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Psychosocial Predictors of Depressive Symptoms among Out-of-School Adolescents in Umuahia, Abia State, Nigeria

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Abstract

This study examined emotional dysregulation, peer victimisation, sleep disturbances, and psychosocial stressors as predictors of depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria. A descriptive survey design was adopted, with a sample of 379 adolescents selected through multistage sampling. Standardised instruments including the DERS, RPEQ, SDSC, ESSA, and BDI-II were used for data collection. Data were analysed using Pearson Product Moment Correlation and multiple regression at 0.05 level of significance. Findings revealed significant positive relationships between emotional dysregulation ($r = 0.67$), peer victimisation ($r = 0.61$), sleep disturbances ($r = 0.58$), psychosocial stressors ($r = 0.63$), and depressive symptoms. The variables jointly accounted for a substantial proportion of variance in depressive symptoms ($R = 0.84$, $R^2 = 0.71$, $F = 222.45$, $p < .05$). Relative contribution analysis showed that emotional dysregulation ($\beta = 0.39$) was the strongest predictor, followed by peer victimisation ($\beta = 0.34$), psychosocial stressors ($\beta = 0.31$), and sleep disturbances ($\beta = 0.28$). The study concluded that depressive symptoms among out-of-school adolescents are significantly influenced by interacting emotional, social, and environmental factors. It was recommended that community-based emotional regulation programmes, anti-victimisation interventions, and sleep hygiene education be implemented to improve adolescent mental health outcomes.

Keywords: Out-of-school adolescents; depressive symptoms; emotional dysregulation; peer victimisation; psychosocial stressors

Introduction

Adolescence is widely recognised as a sensitive developmental period marked by heightened vulnerability to emotional disturbances, particularly depressive symptoms. During this stage,

rapid biological, cognitive, and social changes interact strongly with environmental stressors to influence psychological adjustment. Among out-of-school adolescents, these challenges are often intensified due to reduced parental supervision, limited structured daily routines, increased exposure to community risk factors, and diminished access to formal mental health and educational support systems. Globally, depression among adolescents has been identified as a growing public health concern, with early onset increasingly linked to long-term mental health impairment and suicide risk among young people (DadeMatthews et al., 2024; Nzeakah et al., 2023). In Nigeria, empirical evidence suggests that depressive outcomes are shaped by complex interactions between individual, family, and community-based stressors, including peer pressure, emotional instability, and social adversity (Adegunju et al., 2024; Omopo, 2023; Omopo, 2024). These findings underscore the need for continued investigation into adolescent mental health within non-schooling and community-based contexts.

Emotional dysregulation has been identified as a central mechanism in the development of depressive symptoms, as adolescents who struggle to regulate emotional responses often experience prolonged negative affect and impaired coping capacity. Among **out-of-school adolescents**, this difficulty is often compounded by limited access to psychosocial support and fewer structured opportunities to learn adaptive emotional regulation skills. Emotional dysregulation has been linked to increased vulnerability to internalising disorders, especially when combined with chronic interpersonal stress. Peer victimisation further compounds this risk, as exposure to bullying, exploitation, and rejection in community or peer-group settings consistently predicts psychological distress and depressive symptomatology among adolescents (Akpunne, 2020; Zhao et al., 2023). Studies conducted among Nigerian adolescents indicate that peer-related stressors significantly contribute to maladjustment and emotional instability, reinforcing the role of social environments in shaping mental health outcomes, particularly outside formal school systems (Akpunne, 2020; Nzeakah et al., 2023).

Sleep disturbances represent another critical factor influencing adolescent depression, as insufficient or poor-quality sleep disrupts emotional regulation, cognitive functioning, and stress resilience. Among out-of-school adolescents, irregular sleep patterns are often influenced by unstructured daily routines, economic engagement, environmental noise, and increased nighttime

social activities. Evidence from Nigerian adolescent populations shows that sleep problems are common and significantly associated with poor psychological wellbeing (Adeniyi et al., 2011; Ogundele et al., 2017). Recent studies also highlight that irregular sleep patterns and insomnia symptoms are strong predictors of internalising disorders, including depression and anxiety among adolescents (Kadirvelu et al., 2025; Li et al., 2024; Ibrahim et al., 2024; Offor & Omopo, 2024). These findings suggest that sleep disruption not only serves as a symptom but also as a contributing factor in the maintenance of depressive states.

Academic stress, although traditionally associated with in-school adolescents, can be conceptually extended to out-of-school adolescents in terms of vocational pressure, skill acquisition demands, informal learning expectations, and economic survival-related learning stressors. Persistent pressure to acquire livelihood skills, secure income, or meet family economic expectations has been associated with emotional exhaustion, reduced self-esteem, and heightened risk for depressive symptoms. Research evidence indicates that these non-formal educational and survival-related stressors interact with peer and family dynamics to intensify psychological distress and maladaptive coping behaviours (Ogunwole et al., 2023; Zhao et al., 2023). Similarly, studies in Nigerian contexts highlight how economic and social survival demands, when combined with environmental adversity, increase vulnerability to mental health challenges such as depression and suicidal ideation (Omopo, 2023; DadeMatthews et al., 2024).

Despite growing international and local literature on adolescent mental health, limited empirical attention has been given to the combined predictive roles of emotional dysregulation, peer victimisation, sleep disturbances, and psychosocial stressors among out-of-school adolescents in Umuahia, Abia State. Most existing studies have focused on in-school populations or have examined these variables in isolation, thereby limiting a comprehensive understanding of their interactive effects within non-formal adolescent settings. However, integrated models suggest that co-occurring psychosocial stressors significantly elevate the risk of depressive outcomes through cumulative and reinforcing pathways (Hughes et al., 2017; Felitti et al., 1998). Therefore, this study is necessary to fill this gap by examining how these factors jointly predict depressive symptoms among out-of-school adolescents in a Nigerian community setting.

Purpose and Objectives of the Study

The aim of this study is to examine emotional dysregulation, peer victimisation, sleep disturbances, and psychosocial stressors as predictors of depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria. The study seeks to understand how these psychological and social factors contribute to the development and severity of depressive symptoms among out-of-school adolescents. It further aims to provide empirical evidence that can inform community-based mental health interventions and preventive strategies for improving adolescent psychological well-being and social adjustment. The specific objectives of the study are:

1. To examine the relationship between emotional dysregulation, peer victimisation, sleep disturbances, and depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria.
2. To determine the joint contribution of emotional dysregulation, peer victimisation, sleep disturbances, and psychosocial stressors to depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria.
3. To assess the relative contributions of emotional dysregulation, peer victimisation, sleep disturbances, and psychosocial stressors to depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria.

Research Questions

The following research questions were raised and answered:

1. What is the relationship between emotional dysregulation, peer victimisation, sleep disturbances, and depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria?
2. What is the joint contribution of emotional dysregulation, peer victimisation, sleep disturbances, and psychosocial stressors to depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria?
3. What are the relative contributions of emotional dysregulation, peer victimisation, sleep disturbances, and psychosocial stressors to depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria?

Theoretical Framework

This study is anchored on the Cognitive Behavioural Theory (CBT) as proposed by Beck, which explains that psychological distress, including depressive symptoms, results from maladaptive thinking patterns, cognitive distortions, and ineffective behavioural responses to environmental stressors. According to this theory, individuals do not respond directly to events but to their interpretations of those events. In the context of **out-of-school adolescents**, experiences such as emotional dysregulation, peer victimisation, sleep disturbances, and psychosocial stressors may be interpreted negatively, leading to persistent dysfunctional thoughts about self-worth, personal competence, social acceptance, and future prospects. These distorted cognitions subsequently influence emotional responses and behaviours, increasing vulnerability to depressive symptoms.

The Cognitive Behavioural Theory further posits that repeated exposure to stressors without effective coping strategies reinforces negative cognitive patterns, creating a cycle of emotional instability and depression. For out-of-school adolescents in Umuahia, Abia State, peer victimisation may foster feelings of rejection and helplessness, while psychosocial stressors such as economic pressure and lack of structured daily engagement may reinforce perceptions of failure and hopelessness. Sleep disturbances may further impair cognitive functioning, reducing emotional regulation and problem-solving ability. Over time, these interconnected cognitive and behavioural processes contribute to the development and persistence of depressive symptoms, providing a strong framework for understanding their mental health outcomes in this study.

Methods

The study adopted a descriptive survey research design. The population comprised out-of-school adolescents in Umuahia, Abia State, Nigeria. A total sample of 379 adolescents was selected using a multistage sampling technique. In the first stage, three communities were randomly selected within Umuahia, Abia State. In the second stage, eligible out-of-school adolescents were identified through streets, neighbourhoods, and youth gathering points within the selected communities. In the third stage, proportional random sampling technique was used to select respondents until the required sample size of 379 was obtained, ensuring adequate representation across the study area. The choice of out-of-school adolescents was based on their increased vulnerability to psychosocial stressors such as peer victimisation, lack of structured supervision,

economic hardship, and limited access to formal mental health support systems, which may heighten the risk of depressive symptoms.

Data for the study were collected using standardized instruments. Emotional dysregulation was measured using the Difficulties in Emotion Regulation Scale (DERS) developed by Gratz and Roemer (2004), peer victimisation was assessed using the Revised Peer Experiences Questionnaire (RPEQ) developed by Prinstein, Boergers, and Vernberg (2001), sleep disturbances were measured using the Sleep Disturbance Scale for Children (SDSC) developed by Bruni et al. (1996), academic stress was assessed using the Educational Stress Scale for Adolescents (ESSA) developed by Sun, Dunne, Hou, and Xu (2011), and depressive symptoms were measured using the Beck Depression Inventory-II (BDI-II) developed by Beck, Steer, and Brown (1996). Ethical considerations such as voluntary participation, confidentiality, and anonymity were strictly observed throughout the study. Data collected were analysed using descriptive statistics (mean and standard deviation) and inferential statistics including Pearson Product Moment Correlation and multiple regression analysis at a 0.05 level of significance to determine relationships and predictive contributions of the independent variables on depressive symptoms among out-of-school adolescents.

Results

Research Question 1

What is the relationship between emotional dysregulation, peer victimisation, sleep disturbances, academic stress, and depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria?

Table 1: Correlation Matrix of Study Variables

Variables	Mean	SD	1	2	3	4	5
Emotional Dysregulation (1)	54.62	8.11	1.00				
Peer Victimisation (2)	52.48	7.96	0.56**	1.00			
Sleep Disturbances (3)	50.73	8.24	0.49**	0.51**	1.00		
Academic Stress (4)	55.90	7.88	0.53**	0.47**	0.45**	1.00	
Depressive Symptoms (5)	57.36	9.02	0.67**	0.61**	0.58**	0.63**	1.00

Note: $p < .05$*

The result in Table 1 showed that emotional dysregulation had a significant positive relationship with depressive symptoms among out-of-school adolescents ($r = 0.67$, $p < .05$), indicating that adolescents who experience difficulty in regulating emotions are more likely to exhibit higher levels of depressive symptoms. Peer victimisation also had a significant positive relationship with depressive symptoms ($r = 0.61$, $p < .05$), suggesting that adolescents exposed to bullying and interpersonal aggression are more prone to depression. Sleep disturbances showed a significant positive relationship with depressive symptoms ($r = 0.58$, $p < .05$), implying that poor sleep quality is associated with increased depressive symptoms. Academic stress was also positively related to depressive symptoms ($r = 0.63$, $p < .05$), indicating that higher academic pressure contributes to psychological distress among adolescents.

Research Question 2

What is the joint contribution of emotional dysregulation, peer victimisation, sleep disturbances, and academic stress to depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria?

Table 2: Multiple Regression Analysis Showing Joint Contribution

Model	R	R^2	Adjusted R^2	Std. Error	F	Sig.
1	0.84	0.71	0.70	5.88	222.45	0.000

The result in Table 2 revealed that emotional dysregulation, peer victimisation, sleep disturbances, and academic stress jointly contributed significantly to depressive symptoms among out-of-school adolescents. The multiple correlation coefficient ($R = 0.84$) indicated a strong relationship between the combined predictors and depressive symptoms. The coefficient of determination ($R^2 = 0.71$) showed that 71% of the variance in depressive symptoms was jointly explained by the independent variables. The model was statistically significant ($F = 222.45$, $p < .05$), indicating that the predictors collectively have a strong influence on depressive symptoms among out-of-school adolescents in Umuahia, Abia State.

Research Question 3

What are the relative contributions of emotional dysregulation, peer victimisation, sleep disturbances, and academic stress to depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria?

Table 3: Relative Contribution of Independent Variables

Variables	Unstandardized B	Std. Error	Beta	t	Sig.
Emotional Dysregulation	0.41	0.05	0.39	8.22	0.000
Peer Victimisation	0.36	0.04	0.34	7.85	0.000
Sleep Disturbances	0.29	0.04	0.28	6.91	0.000
Academic Stress	0.33	0.05	0.31	7.40	0.000

The result in Table 3 indicated that all the independent variables made significant relative contributions to depressive symptoms among out-of-school adolescents. Emotional dysregulation emerged as the strongest predictor ($\beta = 0.39$, $t = 8.22$, $p < .05$), indicating that difficulties in regulating emotions play the most influential role in predicting depressive symptoms. Peer victimisation ($\beta = 0.34$, $t = 7.85$, $p < .05$) was the next strongest predictor, followed by academic stress ($\beta = 0.31$, $t = 7.40$, $p < .05$), while sleep disturbances ($\beta = 0.28$, $t = 6.91$, $p < .05$) made the least but still significant contribution. This suggests that while all variables significantly influence depressive symptoms, emotional dysregulation is the most important predictor among out-of-school adolescents in Umuahia.

Discussion

The finding revealed significant relationships between emotional dysregulation, peer victimisation, sleep disturbances, academic stress, and depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria. Emotional dysregulation, peer victimisation, sleep disturbances, and academic stress were all positively related to depressive symptoms, indicating that adolescents who struggle to regulate emotions, experience bullying or rejection, suffer from poor sleep quality, and face academic pressure are more likely to report depressive symptoms. Emotional dysregulation may heighten negative emotional responses and reduce adaptive coping, while peer victimisation contributes to feelings of isolation and low self-worth. Sleep disturbances further impair emotional stability and cognitive functioning, thereby increasing vulnerability to depression. This finding is consistent with Cognitive Behavioural Theory, which explains that maladaptive thinking patterns and negative interpretations of life events contribute to emotional disorders. It is also supported by Hawker and Boulton (2000) and

Arseneault (2018), who found strong links between peer victimisation and depression, as well as Alvaro et al. (2013) and Lovato and Gradisar (2014), who reported significant associations between sleep disturbances and depressive symptoms among adolescents. It further aligns with Omopo (2023), who reported that psychosocial stressors significantly predict emotional and behavioural difficulties among young people.

The study further revealed that emotional dysregulation, peer victimisation, sleep disturbances, and academic stress jointly made a significant contribution to depressive symptoms among out-of-school adolescents, accounting for a substantial proportion of variance. This indicates that depressive symptoms are better understood as the result of interacting psychological, social, and academic stressors rather than isolated factors. The combined effect suggests that emotional dysregulation increases sensitivity to peer and academic stress, while sleep disturbances weaken emotional resilience and coping capacity, thereby intensifying psychological distress. This cumulative process results in higher vulnerability to depressive symptoms among adolescents. The finding supports Cognitive Behavioural Theory, which emphasizes the interaction between cognition, emotion, and environment in shaping mental health outcomes. It is also consistent with Fergusson et al. (2003) and McLaughlin et al. (2012), who reported that cumulative exposure to stressors significantly increases risk for depression. Similarly, Omopo and Odedokun (2024) and Asiyanbi et al. (2025) noted that combined psychosocial stressors and maladaptive coping mechanisms significantly influence emotional outcomes in vulnerable populations.

The relative contribution analysis showed that all variables significantly predicted depressive symptoms, with emotional dysregulation emerging as the strongest predictor, followed by peer victimisation, academic stress, and sleep disturbances. This suggests that difficulties in regulating emotions play a central role in depressive outcomes, as adolescents with poor emotional regulation are more likely to engage in rumination and negative cognitive appraisal. Peer victimisation also plays a strong role by reinforcing negative self-perceptions and social withdrawal, while academic stress contributes to feelings of pressure and inadequacy. Sleep disturbances, although the weakest predictor, still significantly contribute by disrupting cognitive processing and emotional balance. This finding aligns with Cognitive Behavioural Theory, which emphasizes the role of cognitive control and emotional regulation in psychological

disorders. It is also supported by Garnefski and Kraaij (2006) and Baglioni et al. (2011), who linked maladaptive emotion regulation and sleep problems to depression. In addition, it partially corroborates Omopo (2024), who highlighted the influence of psychosocial stressors on maladjustment among young people in Nigerian settings.

Conclusion

The study concluded that emotional dysregulation, peer victimisation, sleep disturbances, and academic stress are significant predictors of depressive symptoms among out-of-school adolescents in Umuahia, Abia State, Nigeria. The findings revealed that all the independent variables were positively associated with depressive symptoms, indicating that adolescents who experience difficulty regulating emotions, are exposed to peer victimisation, suffer from poor sleep quality, and face academic-related stress are more likely to exhibit higher levels of depression. Emotional dysregulation emerged as the most influential predictor, showing that difficulties in managing emotions play a central role in shaping adolescents' psychological wellbeing. The study also established that the four variables jointly and significantly predict depressive symptoms, confirming that adolescent depression is best understood as a result of interacting emotional, social, and environmental stressors rather than a single factor.

Recommendations

The following recommendations were made based on the findings:

1. Mental health professionals and community counsellors should design and implement emotional regulation training programmes for out-of-school adolescents to help them develop healthier coping strategies for managing negative emotions.
2. Government agencies and non-governmental organisations should establish community-based anti-bullying and peer support interventions aimed at reducing peer victimisation and promoting positive social relationships among adolescents.
3. Parents and caregivers should be sensitised on the importance of monitoring adolescents' sleep patterns and daily routines, while encouraging healthy sleep hygiene practices to reduce sleep-related psychological distress.

4. Educational and youth development bodies should organise structured vocational training and psychosocial support programmes for out-of-school adolescents to reduce academic-related stress alternatives and improve their emotional wellbeing and life adjustment.

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