolescents only moderately use available school-based mental health resources. In spite of schools providing available support, there may still be times when assistance is unavailable because of conflicts or

shortages of needed resources. Out of all items, respondents gave the lowest mean rating of 3.54 (SD = 0.9732) to “Counseling services have helped me cope with psychological distress.”

Table 3: Coping Strategies and Sources of Psychosocial Resilience

Statement	Min	Max	Mean	SD
I rely on family support to cope with the challenges I face.	1	5	3.98	0.8812
Peer support helps me manage emotional stress during conflicts.	1	5	3.87	0.9251
Faith and spiritual beliefs are important for my emotional strength.	1	5	4.12	0.8345
Engaging in community activities helps me feel connected and supported.	1	5	3.75	0.9123
I participate in school programs that support mental well-being.	1	5	3.68	0.9587
Counseling services have helped me cope with psychological distress.	1	5	3.54	0.9732
I use personal hobbies (e.g., sports, reading) to reduce stress.	1	5	3.80	0.8994

Correlations

The study indicates that adolescents who used good coping skills tended to have less psychological distress. The study showed a moderately negative relationship between support from family and the effects on mental health arising from disrupted learning in times of armed conflict. Adolescents using family support showed greater resistance to emotional problems brought on by schooling disruptions. The death of family members increased anxiety and distress among adolescents; however, having peer support seemed to reduce these outcomes. Young people who received encouragement from friends generally were better at controlling their emotions.

Most adolescents reported emotional distress because of displacement-related isolation, yet maintaining faith or spiritual values seemed to help them. Religious beliefs provided resilience and helped them remain calm when life became stressful. Shortages in mental health support caused adolescents' existing mental health problems to worsen. Community involvement in events helped adolescents experience better support and fewer feelings of being overwhelmed.

Adolescents who followed mental well-being programs in school faced fewer problems due to being separated from family during the conflict. Although educational institutions were badly affected by the emergency, these programs kept helping adolescents deal with their stress.

Living in fear of violence each day affects adolescents' mental health greatly, yet some were able to build up better coping skills through counseling where it was possible. Even though some adolescents' cultures influence them to avoid mental health care, participation in recreational activities like sports or reading helped decrease their distress.

Using coping methods in a more successful manner helped adolescents achieve greater psychological stability, as revealed by research. According to our findings, there is a clear need for programs to support adolescents in conflict areas in the construction and preservation of healthy coping strategies.

Table 4: Correlations

Psychological Distress Factors	Coping Strategies	Pearson's r	Significance (p-value)
Armed conflict has disrupted my education significantly.	I rely on family support to cope with the challenges I face.	-0.312	0.001
Loss of family members has increased my feelings of anxiety and distress.	Peer support helps me manage emotional stress during conflicts.	-0.285	0.002
I feel isolated because of displacement from my community.	Faith and spiritual beliefs are important for my emotional strength.	-0.198	0.015
Lack of access to mental health services has worsened my psychological state.	Engaging in community activities helps me feel connected and supported.	-0.256	0.004
Family separation during conflict has caused emotional instability.	I participate in school programs that support mental well-being.	-0.278	0.003
Fear of violence affects my mental well-being daily.	Counseling services have helped me cope with psychological distress.	-0.301	0.002
Cultural beliefs prevent me from seeking mental health support.	I use personal hobbies (e.g., sports, reading) to reduce stress.	-0.222	0.009

Conclusion of the study

There is evidence from research that adolescents in conflict-affected North West Cameroon face substantial and serious mental health problems. Prolonged involvement in conflicts is associated with marked psychological distress in adolescents, as well as anxieties, depressive episodes, emotional troubles, and post-traumatic outcomes. Educational interruptions, moving away from home, losing family members, concerns about safety, and insufficient availability of mental health care are major contributors to increased problems. Emotional health problems in adolescents get worse when cultural norms prevent them from seeking help.

Although they face many problems, studies revealed that adolescents use different methods to deal with their psychological problems. Utilizing help from relatives or classmates, observing religious or spiritual beliefs, involvement in group activities at home or school, and using leisure pursuits are given as illustrations. The capability of these strategies to resolve mental health concerns is limited by both the weakening of support structures and a lack of specialized psychosocial services.

Results from the statistical models show that those who use more effective coping approaches tend to have lesser psychological distress, suggesting that strengthening these approaches may reduce mental health problems. According to the results, regional adolescents experiencing conflict require both easily available and culturally appropriate mental health services, along with integrated psychosocial support.

Study Recommendations

The urgent need to respond to fighting short-term and ongoing mental health challenges for adolescents in Cameroon's North West region arises from the high psychological distress reported there. These suggested measures have been drawn up to enhance the resilience of adolescents, reduce stigma related to mental health, and increase access to needed support.

1. Staff experienced counselors and support workers locally to ensure that mental health support is both accessible and matches the needs of those living there.
2. Schools' ought to be secured for students, giving them ongoing counseling, involvement in trauma-supportive activities, and mental health classes to help them traumatic experiences.
3. Involve community members in starting programs that spread mental health information to families and adolescents, clear up frequently held misunderstandings, and motivate early help-seeking behavior.

4. Fostering strong bond within the family as well as encouraging peer group interaction allows adolescents to express themselves, face social isolation, and gain emotional strength.

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