

## DEPRESSION AMONG NON-CLINICAL MALE AND FEMALE ADOLESCENTS: THE SYMPTOMS AND COPING STYLES

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### ABSTRACT

*This study aims to investigate the depression prevalence among adolescents and the main symptoms of it. Furthermore, this study also focuses on the coping styles that has significant effect in managing the depression. A total of 560 adolescents in Malaysian secondary schools are selected as respondents in this study. The Beck Depression Inventory II (BDI-II) and Coping Inventory for Stressful Situations (CISS) were employed for data collection. The descriptive result revealed that there is significant difference of depression prevalence between male and female adolescents with five similar major depression symptoms. The regression analysis revealed that task-oriented and emotion-oriented coping styles have significant influence on adolescents' depression, mainly on female. However, the negative  $\beta$  value of task-oriented shown that it is the only effective coping style in managing the adolescents' depression. This study implies that gender is an important aspect that needs to take into consideration in the effort of assisting and guiding adolescents in order to manage their depression. In addition, the utilization of task oriented coping style is encouraged as it gives a long term effect in managing depression.*

Keywords: Depression, Coping Styles, Gender, Non clinical adolescents, symptoms

### INTRODUCTION

Depression, as reported by World Health Organization (WHO) (2012), was the fourth most widespread illness that affects the world. It is a common and serious medical illness that negatively affects feeling, thinking, and behavior. Depression causes feelings of sadness and/or a loss of interest in activities one enjoyed and may happen to all ages and crisis events. Anagnostopoulos (2008), asserted that the symptoms of depression exhibited by children and adolescents are in somatic forms such as anxiety, learning disorder, and conduct disorder. Therefore, adolescent, age 12-19 years old, can potentially be exposed to depression, and require help in order to overcome it. As mentioned by Lewis, Jones, and Goodyer (2015), early interventions are advocated as a mechanism to delay or prevent mental illnesses at this early stage.

According to Eun-Ho Lee Soo-Ji Lee, Soon-Taeg Hwang, Sang-Hwang Hong, & Ji-Hae Kim, (2017), symptoms that can be regarded as adolescent depression are, lowered self-esteem (feeling worthless), changes in appetite or weight (weight loss for about 5 percent from ordinary weight in short time frame), changes in sleep patterns (insomnia or hypersomnia), inability to control emotions such as anger, guilt, anxiety and irritability, varying emotions throughout the day (feeling worse in the morning and better after a day), lowered energy levels, poor concentrations and memory, reduced motivation to carry out daily task and suicidal (suicidal thought, suicidal ideation and suicidal action, self-harm). In order to identify these symptoms, Beck, Steer and Brown (1996) have developed the Beck Depression Inventory II in order to measure the symptoms of depression and listed 21 symptoms in a total, i.e. mood, pessimism, sense of failure, lack of satisfaction, guilty feeling, sense of punishment, self-hate, self-accusations, self-punitive wishes, crying spells, irritability, social withdrawal, indecisiveness, body image work inhibition, sleep disturbance, fatigability, loss of appetite, weight loss, somatic preoccupation and loss of libido. Boury, Threadwell, and Kumar (2001) who utilized BDI-II in their study proclaimed that individuals who experienced depression would see situations from a negative perspective, negatively misinterpret facts and experiences, limit their focus, and feel hopeless about their future. These negative thoughts have a direct relationship with the severity of the depressive symptoms.

Besides, many previous findings (i.e., Kelly, Tyrka, Price & Carpenter, 2008; Naing, Azillah, Nooriny, Tan, Yeow & Hamidin, 2010; Ahmad & Mazlan, 2014; Parveen & Javed, 2015) revealed the significant association between gender and depressive symptoms. Kelly et al. (2008), in their study, disclosed that the level of depression is significantly different between males and females, where females are reported to have more depressive symptoms than male. According to Ahmad and Mazlan (2014), a female who had depression is more likely to be influenced by socio-demographic stressors such as family-related problems and education status rather than psychosocial and life events stressors.

A number of researchers for instance, Subramaniam, Harrell, Huntley & Beck (2009) and Eun-Ho Lee, et al. (2017) believe that prevention should be implemented during childhood and adolescence as depression at this developmental stage, particularly during adolescence, is significantly associated with serious negative outcomes such as school dropout, drug abuse and suicide attempts. By identifying the depression symptoms and implementing effective coping styles, the adolescence can be prepared to face any crises that might happen (Sadaghiani & Sorkhab, 2013). Therefore, Eun-Ho Lee et al. (2017), asserted that the identification of depression symptoms among adolescence is important as it will provide a greater understanding of influential results related to the symptoms that can potentially contribute as risk factors in nonclinical adolescents. Furthermore, the difference of coping styles employed by female and male's adolescent to overcome their depression is also focused in this study as previous studies suggested that gender is a key aspect that need to consider as female are reported to have depression higher than male. Besides, this study is also focus on non clinical adolescents as majority of previous studies on depression in Malaysia employed individuals that have

specific criteria as their respondents i.e. first year students in public universities in Malaysia (Hassan, Hayati & Salmiah, 2016), secondary boarding school students (Wahab, Rahman, Wan Hasan, Zamani, Arbaiei, Khor & Naw, 2013) and university students from B40 households in Malaysia (Ibrahim, Amit, Shahar, Wee, Ismail, Khairudin, Siau, & Safien, 2019).

Therefore, this study aims to investigate the depression in male and female Malaysian adolescents who were experiencing developmental crisis and the significant influence of coping styles that they utilized in managing their depression. Specifically, the objectives of this study are to investigate:

- i. The symptoms of depression in male and female adolescents
- ii. The difference in the level of depression between male and female adolescents
- iii. The influence of coping styles on the depression of male and female adolescents.

## CONCEPTUAL FRAMEWORK

Adolescence can be a tumultuous stage, and most teenagers' progress through this period of life with few obvious behavioral problems (Hazen, Schlozman & Beresin, 2008). Erikson (1968) in his book "Identity, Youth, and Crisis" proclaims that the transition from childhood to adulthood could cause adolescents to experience 'identity versus role confusion crisis' stage of psychosocial development. This crisis identified as one of the developmental crises related to transitional phases experienced by all individuals when they move from one stage of life to another (Kanel, 2012). It is known as the most challenging part in psychosocial stages as adolescents' thoughts will become borders in between the childhood and adulthood days, as well as between the morality learned by the child and the ethics to be developed by the adult (Erikson, 1968). Therefore, adaptation is a crucial process to help them construct their own unique sense of identity, and allow them to find the social environment where they can belong to and create meaningful relationship with others.

During this period of time, many psychologists believed that adolescents are encountered with depression. According to Ibrahim et al. (2017) and Beck (1967), depression-prone individuals developed a negative self-schema and possessed a set of beliefs and expectations about themselves that are essentially negative and pessimistic. In general, it may occur during schooling years and differ between gender as female adolescents were reported to demonstrate higher depression scores compared to male (Wade, Cairney, & Pevalin, 2002; Gaspar de Matos, Ferreira, Tomé, Borges & Manso, Ferreira, 2009; Ahmad & Mazlan, 2014; Parveen & Javed, 2015). According to Zartalousi (2011), females are more likely to show depressive symptoms, such as crying, change of appetite or weight, than male. The males tend to manifest the symptoms but more likely to show it directly by committing suicide as well as abusing alcohol, and drugs. There are similar studies showed that females have higher rates of depression as they progressively become more developmentally mature.

Though depression is considered as serious illness by National Institute of Mental Health [NIMH] (2011), but it is claimed to remain undetected and untreated (Chan, Hutagalung & Lau, 2017). Gilead and Mulaik (1983) believed that the failure of positive adaptive efforts to assume an adult role at this early stage may cause behavioral problems for instance rebellion, withdrawal into self, or physical avoidance that eventually led to other behaviors such as substance abuse or dangerous acting. Hence, it is important to handle the crisis encountered by adolescents who are at the schooling age, i.e., 12-19 years old effectively to avoid further damage to their mental health. During this transition, life may seem confusing and difficult to adolescents. Without proper treatment, numerous repercussions such as depression, post-traumatic stress disorder, and failure of coping can occur and lead to psychological disequilibrium that can be characterized by feeling of anxiety, helplessness, confusion, agitation etc. Many researchers in the field of psychology believe that the success of the adaptation process during the adolescence stage is closely related to the coping style employed by adolescents. Kanel (2012) in his trilogy definition linked crisis to the failure of an individual's usual coping methods, which causes the individual experiencing the precipitating event to function at a lower level than before the event occurs and this can lead to depression.

Coping styles can be seen as a way or alternative to assist adolescents to cope with the situations of crisis events. Cash and Gardner (2011) have listed various coping strategies which can be derived from the perspectives of cognitive or behavioural aspects and they focused on the problem on hand or on the management of emotions that have been triggered by the problems. However, Endler and Parker (1990) has developed an inventory for measuring the coping styles that entitled Coping Inventory for Stressful Situation (CISS) with the three dimensions as shown below:

- a) *Task*  
This dimension describes purposeful task-oriented efforts aimed at solving the problem, cognitively restructuring the problem, or attempts to alter the situation. The main emphasis is on the task or planning, and on attempts to solve the problem.
- b) *Emotion*  
This dimension describes the emotional reactions that encompass self-oriented coping strategy, and its aim is to reduce stress. Reactions include emotional responses (e.g., blame myself for being too emotional, get angry, become tense), self-preoccupation, and fantasizing (daydreaming reactions). In some cases, the reaction increases stress (e.g., become very upset, become very tense). The reaction is oriented towards the person.
- c) *Avoidance* dimension describes activities and cognitive changes aimed at avoiding the stressful situation. This can occur via distracting oneself with other situations or tasks (task oriented) or via social diversion (person oriented) as a means of alleviating stress.

Endler and Parker (1990) also found on gender differences in coping behavior, with females reporting more emotion-oriented and avoidance-oriented coping behaviors than males. Males and females who scored high on the depressive symptoms were found to use more emotion-oriented coping than those who had a low score. Their study also revealed that the use of different coping styles is appropriate according to the intensity of the depression. It is similar to the findings of Mahmoud, Staten, and Hall's (2012) study that found that maladaptive coping was the main predictor of depression and also on anxiety, and stress. Based on their findings, Mahmoud et al. (2012) believed that by reducing maladaptive coping behaviors, it may have the most positive impact on reducing depression, anxiety, and stress among young adult's students.

## MATERIALS AND METHODS

This study was carried out with the aim of examining the symptoms of depression in male and female Malaysian adolescents and their coping styles. A cross sectional research design was employed in this study. The data was collected from students aged 16 years old in secondary schools in Penang, Malaysia using two main instruments, i.e. The Beck Depression Inventory II (BDI-II) (Beck, 1996) to measure symptom of depression among respondents. BDI-II has a 4-point scale from 0 (symptom absent) to 3 (severe symptoms). In this study, item number 21 (loss of libido) in BDI II was excluded from this study because it is inappropriate for the norms practiced in Malaysian culture. In addition, the item had produced erratic responses during the pilot study. Meanwhile, the Coping Inventory for Stressful Situations (CISS) (Endler & Parker, 1990) was used to identify types of coping styles from the respondents. CISS has 48 items on a five-point Likert-type rating scale ranging from (1) "not at all" to (5) "Very much." Respondents were asked to indicate how much they engage in these types of activities when encountering a difficult, stressful, or upsetting situation like a crisis event to identify three coping dimensions in CISS such as task, emotion, and avoidance-oriented coping styles.

A total of 560 students had participated as respondents in this study. Approximately 257 of the participants were males, and 303 of them were females. All the participants were among the age of 16 years old and they were selected from secondary schools in Penang (one of the states in Malaysia) using random sampling. Ethical approval was obtained from Universiti Sains Malaysia Research Ethics Committee.

The data was analysed using descriptive statistical analysis (i.e. mean and standard deviation) to identify the symptoms of depression. In addition, the t-test analysis was hired to determine the significant difference of depression between male and female, while regression analysis was employed for the identifying significant influence of coping styles on adolescent's depression.

## FINDINGS AND DISCUSSION

### Findings

The first objective of this study is to identify the symptoms of depression indicated by male and female adolescents who experienced a developmental crisis. In Table 1, the results revealed that the five main symptom of depression in male and female respondents are similar that lead by guilt (female:  $M=2.21 \pm .56$ ; male:  $M=2.06 \pm .57$ ). The other four symptoms are self-accusation (female:  $M=1.90 \pm .86$ ; male:  $M=1.75 \pm .82$ ), work difficulty (female:  $M=1.82 \pm .68$ ; male:  $M=1.62 \pm .71$ ) and punishment (male:  $M=1.79 \pm .75$ ; female:  $M=1.76 \pm .77$ ). On the other hand, the results in Table 1 indicate similar three lowest depression symptoms in male and female respondents namely female: weight loss ( $M=1.17 \pm .46$ ), loss appetite ( $M=1.37 \pm .63$ ) and suicidal ideas ( $M=1.38 \pm .60$ ) and male: weight loss ( $M=1.35 \pm .65$ ), loss appetite ( $M=1.32 \pm .62$ ) and suicidal ideas ( $M=1.30 \pm .56$ ). Though there are similar main symptoms of depression in both genders, the mean scores of four of them (i.e. guilt, self-accusation, work difficulty and sense of failure) are higher in female than male.

Table 1: Symptoms of depression for male and female students

Female	Male		
	Mean $\pm$ SD	Mean $\pm$ SD	
Guilt	2.21 $\pm$ .56	Guilt	2.06 $\pm$ .57
Self-Accusation	1.90 $\pm$ .86	Punishment	1.70 $\pm$ .75
Work Difficulty	1.82 $\pm$ .68	Self-Accusation	1.75 $\pm$ .82
Sense Of Failure	1.77 $\pm$ .88	Sense Of Failure	1.65 $\pm$ .81
Punishment	1.76 $\pm$ .77	Work Difficulty	1.62 $\pm$ .71
Fatigability	1.74 $\pm$ .72	Somatic Preoccupation	1.58 $\pm$ .71
Mood	1.74 $\pm$ .70	Fatigability	1.57 $\pm$ .67
Crying	1.71 $\pm$ .83	Self-Dissatisfaction	1.55 $\pm$ .70
Irritability	1.62 $\pm$ .76	Pessimism	1.53 $\pm$ .71
Self-Dislike	1.61 $\pm$ .63	Mood	1.51 $\pm$ .69
Indecisiveness	1.61 $\pm$ .87	Self-Dislike	1.50 $\pm$ .65
Somatic Preoccupation	1.60 $\pm$ .69	Irritability	1.49 $\pm$ .75
Self-Dissatisfaction	1.57 $\pm$ .68	Body Image Change	1.46 $\pm$ .76
Social Withdrawal	1.55 $\pm$ .69	Insomnia	1.44 $\pm$ .69
Body Image Change	1.52 $\pm$ .81	Crying	1.43 $\pm$ .74
Pessimism	1.50 $\pm$ .79	Social Withdrawal	1.42 $\pm$ .69

Insomnia	1.44 ± .70	Indecisiveness	1.40 ± .72
Suicidal Ideas	1.38 ± .60	Weight Loss	1.35 ± .65
Loss Appetite	1.37 ± .63	Loss Appetite	1.32 ± .62
Weight Loss	1.17 ± .46	Suicidal Ideas	1.30 ± .56

Further the t-test analysis was employed to measure the significant difference of depression in male and female respondents. In Table 2, the mean score values showed that depression is higher in female respondents ( $M= 33.94, SD=8.08$ ) compared to male ( $M=31.55; SD= 7.89$ ). Meanwhile, the t value and significant level (*p value*),  $t(536)=3.01, p=.001$  indicated that there is significant difference of depression in male and female respondents. Thus, it can be concluded that female respondents are suffering from depression more than their counterpart.

**Table 2: The independent sample t-test**

		Mean (M)	SD	Levene's Test for Equality of Variances	Sig.	t	df	Sig. (2-tailed)
Depression	Male	31.55	7.89	29.43	.001	3.01*	536	.001
	Female	33.94	8.08					

\* $p<.01$

The coping styles that employed by individuals could play an important role as intermediate or effective factors in managing mental illness such as depression, anxiety, and stress (Sadaghiani & Sorkhab, 2013). In this study, the results revealed that only 14% of variance change ( $R^2=.14, F=12.17, p=.001$ ) in male respondents' depression and 24% ( $R^2=.24, F=25.33, p=.001$ ) in female respondents are influenced by coping styles. This result indicates that the dependency of variance changes in depression based on the coping styles is higher in female compared to male. Furthermore, the results of the regression analysis in Table 4 indicate that only two coping styles i.e. task-oriented (male:  $\beta= -.19, p=.015$ ; female:  $\beta= -.34, p=.001$ ) and emotion-oriented (male:  $\beta= .37, p=.001$ ; female:  $\beta= .40, p=.001$ ) are significant predictors to the variance changes in respondents' depression. The  $\beta$  from the regression analysis also implies that task-oriented strategy is the best coping style that can lowered the students' depression level (regardless of their gender) compared to emotion-oriented coping strategy. The  $\beta$  value of emotion-oriented coping strategy indicates that students who employed the emotion-oriented coping style will become more depressed. Meanwhile, the  $\beta$  value of avoidance oriented indicates that this coping style does not have any significant impact on the respondents' depression, although majority of them were used this coping style.

**Table 3: The influence of coping styles on depression in male and female respondents**

Coping style (Independent variable)	Gender	Mean and SD	Depression (Dependent variable)	
			Male	Female
Task oriented	Male	3.33 + .52	-.19*	-.34*
	Female	3.40 + .54		
Emotion oriented	Male	2.95 + .46	.37*	.40*
	Female	3.08 + .49		
Avoidance-oriented	Male	3.38 + .53	-.02	-.24
	Female	3.46 + .57		
<i>R</i>			.37	.49
<i>R</i> <sup>2</sup>			.14	.24
<i>Adjusted R</i> <sup>2</sup>			.13	.23
<i>F Value</i>			12.17*	25.33*

\* $p<.05$

## DISCUSSION

This study revealed that depression is higher in female adolescents as compared to male adolescents. This result is similar with studies conducted by Zartaloudi (2011) and Wade et al. (2002) that revealed the gender gap in the adolescence depression, which females had significantly higher rates of depression compared to males. The level of depression found in the current study supported the study conducted by Wade et al. (2002) who found that the gender gap in depression consistently emerges by the age of 14. According to Silberg, Pickles, Rutter et al. (1999), one of the important factors that contributes to the difference of depression level between male and female adolescent is the pubertal change related to the reproductive hormone change. Besides, social factors, including negative life events and their interaction with pubertal status (but not hormonal status) also contribute to the difference. Findings also revealed that the major and minor depression symptoms indicated by female and male adolescents

have similarity. The five symptoms scored highest mean scores are guilt, self-accusation, work difficulty, punishment, sense of failure and self-accusation while the mild symptoms were suicidal ideas, loss appetite and weight loss. These symptoms are different from the symptoms indicated among the adolescents in Korea. As reported by Eun-Ho Lee, et al. (2017), the three depression symptoms that scored the highest mean score were 'changes in sleeping pattern', changes in appetite' and 'tiredness or fatigue'. They also concluded that the symptom of 'changes in sleeping pattern' might be affected by hormones released during adolescence as most adolescents who were not depressed or who were slightly depressed also experienced changes in sleep.

Meanwhile, the result of regression revealed that the coping style had a significant influence on the management of the students' depression of symptoms. However, the  $R^2$  values of this analysis showed that the influence of coping style on depression was higher in female adolescents compared to their counterpart. The two coping styles that were found as significant predictors were task oriented and emotion oriented. Though avoidance oriented was also identified in the previous studies (for instance in Matud, 2004; Meléndez, Mayordomo, Sancho & Tomás, 2012; Howerton, 2005; Parveen & Javed, 2015) as the most preferred coping style used by respondents particularly the females, though the  $\beta$  value in the regression analysis did not indicate this type of coping style as a significant predictor. Furthermore, the positive  $\beta$  value of emotion-oriented coping style indicated the positive influence of this coping style on depression. In other words, the utilization of this coping strategy will increase depression among adolescents. This finding is inconsistent with Sadaghiani and Sorkhab (2013), who identified avoidance as one of the coping styles that can play an essential role in reducing depression among adolescents. Their findings also suggested that emotion-focused was another coping style that could assist adolescence in coping with their depression. However, avoidance and emotional coping styles only give, at best, a temporary effect on students. The answer given by the respondents in this study revealed that task-oriented and emotion-oriented coping strategies have a significant influence on their depression. However, the utilization of emotion-oriented coping style did not play a significant role in assisting the adolescents in reducing their depression. Sadaghiani and Sorkhab (2013) asserted that the emotion-focused and avoidance could play an important role as an intermediate or one of the effective factors in the individuals in establishing negative effects such as depression, anxiety, and stress.

In explaining the different coping styles employed by male and female students, Matud (2004) clarified that females scored higher than males on the emotional and avoidance coping styles and male students were found to have more emotional inhibition than females. It explained that male students are less likely to express feelings as they may think that by expressing feelings is a sign of weakness, incompetence, and fear. This situation is related to social expectations of gender roles that always render a negative perception about the appropriateness of males to get support, and society expects a male adult to be self-sufficient. Thus, male students are more likely to use distraction to cope or avoid the problem. Besides that, female students tend to seek social support and assistance from peers compared to males when dealing with stress (Thaker & Verma, 2013). This is also consistent with the idea that these differences are linked to gender role in socialization, i.e., females engage in more negative events and emotions. Unfortunately, it has brought negative implications for the onset and stability of mental health and behavioral issues, and it is associated with depressive symptoms when the adolescent focuses on negative emotions. It helps to increase the recall of negative experiences. For those with rumination, it should be handled by problem-solving, and the use of cognitive distraction to relieve distress is not encouraged (Pereira, Matos, Pinheiroa & Costaa, 2016).

Previous researchers have also explained that an adolescent will feel hopelessness when he or she has no connection to coping behavior, and it may predict the number of suicide attempts. The use of denial in avoidance coping may be linked to depressive symptoms and it could lead to committing suicide when he or she practices it for an extended period (Horwitz, Hill, & King, 2010). According to Eun-Ho Lee et al. (2017), emotion-focused coping skills are beneficial in certain contexts because it is more useful to express the emotion rather than repressing it. Another study also shows that an adolescent who has resilience and practice problem-oriented coping style could be considered as a predictive variable for the mental health status. It helps to adjust the mental pressure. Thus, the relationship between depression and coping style is mediated by the effect of coping in response to a stressful event (Rajabi, Assareh, Shiri, Keshvari, & Mikaieli, 2014). However, Folkman and Lazarus (1986) believed that problem-focused coping style may not always be an effective strategy. Emotion-focused coping style is more likely to be effective in the short term, while the problem-focused coping style is more appropriate for a long-term solution. Therefore, Folkman and Lazarus (1986) argued that the efficacy of a given strategy depends on the nature of the stress situation and the persons' abilities in choosing a strategy to manage the situation.

## IMPLICATION

This study provides information and prior knowledge on depression symptoms of male and females adolescents and the influence of coping styles in managing the mental illness. Theoretically, this study has proved that female adolescents in Malaysia are more depressed than male adolescents. Consequently, this derived from many previous studies that have been employed in developing theoretical framework of this study. Furthermore, this study revealed two main coping styles that utilised by adolescents i.e task-oriented and emotion-oriented coping styles. However, the latter has negative impact on depression level of male and female adolescents as emotional reactions takes by them will increase their depression instead of reduce it.

This study implies that gender is an important aspect that needs to take into consideration in the effort of assisting and guiding adolescents in managing their depression as female adolescents are more depressive than male. Besides, the results also suggest that the utilization of task-oriented coping style is encouraged as it provides adolescents, regardless their gender, with a long-term effect in managing depression compared to emotion-oriented and avoidance-oriented. Thus, it is compulsory for the responsible groups at school level (i.e. administrators, teachers and counsellors) to assist the depressed students who are at adolescence stage by guiding them to manage their depression with appropriate approaches.

## CONCLUSION

Based on the findings, it can be concluded that though the majority of students have to experience critical depression, more female students tend to have critical depression compared to their counterpart. Furthermore, coping skill is a crucial element that needed to be exposed to all students, especially to female students, in assisting them to reduce the severity of their depression. Emotion-focused coping is less effective and is more likely to be correlated with psychological disturbance and poor psycho-social outcomes in comparison to problem-focused coping (Desmond, 2007). Therefore, proper and effective ways of coping styles need to be learned by all adolescents. Coping skills among students who experience developmental crisis is a crucial element in assisting them in managing their depression. Without effective coping skills, students may suffer from psychological consequences. In order to assist them to possess coping skills, the aspect of gender needs to be taken into account as the males and females suffer from depression differently. It may be identified using the Beck Depression Inventory II by examining various depression symptoms. Coping skills can be learned through crisis management or in schools; students can practice the most suitable methods of coping during formal class nor in co-curricular activities. As coping styles also affect the results of mental state among the students in developmental crisis, school counselors and teachers are the best models to practice effective coping skills. The adoption of effective coping skills will assist students in perceiving the events in many positive ways and help them to build strength from the crisis and prevent them from any mental illness.

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