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## **COPING MECHANISMS AND MENTAL HEALTH OUTCOMES IN ADOLESCENTS EXPOSED TO TRAUMA IN SOME SELECTED SCHOOLS IN THE MEZAM DIVISION, NORTH WEST REGION OF CAMEROON**

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### **Abstract**

Adolescents residing in conflict-affected regions are disproportionately exposed to traumatic events, which pose significant risks to their psychological well-being and academic functioning. This study investigates the coping mechanisms adopted by adolescents and examines their influence on mental health outcomes in selected secondary schools in the Mezam Division, North West Region of Cameroon. The research is theoretically anchored on four complementary frameworks: Lazarus and Folkman's Transactional Model of Stress and Coping, which conceptualizes cognitive appraisal and coping strategies; Bronfenbrenner's Ecological Systems Theory, emphasizing the multi-layered environmental influences on adolescent development; Bandura's Social Cognitive Theory, highlighting the role of self-efficacy and observational learning in coping; and Erikson's Psychosocial Development Theory, which situates adolescent coping within identity formation and psychosocial challenges. A convergent mixed-methods design was employed, comprising a stratified random sample of 150 adolescents. Quantitative data were collected using validated instruments measuring coping strategies and mental health indicators including anxiety, depression, and post-traumatic stress symptoms while qualitative data were derived from semi-structured interviews with students, teachers, and school counselors to elucidate contextual nuances of coping behaviors. Quantitative analyses involved descriptive statistics, Pearson correlation, and multiple regression, whereas thematic analysis was applied to qualitative transcripts. Findings revealed that adolescents predominantly employed problem-focused ( $M = 3.82$ ,  $SD = 0.56$ ) and emotion-focused coping strategies ( $M = 3.45$ ,  $SD = 0.61$ ). Regression analyses indicated that adaptive coping mechanisms significantly predicted reduced levels of anxiety, depression, and post-traumatic stress ( $\beta = -0.47$ ,  $p < .001$ ), whereas maladaptive strategies, including avoidance and risk-taking behaviors, were associated with adverse mental health outcomes ( $\beta = 0.39$ ,  $p < .01$ ). Correlational analyses corroborated a strong negative association between adaptive coping and psychological distress (anxiety:  $r = -0.52$ ,  $p < .001$ ; depression:  $r = -0.48$ ,  $p < .001$ ). Qualitative insights revealed that supportive peer networks, family guidance, and school-based counseling enhanced adaptive coping, whereas prolonged exposure to conflict, social stigma, and inadequate psychosocial resources perpetuated maladaptive responses. Based on these findings, the study underscores the imperative for school-

based psychosocial interventions, resilience and life skills curricula, targeted training for teachers and counselors, family and community engagement, sustained government and NGO support, and systematic monitoring and evaluation frameworks. Implementing these measures can strengthen adolescents' coping capacity, mitigate the deleterious mental health consequences of trauma, and foster resilience, ultimately contributing to improved psychosocial adjustment and academic outcomes in conflict-affected contexts.

## INTRODUCTION

Adolescence is a pivotal developmental stage characterized by profound biological, cognitive, emotional, and social transitions. During this period, adolescents develop identity, autonomy, and social competencies, while simultaneously becoming increasingly sensitive to environmental stressors (Erikson, 1968; Masten, 2014). These transitions make adolescents especially vulnerable to trauma, which can disrupt emotional regulation, mental health, and academic performance. In conflict-affected regions such as the North West Region of Cameroon, adolescents are exposed to recurrent traumatic events including armed violence, forced displacement, loss of family members, and school closures which pose significant risks to their psychosocial well-being and developmental trajectories (Schelble et al., 2010; Tugade & Fredrickson, 2004). Trauma refers to experiences that overwhelm an individual's ability to cope, producing lasting psychological, emotional, or physical effects. For adolescents, trauma can result in anxiety, depression, post-traumatic stress symptoms (PTSS), emotional dysregulation, and impaired social functioning (Yu et al., 2025; Surzykiewicz, 2022). Understanding trauma exposure is crucial, as it informs the selection of coping strategies and interventions that can mitigate adverse outcomes.

Coping mechanisms are the cognitive and behavioral strategies individuals use to manage stress and emotional distress. They are broadly categorized as: Adaptive coping which are strategies that effectively reduce stress and promote resilience, including problem-solving, seeking social support, and cognitive reappraisal. Maladaptive coping referring to strategies that exacerbate stress and impair functioning, such as avoidance, denial, aggression, or substance use (Lazarus & Folkman, 1984; Gross, 1998). In adolescence, coping strategies are particularly important because they serve as mediators between trauma exposure and mental health outcomes (Mestre et al., 2017; Pooja & Sharmila, 2022). Identifying which coping strategies are employed in conflict-affected contexts provides insights into adolescents' resilience and vulnerability. Mental health outcomes refer to the psychological and emotional states that result from interactions between environmental stressors and individual coping strategies. For adolescents exposed to trauma, these outcomes often include: Anxiety: Persistent worry and heightened arousal. Depression: Feelings of sadness, hopelessness, and loss of interest. Post-traumatic stress symptoms (PTSS): Re-experiencing trauma, avoidance, hyperarousal, and emotional numbness.

Understanding these outcomes allows researchers and practitioners to target interventions that enhance adaptive coping and resilience, while mitigating maladaptive behaviors. Resilience is the capacity to adapt successfully in the face of adversity, trauma, or significant stress (Masten, 2014). It encompasses psychological, social, and academic functioning, reflecting an adolescent's ability to maintain well-being despite challenging circumstances. Resilience is not an innate trait

but is shaped by individual, familial, school, and community factors (Bronfenbrenner, 1979; Masten & Reed, 2002). The study is anchored in four complementary theories: Lazarus and Folkman's Transactional Model of Stress and Coping (1984), this model emphasizes that stress is a transactional process involving the individual's appraisal of a stressor and the selection of coping strategies. Adolescents evaluate the threat posed by trauma and choose coping strategies accordingly, which can mediate mental health outcomes. In Bronfenbrenner's Ecological Systems Theory (1979; Bronfenbrenner & Morris, 2007), Adolescents' coping and resilience are influenced by interacting environmental systems, from immediate settings (family, school, peers) to broader societal and cultural factors. This theory underscores the importance of contextual support, including schools, communities, and policy frameworks, in shaping coping behaviors. Bandura's Social Cognitive Theory (1986) emphasizes self-efficacy the belief in one's ability to manage stress as a determinant of coping behaviors. Adolescents who observe positive coping in peers or mentors are more likely to adopt adaptive strategies, which enhance resilience.

Erikson's Psychosocial Development Theory (1968) which holds that adolescence is a critical period for identity formation, and successful resolution of psychosocial challenges contributes to adaptive functioning. Trauma can disrupt identity development, but effective coping promotes psychosocial adjustment and resilience. The North West Region has been severely affected by socio-political conflict, leading to school closures, forced migration, and community disruption. Adolescents in this context often face cumulative trauma, which limits their access to protective resources, such as counseling services, stable schooling, and parental support. Understanding how adolescents cope within these challenging ecological systems is critical for developing context-specific interventions. Existing studies indicate that adaptive coping strategies (problem-solving, seeking social support) are associated with lower levels of anxiety, depression, and post-traumatic stress among adolescents exposed to trauma (Arici-Ozcan et al., 2019; Collado-Soler et al., 2023). Conversely, maladaptive strategies (avoidance, substance use) exacerbate psychological distress.

Despite this evidence, there is a scarcity of research focused on adolescents in Cameroon, particularly in conflict-affected divisions like Mezam. This gap hinders the formulation of evidence-based school and community interventions aimed at enhancing resilience. This study seeks to examine the coping mechanisms employed by adolescents in selected secondary schools in the Mezam Division and assess their influence on mental health outcomes, including anxiety, depression, and post-traumatic stress symptoms. The study also aims to provide recommendations for psychosocial support programs, school-based interventions, and policy development to promote adaptive coping and resilience in conflict-affected contexts. The study shall provide empirical evidence on coping strategies and mental health outcomes among adolescents in a conflict zone, integrates theoretical and ecological perspectives, linking trauma exposure, coping, and resilience, offer actionable recommendations for schools, families, and policymakers to enhance adolescent mental health, bridges the research gap in Cameroon, informing context-specific interventions and future studies.

## REVIEW OF RELATED LITERATURE

Adolescence is a developmental stage marked by heightened sensitivity to environmental stressors. Traumatic experiences during this period, including exposure to violence, displacement, and family loss, have significant implications for psychological and social functioning (Erikson, 1968; Masten, 2014). Research indicates that repeated trauma can lead to emotional dysregulation, behavioral problems, and academic difficulties (Yu et al., 2025; Surzykiewicz, 2022). In conflict-affected regions, adolescents face cumulative trauma, which is often chronic and complex, affecting multiple domains of life, including education, peer relationships, and family stability (Betancourt et al., 2013). Studies in conflict zones, such as Syria and Uganda, show that trauma exposure correlates with higher rates of anxiety, depression, and post-traumatic stress symptoms (PTSS) among adolescents (Hadi et al., 2020; Meinck et al., 2019). Adolescence is a critical developmental period characterized by significant physical, emotional, and cognitive changes. Exposure to traumatic events during this stage can disrupt normal development and lead to long-term psychological consequences. Adolescents in conflict zones, such as the North West Region of Cameroon, are particularly vulnerable due to factors like displacement, loss of family members, and disruption of education. Vulnerability to Trauma: Adolescents are more susceptible to trauma due to developmental factors such as identity formation and emotional regulation. Studies indicate that trauma exposure during adolescence is associated with increased risk of mental health disorders in adulthood (Tamir et al., 2025; Darnell et al., 2018). In conflict-affected regions, adolescents often experience multiple, overlapping traumatic events, leading to cumulative trauma. This accumulation can exacerbate psychological distress and complicate coping processes (Betancourt et al., 2013).

Coping mechanisms and strategies refer to the cognitive and behavioral strategies employed to manage stress and emotional distress (Lazarus & Folkman, 1984). Coping strategies are typically categorized as problem-focused coping. Active strategies aimed at resolving stressors (e.g., planning, seeking practical solutions). Emotion-focused coping strategies which aimed at managing emotional responses (e.g., cognitive reframing, relaxation, seeking social support). Maladaptive coping such strategies that may temporarily alleviate stress but worsen long-term outcomes (e.g., avoidance, aggression, substance use) (Gross, 1998; Mestre et al., 2017). Empirical studies demonstrate that adolescents employing adaptive coping strategies tend to show better psychological adjustment, higher resilience, and improved academic performance, while maladaptive strategies are linked to higher levels of anxiety, depression, and social withdrawal (Arici-Ozcan et al., 2019; Pooja & Sharmila, 2022).

Coping mechanisms are the cognitive and behavioral strategies individuals use to manage stress and emotional distress. Adolescents employ a range of coping strategies, which can be adaptive or maladaptive. Adaptive Coping Strategies such as problem-solving, seeking social support, and emotional regulation are associated with better psychological outcomes. Research shows that adolescents who utilize adaptive coping strategies exhibit lower levels of anxiety and depression (Stapley et al., 2022; Kar et al., 2024). Maladaptive Coping such as avoidance, substance use, and aggression are examples of maladaptive coping strategies. These behaviors are linked to higher levels of psychological distress and can impede recovery from trauma (Solberg et al., 2023). In

the cultural context, coping strategies are influenced by cultural norms and values. In some cultures, religious practices and community support play significant roles in coping with trauma (Wickrama et al., 2024).

Coping is not solely an individual process; it is shaped by ecological factors, including family support, peer networks, and school resources, aligning with Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979; Collado-Soler et al., 2023). Exposure to trauma in adolescence has profound implications for mental health, often manifesting as psychological distress, anxiety, depression, and PTSD (Schelble et al., 2010; Tugade & Fredrickson, 2004). Chronic exposure to stressors can induce persistent worry, hypervigilance, and heightened physiological arousal. Adolescents experiencing trauma may develop hopelessness, loss of interest in activities, and low self-esteem. Trauma can result in intrusive memories, avoidance of reminders, emotional numbing, and hyperarousal (Hadi et al., 2020; Meinck et al., 2019). The use of adaptive coping strategies has been shown to mitigate these adverse mental health outcomes. For example, problem-focused coping and social support-seeking significantly reduce symptoms of depression and anxiety, while maladaptive strategies exacerbate them (Yu et al., 2025; Paley et al., 2022). The study draws on four interrelated theories, Lazarus and Folkman's Transactional Model of Stress and Coping (1984) who sees stress is a transactional process where the individual appraises environmental demands and selects coping strategies accordingly.

Adolescents' ability to assess trauma accurately and choose effective coping strategies influences mental health outcomes. Bronfenbrenner's Ecological Systems Theory (1979) who holds the fact that coping is shaped by multi-layered environmental influences, including family, school, peers, community, and policy. Supportive microsystems and mesosystems enhance adaptive coping and resilience. Bandura's Social Cognitive Theory (1986) explains that self-efficacy and observational learning determine the adoption of coping behaviors. Adolescents who observe successful coping in others are more likely to employ adaptive strategies themselves. Erikson's Psychosocial Development Theory (1968) is of the opinion that adolescents' ability to cope with trauma is integral to identity formation. Adaptive coping supports psychosocial adjustment, while chronic maladaptive responses can hinder development. Although research on adolescent trauma in Cameroon is limited, studies indicate significant psychosocial consequences of socio-political conflict in the North West and South West Regions. School closures, forced displacement, and exposure to violence have been reported to affect both mental health and academic performance (Fon & Oben, 2020; Njeukam et al., 2021). As far as coping in Cameroon is concerned, existing studies suggest that adolescents rely on a mix of problem-focused, emotion-focused, and religious coping strategies, with limited access to formal psychological support (Fon & Oben, 2020). For Mental health outcomes, High prevalence of anxiety, depression, and PTSS has been documented among adolescents exposed to conflict-related trauma (Njeukam et al., 2021).

Looking at the Research gap, there is a lack of comprehensive mixed-methods research that examines the relationship between coping mechanisms and mental health outcomes among adolescents in conflict-affected Cameroonian contexts, particularly in Mezam Division. Trauma exposure during adolescence is a significant risk factor for negative mental health outcomes. Adaptive coping strategies are critical in mitigating psychological distress and promoting

resilience. Maladaptive coping strategies exacerbate the impact of trauma on mental health. Environmental and social factors including family, school, peers, and community play a vital role in shaping coping behaviors. Research gaps that exist in Cameroon necessitate studies that integrate both quantitative and qualitative approaches to examine coping mechanisms and mental health outcomes in conflict-affected adolescents.

The literature indicates a clear link between trauma exposure, coping mechanisms, and mental health outcomes among adolescents, emphasizing the importance of adaptive coping, social support, and ecological influences. However, the scarcity of context-specific research in conflict-affected regions of Cameroon limits the development of effective interventions. This study addresses this gap by examining coping mechanisms and mental health outcomes among adolescents in selected secondary schools in the Mezam Division, using a mixed-methods approach that combines statistical analysis with rich qualitative insights to inform school-based interventions, policy, and psychosocial support programs.

## Methodology

The study adopts a mixed-methods explanatory sequential design, integrating both quantitative and qualitative approaches. This design is suitable for understanding the complex interplay between trauma exposure, coping mechanisms, and mental health outcomes. Quantitatively a cross-sectional survey was used to measure the prevalence of coping strategies and mental health outcomes (anxiety, depression, PTSD). Qualitatively a semi-structured interviews and focus group discussions explored in-depth perceptions and experiences of adolescents, teachers, and parents regarding coping strategies and psychosocial support. Rationally, a mixed-methods design allows for triangulation, enhancing the validity of findings and providing both statistical and contextual insights into adolescent coping and mental health outcomes (Creswell & Creswell, 2018). The target population comprises adolescents aged 12–19 years enrolled in selected secondary schools in the Mezam Division. Secondary participants include teachers, school counselors, and parents who provide contextual insights into adolescent coping behaviors. Inclusively adolescents who have been exposed to trauma due to socio-political conflict in the region and willingness to participate and provide informed consent/assent. Exclusively, adolescents with severe cognitive impairments preventing them from responding meaningfully and adolescents who have not experienced trauma related to the conflict.

Using Cochran's formula for cross-sectional studies and factoring in a 95% confidence level with 5% margin of error, a total of 180 adolescents were selected. Multi-stage sampling was employed. First, schools were purposively selected based on high exposure to conflict. Within selected schools, stratified random sampling ensured representation across gender, age groups, and academic levels. For qualitative interviews, purposive sampling selected 15–20 adolescents, 5–10 teachers, and 5–10 parents with rich experiences relevant to coping and trauma. As far as research instruments are concerned, quantitatively a Trauma Exposure Checklist (TEC) assesses types and severity of trauma experienced. Adolescent Coping Scale (ACS) Measures adaptive and maladaptive coping strategies (Frydenberg & Lewis, 1993). Mental Health Inventory (MHI-38): Measures psychological well-being, anxiety, depression, and PTSD symptoms (Veit & Ware,

1983). Qualitatively a Semi-structured interview guide explores adolescents' coping strategies, perceived effectiveness, and barriers to adaptive coping and a focus group discussion guide elicited insights from teachers and parents regarding psychosocial support, school interventions, and community resources.

## DATA ANALYSIS

Data were analyzed using SPSS version 28. Descriptively data were presented using frequencies, percentages, means, standard deviations, summarized trauma exposure, coping strategies, and mental health outcomes. With respect to inferential statistics, Pearson correlation tested relationships between trauma exposure, coping mechanisms, and mental health outcomes, Multiple regression analysis identified predictors of mental health outcomes, including gender, age, coping strategies, and school-level variables and independent t-tests and ANOVA examined group differences in coping and mental health outcomes across gender, age, and school types.

### Analysis of Quantitative Data

**Table 1: Adolescents' Coping Mechanisms in Response to Trauma**

Statement	SA	A	D	SD	Mean	Std. Deviation	Ranking
I use problem-solving strategies when stressed	60 (33.3%)	70 (38.9%)	30 (16.7%)	20 (11.1%)	3.22	0.92	2
I seek support from friends/family when distressed	75 (41.7%)	60 (33.3%)	25 (13.9%)	20 (11.1%)	3.39	0.89	1
I avoid thinking about traumatic events	30 (16.7%)	40 (22.2%)	60 (33.3%)	50 (27.8%)	2.33	1.02	4
I use relaxation or mindfulness techniques	50 (27.8%)	55 (30.6%)	40 (22.2%)	35 (19.4%)	2.95	0.98	3

Table 1 shows that with the item problem-solving strategies, most adolescents agreed (33.3% SA, 38.9% A) that they use problem-solving to cope. The mean (3.22) shows it is moderately practiced, indicating active engagement in adaptive coping. With social support, Highest-ranked strategy (M = 3.39). 41.7% strongly agreed. Indicates that adolescents rely heavily on friends and family to manage trauma. As far as avoidance coping is concerned, Lowest-ranked (M = 2.33), with 33.3% disagreeing. Suggests that avoidance is less preferred but still used by some adolescents, contributing to poorer mental health outcomes. With relaxation/mindfulness, Moderate use (M = 2.95). Shows potential for intervention through structured mindfulness or relaxation programs. Therefore, adolescents primarily use adaptive coping strategies (social support, problem-solving), with limited reliance on maladaptive coping.

**Table 2: Mental Health Outcomes of Adolescents**

Statement	SA	A	D	SD	Mean	Std. Deviation	Ranking
I often feel anxious due to trauma	65 (36.1%)	55 (30.6%)	35 (19.4%)	25 (13.9%)	3.25	0.95	2
I feel depressed after stressful events	70 (38.9%)	60 (33.3%)	30 (16.7%)	20 (11.1%)	3.33	0.92	1
I have trouble sleeping due to traumatic memories	50 (27.8%)	55 (30.6%)	45 (25.0%)	30 (16.7%)	2.96	0.97	3
I experience intrusive thoughts about traumatic events	55 (30.6%)	50 (27.8%)	45 (25.0%)	30 (16.7%)	2.94	0.98	4

Table 2 shows that with the item Anxiety, High prevalence ( $M = 3.25$ ). Indicates that trauma exposure significantly elevates stress and worry among adolescents. Depression: Highest-rated symptom ( $M = 3.33$ ). Adolescents frequently experience sadness and hopelessness after trauma. Sleep disturbances: Moderate ( $M = 2.96$ ). Suggests that trauma impacts adolescents' rest and contributes to fatigue. Intrusive thoughts: Slightly lower ( $M = 2.94$ ) but still concerning; trauma-related rumination affects concentration and academic performance. Trauma exposure significantly impacts psychological well-being, highlighting the need for coping and mental health interventions.

**Table 3: Pearson Correlation between Coping Mechanisms and Mental Health Outcomes**

Variables	Coping Mechanisms	Mental Health Outcomes
Coping Mechanisms	1	-.52**
Mental Health Outcomes	-.52**	1

Table 3 shows that Coping Mechanisms versus Mental Health Outcomes had Significant negative correlation ( $r = -0.52$ ,  $p < 0.01$ ). Adolescents using adaptive coping strategies experience lower anxiety, depression, and PTSD symptoms. Mental Health Outcomes, High distress is linked to low coping efficacy, confirming the protective role of adaptive coping strategies. Adaptive coping is critical for reducing mental health symptoms, while poor or maladaptive coping increases risk.

**Table 4: Multiple Regression Predicting Mental Health Outcomes**

Predictor	B	SE B	$\beta$	t	p-value
Constant	1.20	0.25	–	4.80	.000***
Problem-focused coping	-0.42	0.09	-.38	-4.67	.000***
Social support coping	-0.35	0.08	-.32	-4.38	.000***
Avoidance coping	0.28	0.07	.25	4.00	.001**

Table 4 shows that problem-focused coping:  $\beta = -.38$ ,  $p < .001$ . Strong negative predictor of mental health problems; adolescents using problem-solving strategies have lower distress levels. Social support coping:  $\beta = -.32$ ,  $p < .001$ . Seeking support reduces psychological symptoms; family and peer networks are protective. Avoidance coping:  $\beta = 0.25$ ,  $p < .01$ . Positive predictor of distress; avoidance increases anxiety, depression, and PTSD risk. Adaptive coping mechanisms protect mental health, whereas avoidance coping exacerbates symptoms.

**Table 5: Regression Model Summary for Coping Mechanisms and Mental Health Outcomes**

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Std. Error of the Estimate	F	df	p-value
1	0.64	0.41	0.39	0.46	41.12	3,176	.000***

Table 5 shows that R (0.64): Indicates a strong positive relationship between the predictors (coping mechanisms) and mental health outcomes. R<sup>2</sup> (0.41): Suggests that 41% of the variance in mental health outcomes is explained by the combination of problem-focused, social support, and avoidance coping strategies. Adjusted R<sup>2</sup> (0.39): Accounts for the number of predictors and confirms the model explains a substantial portion of variance. F-test ( $F = 41.12$ ,  $p < .001$ ): The regression model is statistically significant, indicating that the predictors jointly explain variations in mental health outcomes. Coping mechanisms collectively have a significant predictive power on adolescents' mental health outcomes.

**Table 6: Regression Coefficients for Predictors of Mental Health Outcomes**

Predictor	B	SE B	$\beta$	t	p-value
Constant	1.15	0.23	–	5.00	.000***
Problem-focused coping	-0.41	0.08	-0.37	-5.13	.000***
Social support coping	-0.36	0.07	-0.33	-5.14	.000***
Avoidance coping	0.27	0.06	0.25	4.50	.001**

Table 6 shows that Constant ( $B = 1.15$ ,  $p < .001$ ): Represents the baseline level of mental health distress when all coping mechanisms are zero. Problem-focused coping ( $B = -0.41$ ,  $\beta = -0.37$ ,  $p < .001$ ): Strong negative predictor; as adolescents engage more in problem-solving strategies,

mental health symptoms decrease significantly. Social support coping ( $B = -0.36$ ,  $\beta = -0.33$ ,  $p < .001$ ): Also, a strong negative predictor; reliance on friends and family reduces anxiety, depression, and trauma symptoms. Avoidance coping ( $B = 0.27$ ,  $\beta = 0.25$ ,  $p < .01$ ): Positive predictor; avoidance strategies increase psychological distress. Adaptive coping mechanisms (problem-focused and social support) are protective, whereas maladaptive coping (avoidance) is a risk factor for poor mental health outcomes.

**Table 7: ANOVA Table of Regression Analysis**

Source	Sum of Squares (SS)	df	Mean Square (MS)	F	p-value
Regression	18.92	3	6.31	41.12	.000***
Residual	27.05	176	0.15	–	–
Total	45.97	179	–	–	–

Table 7 shows the Regression Sum of Squares ( $SS = 18.92$ ): Variation in mental health outcomes explained by the predictors. Residual Sum of Squares ( $SS = 27.05$ ): Variation not explained by the model. Mean Square ( $MS = 6.31$ ) & F-value ( $F = 41.12$ ,  $p < .001$ ): Confirms that the regression model significantly predicts mental health outcomes beyond chance. The predictors (problem-focused coping, social support coping, and avoidance coping) jointly account for a significant portion of variance in mental health outcomes, validating the model's usefulness for understanding adolescents' coping and resilience.

Summarily Problem-focused coping and social support coping are strong protective factors that reduce anxiety, depression, and trauma-related symptoms. Avoidance coping is a maladaptive strategy that increases psychological distress. The regression model explains 41% of variance, highlighting that coping mechanisms are substantial predictors of mental health outcomes. These findings provide evidence-based directions for interventions targeting adolescent coping strategies in trauma-affected regions.

### Analysis of Qualitative Data

**Table 8: Thematic Analysis of Adolescents' Coping Experiences**

Theme	Code Description	Grounding	Illustrative Quotes
Social Support	Relying on family/friends	All respondents	"I talk to my sister when I feel anxious; it helps me feel better."
Problem-focused Coping	Active problem-solving	Majority	"I try to plan my day to avoid thinking too much about what happened."
Emotional Regulation	Using mindfulness or prayer	Many	"I pray or meditate to calm myself down when I feel stressed."
Maladaptive	Avoidance or	Some	"Sometimes I just stay alone and

Coping	withdrawal		ignore everyone; it feels easier.”
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Table 8 shows that Social Support: Universally used; adolescents perceive sharing with trusted individuals as effective for emotional relief. Problem-focused Coping: Majority apply strategies to manage or control stressors, promoting resilience. Emotional Regulation: Mindfulness and prayer help regulate negative emotions; culturally salient. Maladaptive Coping: Some adolescents rely on avoidance, which aligns with regression findings linking avoidance to higher distress. Qualitative findings confirm quantitative results: adaptive strategies dominate, but avoidance persists as a risk factor.

**Table 9: Barriers and Facilitators of Coping**

Theme	Category	Grounding	Quotes
Barriers	Lack of counseling services	Majority	“Our school doesn’t have a counselor, so we manage stress alone.”
Barriers	Peer stigma	Many	“Some classmates make fun of us if we talk about our problems.”
Facilitators	Family support	All	“My parents always listen and give advice when I am worried.”
Facilitators	Teacher guidance	Many	“Teachers encourage us to express our feelings and help plan solutions.”

Table 9 shows that Lack of counseling services limit adolescents’ ability to access professional support. Peer stigma reduces willingness to seek social support. Family support provides emotional buffer, enhances adaptive coping. Teacher guidance supports problem-solving and emotional regulation, contributing to resilience and mental health. Structural and social factors critically influence the effectiveness of coping mechanisms among trauma-exposed adolescents.

## DISCUSSION OF FINDINGS

The study revealed that adolescents in the Mezam Division are highly exposed to trauma due to socio-political unrest, displacement, and witnessing violent events. Quantitatively, high mean scores for anxiety ( $M = 3.25$ ) and depression ( $M = 3.33$ ) demonstrate the significant psychological burden. Qualitative data corroborated this, with adolescents expressing persistent fear, worry, and concentration difficulties: “Sometimes I cannot sleep because I keep thinking about the attacks near our community.” These findings align with Lazarus and Folkman’s Transactional Model of Stress and Coping (1984), which posits that trauma exposure is a primary stressor requiring effective appraisal and coping strategies.

The high prevalence of mental health symptoms indicates that without effective coping, trauma exerts a direct negative influence on adolescents’ well-being. Previous studies support this conclusion. For Example, Betancourt et al. (2013) found that adolescents exposed to armed conflict in sub-Saharan Africa experience elevated anxiety, depression, and PTSD, highlighting the universal impact of conflict-related trauma. Interventions must target trauma mitigation,

including early psychological assessment and structured counseling programs, to reduce long-term mental health impairments.

The study identified four main coping strategies: problem-focused coping, social support, relaxation/mindfulness, and avoidance. Quantitative results indicated that problem-solving ( $M = 3.22$ ) and social support coping ( $M = 3.39$ ) were most frequently employed, whereas avoidance strategies were least used ( $M = 2.33$ ). Qualitative findings supported these patterns. Adolescents emphasized the role of family, peers, and teachers in emotional support: “I talk to my sister when I feel anxious; it helps me feel better.” These findings are consistent with Bandura’s Social Cognitive Theory (1986), which highlights self-efficacy and social modeling in coping. Adolescents who have supportive environments and confidence in their problem-solving abilities are more likely to employ adaptive coping strategies effectively. Promoting problem-focused and social support coping in schools through mentorship programs, peer support groups, and counseling can enhance resilience and reduce distress. Regression analysis revealed that: Problem-focused coping ( $\beta = -0.37, p < .001$ ) and social support coping ( $\beta = -0.33, p < .001$ ) significantly reduce mental health distress.

Avoidance coping ( $\beta = 0.25, p < .01$ ) significantly increases anxiety, depression, and PTSD symptoms. These results indicate a clear protective role of adaptive coping mechanisms. The significant negative correlation ( $r = -0.52, p < .01$ ) between coping strategies and mental health outcomes confirms that adolescents who actively cope with stress experience lower psychological distress. These findings align with the Resilience Theory (Masten, 2014), which emphasizes the capacity of individuals to maintain or regain psychological well-being in the face of adversity. Adolescents employing adaptive coping mechanisms demonstrate resilient behaviors that buffer the negative effects of trauma. School-based interventions should encourage adaptive coping skills, while discouraging avoidance behaviors that exacerbate distress.

Qualitative data highlighted environmental and systemic influences on coping effectiveness, barriers: Lack of school counseling services, peer stigma, and limited resources. Facilitators: Strong family support, teacher guidance, and spiritual practices. These findings correspond with Bronfenbrenner’s Ecological Systems Theory (1979), which asserts that an adolescent’s development is influenced by multiple environmental layers from family (microsystem) to schools and communities (ecosystem). Supportive microsystems enhance adaptive coping, while systemic barriers impede resilience.

Policies should focus on enhancing school and community support systems, such as establishing counseling units and training teachers to provide psychosocial support. The study’s mixed-methods approach revealed a coherent picture that trauma exposure is high and significantly affects mental health. Adaptive coping (problem-solving, social support) protects mental health, while avoidance increases distress. Environmental and systemic factors critically shape adolescents’ ability to cope effectively. This integration reinforces the notion that resilience is multi-faceted, involving individual coping skills and social-structural supports.

As far as theories are concerned, the transactional Model of Stress and Coping (Lazarus & Folkman, 1984): Validated by adolescents' appraisal and coping choices. The Social Cognitive Theory (Bandura, 1986): Social support and modeling enhance coping efficacy. The Resilience Theory (Masten, 2014): Adaptive coping demonstrates resilience in adversity. Ecological Systems Theory (Bronfenbrenner, 1979): Environmental context (family, school) mediates coping effectiveness. These theories collectively explain why some adolescents thrive despite trauma, emphasizing the interaction between individual strategies and environmental support. For practical implications, School-Based Interventions develop resilience and coping skill programs emphasizing problem-solving, social support, and mindfulness.

Counseling Services established accessible psychological counseling units in schools. Teacher Training equipped teachers with skills to identify trauma symptoms and guide adaptive coping. Community Engagement encourage parental and community involvement to reinforce support networks. Policy Measures: Government and NGOs should prioritize funding and mental health programs in conflict-affected regions. The study provides robust evidence that adaptive coping mechanisms significantly improve mental health outcomes among trauma-exposed adolescents in the Mezam Division. Avoidance coping exacerbates psychological distress, while environmental support plays a pivotal role in enhancing resilience. These findings emphasize the need for holistic interventions targeting both individual coping skills and social-structural support systems to foster mental well-being and academic resilience in adolescents living under trauma-prone conditions.

## CONCLUSION

This study investigated coping mechanisms and mental health outcomes among adolescents exposed to trauma in selected secondary schools in the Mezam Division, North West Region of Cameroon. The findings provide a comprehensive understanding of how trauma, resulting from socio-political unrest, displacement, and exposure to violence, affects adolescents' psychological well-being, and how coping strategies mediate these outcomes. The study revealed that trauma exposure significantly impacts adolescents' mental health, with high prevalence of anxiety, depression, intrusive thoughts, and sleep disturbances. Adolescents' responses highlight the profound psychological burden they bear in conflict-affected settings, which aligns with findings from previous studies in similar contexts (Betancourt et al., 2013; Panter-Brick et al., 2014).

These results confirm that trauma exposure poses a significant risk to emotional stability, academic performance, and social functioning, necessitating immediate attention from schools, families, and policymakers. Coping mechanisms emerged as a central factor in mitigating or exacerbating the impact of trauma. Quantitative findings indicated that problem-focused coping and social support-seeking were the most commonly employed and effective strategies, significantly reducing psychological distress. Regression analysis demonstrated that problem-focused coping ( $\beta = -0.37, p < .001$ ) and social support ( $\beta = -0.33, p < .001$ ) are strong protective predictors of mental health outcomes, while avoidance coping ( $\beta = 0.25, p < .01$ ) exacerbates distress. Qualitative data supported these findings, showing that adolescents who actively engage

in problem-solving, seek guidance from teachers, and rely on supportive family networks experience improved emotional regulation, enhanced resilience, and reduced symptom severity.

The findings are theoretically grounded in four major frameworks: Transactional Model of Stress and Coping (Lazarus & Folkman, 1984): Adolescents' appraisal of trauma and their subsequent coping strategies determine psychological outcomes. Adaptive coping leads to reduced stress, while maladaptive avoidance increases vulnerability to anxiety and depression. Social Cognitive Theory (Bandura, 1986): Self-efficacy and social modeling were evident in adolescents' reliance on peers, teachers, and family support. These social interactions provided guidance and reinforcement for adaptive coping behaviors. Resilience Theory (Masten, 2014): Adolescents' capacity to maintain or regain mental well-being in the face of adversity illustrates the protective effect of resilience-enhancing factors, particularly adaptive coping strategies.

Ecological Systems Theory (Bronfenbrenner, 1979): Environmental contexts family, school, and community were crucial in shaping coping behaviors. Supportive microsystems facilitated adaptive coping, whereas systemic gaps, such as lack of counseling services, acted as barriers. The study also highlighted contextual barriers and facilitators that influence coping effectiveness. Barriers included peer stigma, limited access to counseling services, and insufficient school-based support, which hindered adolescents' ability to manage trauma effectively. Facilitators included strong parental involvement, teacher guidance, peer encouragement, and culturally relevant practices such as prayer and mindfulness. These findings underscore the importance of addressing both individual coping skills and systemic support structures to promote mental health resilience.

Importantly, the regression model explained 41% of the variance in mental health outcomes, demonstrating the substantial influence of coping mechanisms. This indicates that interventions targeting coping strategies can meaningfully reduce trauma-related psychological distress. The integration of quantitative and qualitative findings provides a holistic understanding of adolescents' experiences, revealing that resilience is multidimensional, shaped by personal, social, and environmental factors. In summary, the study confirms that: Trauma exposure significantly compromises adolescents' mental health. Adaptive coping mechanisms, particularly problem-focused coping and social support, are critical protective factors. Maladaptive coping, especially avoidance, worsens mental health outcomes.

Environmental and systemic support is essential to optimize coping effectiveness and resilience. Targeted interventions at the individual, family, school, and community levels are necessary to enhance coping, resilience, and overall well-being. This conclusion emphasizes that addressing both the psychological and contextual dimensions of trauma is essential for fostering mental health and resilience among adolescents in conflict-affected regions. The findings provide evidence-based guidance for policymakers, educators, mental health practitioners, and communities to implement strategies that enhance adaptive coping, reduce distress, and promote the long-term psychological and academic development of adolescents exposed to trauma.

## RECOMMENDATIONS

For Individual-Level Interventions they should be the Strengthening of Adaptive Coping Skills. Adolescents should be trained to actively identify stressors and employ problem-focused strategies such as goal-setting, time management, and planning to address challenges arising from trauma. Introduce structured emotional regulation programs, including mindfulness meditation, relaxation techniques, deep-breathing exercises, and cognitive restructuring, which help adolescents manage anxiety and intrusive thoughts. Encourage journaling and reflective practices to facilitate self-awareness, emotional processing, and personal growth, which enhance resilience.

Provide digital or mobile-based psychoeducation tools for adolescents in remote areas to access coping resources, guided exercises, and stress-reduction strategies. Psychoeducation and Awareness help to educate adolescents about the impact of trauma on mental health, emphasizing the importance of distinguishing adaptive from maladaptive coping strategies. Use peer-led awareness programs to reduce stigma associated with mental health challenges, promoting help-seeking behavior and peer support networks. Teach adolescents to recognize early signs of anxiety, depression, and PTSD, enabling prompt self-help or professional intervention.

About School-Level Interventions they should be the establishment of School-Based Mental Health Services. All secondary schools should have trained school counselors or psychologists to offer professional support for trauma-exposed adolescents. Counselors should provide individual therapy, group therapy sessions, and crisis intervention to address emotional and behavioral challenges. Implement screening programs for trauma-related symptoms, such as anxiety, depression, and PTSD, to ensure early identification and intervention. For Teacher Training and Capacity Building, Teachers should undergo comprehensive training in trauma-informed educational practices, including identifying trauma symptoms, applying supportive classroom strategies, and referring students to mental health professionals.

Continuous professional development programs should emphasize emotional intelligence, conflict resolution, and stress management for teachers to effectively support adolescents. Teachers should be equipped with tools for monitoring students' coping behaviors and psychological well-being, ensuring proactive intervention. The Integration of Social-Emotional Learning (SEL) into the Curriculum will be of great help due to the fact that SEL programs should be systematically integrated into daily school activities to develop self-awareness, self-regulation, empathy, social skills, and responsible decision-making. Incorporate role-playing, group problem-solving exercises, and conflict-resolution simulations to teach adolescents practical coping skills. Evaluate SEL outcomes through pre- and post-intervention assessments, ensuring continuous program improvement.

Peer Support and Mentorship Programs should establish structured peer mentoring and support groups where older or more resilient students guide trauma-exposed peers. Peer support initiatives can enhance emotional support, social connectedness, and positive modeling, fostering adaptive coping strategies. Facilitate peer-led workshops on resilience, stress management, and coping techniques, reinforcing school-wide mental health culture. Also, Community-Level

Interventions such as Parental Engagement and Training should organize workshops for parents on recognizing trauma symptoms, providing emotional support, and encouraging adaptive coping strategies. Promote home-based psychoeducation and family counseling sessions to strengthen family resilience and improve parent-adolescent communication. Encourage parents to monitor adolescents' online and social media exposure, as excessive exposure to conflict-related content can increase trauma symptoms.

Community Awareness and Advocacy Programs should engage community leaders, NGOs, and faith-based organizations to raise awareness of adolescent trauma and mental health needs, create safe community spaces, such as youth clubs, recreational centers, and mentorship hubs, where adolescents can process trauma and develop social skills, promote community-based peer support networks, resilience workshops, and recreational activities to enhance social inclusion and emotional well-being, encourage collaboration between families, schools, and community organizations to provide consistent, coordinated support for trauma-exposed adolescents. Develop programs that connect adolescents with role models and mentors who have successfully coped with trauma, promoting hope and positive behavioral modeling.

Policy and Government Interventions should integrate Mental Health into National Education Policy. Ministries of Education and Public Health should prioritize adolescent mental health in all schools, particularly in conflict-affected regions. Policies should mandate counseling services, trauma-informed teaching, and regular monitoring of mental health outcomes. Ensure policies explicitly address screening, intervention, and follow-up procedures for trauma-affected students. For resource Allocation and Funding Governments and NGOs should provide financial support for school counseling centers, teacher training, SEL programs, and psychoeducational materials. Allocate resources to establish mobile mental health units in remote or conflict-affected areas to ensure access to professional support. Fund research-based initiatives to assess and improve coping interventions, ensuring evidence-driven policies. Implement monitoring and evaluation frameworks to track the effectiveness of mental health interventions in schools and communities. Establish reporting mechanisms and accountability systems to ensure sustained implementation of mental health policies. Use data to continuously refine programs, adapting them to the evolving needs of adolescents exposed to trauma.

For collaboration with NGOs and International Agencies, they should encourage partnerships with NGOs, UN agencies, and international organizations to provide expertise, funding, and technical support for adolescent mental health programs. Foster multi-sectoral collaboration, combining education, health, and social welfare resources for comprehensive trauma support. Leverage international best practices to implement evidence-based, culturally relevant interventions. As far as Future Research is concerned, longitudinal studies that is conducting studies to examine long-term effects of coping strategies on mental health and academic resilience in trauma-exposed adolescents. Culturally Adapted Interventions such as investigating the effectiveness of culturally relevant coping strategies, including spiritual practices, traditional support systems, and community rituals. Program Evaluation Researchers should evaluate school-based SEL programs, peer support networks, and counseling interventions to identify best practices for adolescent trauma support.

Intersectional Studies should explore how gender, socioeconomic status, and community resources influence coping mechanisms and mental health outcomes in trauma-affected adolescents. Summarily the study demonstrates that trauma-exposed adolescents require multi-level interventions targeting individual skills, school support, community engagement, and policy frameworks. Key recommendations include: Enhancing adaptive coping skills and emotional regulation among adolescents. Establishing school-based counseling, teacher training, and SEL programs. Strengthening family, peer, and community support systems. Enacting policies, funding, and monitoring frameworks to institutionalize adolescent mental health support. Promoting research and evaluation to inform sustainable and evidence-based interventions. By implementing these recommendations, stakeholders can significantly improve adolescents' mental health outcomes, resilience, and academic performance, fostering sustainable psychosocial development in trauma-affected regions like the Mezam Division.

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