

Psychosocial and Digital Determinants of Mental Health Among Nigerian Adolescents and Young Adults: Evidence from Emerging Research

NWANESI, B.O.¹, OCHOR, D.C.², CHRISTIAN J.³, JONATHAN, R.E.⁴

^{1,2,3,4}Faculty of Education, University of Port Harcourt, Choba, Port Harcourt, Rivers State.

ORCID iD: [0009-0008-0429-054X](https://orcid.org/0009-0008-0429-054X)

Abstract- Psychosocial factors and the evolving digital landscape increasingly influence the mental health of Nigerian adolescents and young adults. This conceptual review examines emerging evidence regarding social media exposure, problematic internet use, emotional reactivity, social support, artificial intelligence (AI)-based mental health screening, AI-mediated therapeutic relationships, social skills interventions, gender differences, and implications for mental health service delivery in Nigeria. Youth mental health is theorized as reflecting interconnected psychological, interpersonal, and technology-mediated influences, rather than solely individual vulnerability or digital exposure. Evidence suggests that negative social media content and problematic internet use may be associated with psychological distress and emotional problems, while positive interpersonal relationships can enhance coping and treatment engagement. AI tools have the potential to facilitate early detection of mental health issues and expand access to psychological services, but also pose risks related to privacy, algorithmic bias, cultural appropriateness, inaccuracy, emotional attachment to AI tools, and professional responsibility. The review underscores the importance of social skills development, gender-informed strategies, and community engagement to improve youth mental health outcomes. A psychosocial-digital approach is proposed, positioning digital technologies as supplements rather than replacements for mental health services within professional, family, and community contexts. The review recommends culturally appropriate, ethically sound, and people-centred digital mental health interventions in Nigeria, supported by longitudinal and mixed-methods research.

Keywords: adolescents, artificial intelligence, digital technology, mental health, nigeria, psychosocial determinants, social media, young adults

I. INTRODUCTION

Adolescence and young adulthood are critical periods of development that can affect how they regulate their emotions, cope with stress, relate to others, form their identity, engage in health-related behaviours, and seek assistance later in life. During these times, the scale of mental-health challenges is significant: the World Health Organization (WHO, 2025) estimates that approximately one in seven adolescents, ages 10–19, experience a mental-health condition, with the most common mental-health conditions being anxiety, depression and behavioural problems. One in three mental-health conditions develop by the time a child is 14 and around half by age 18 (WHO & UNICEF, 2024), highlighting the need for prevention and early intervention.

If a child or young person experiences mental-health problems at these developmental ages, they can have an impact on education, relationships, social functioning, and the quality of life that they will experience later in life. They are shaped by psychological traits and factors, family dynamics, peer relationships, schools, socioeconomic conditions, stigma, violence, and social isolation, as well as access to the right support and care (WHO, 2024, 2025).

This is a very important problem in Nigeria where children and adolescents make up a significant part of the population. According to UNICEF (2024), the youth population of 0-17 years constitutes nearly 105 million Nigerians, which accounts for about half of the country's population. However, recent findings in Nigeria indicate that socioeconomic factors, culture,

stigma, awareness, and support are ongoing challenges for mental health (Izugbara, 2025; Chukwuemeka et al., 2026). These challenges come at a time of rapid growth in digital technology.

According to DataReportal (2025) and (2026), Nigeria's internet user population was estimated at 107 million in January 2025, and social-media participation was expected to continue to rise. In January 2025, Nigeria had an estimated 107 million internet users, and subsequent estimates expected the number of social-media participation user identities to grow (DataReportal, 2025, 2026). Digital platforms have thus entered young people's social experiences and have gained significance in terms of communication, identity, peer interactions, information seeking and exposure to behavioural models. But they don't always have a positive or negative effect on mental health. However, the link is complex and can go in two directions – using digital engagement can be a factor in psychological problems, and psychological problems can also increase or worsen technology use, according to WHO Regional Office for Europe (2025).

New Nigerian research is increasingly showing the importance of considering digital experiences alongside psychosocial issues. George and Ochor (2026) associated exposure to substance-related social-media content with the behavioural and psychological outcomes of adolescents, and George and Udofia (2026) reported emotional reactivity and perceived social support as a dimension of problematic internet use among university students in Nigeria. Isaiah et al. (2026) also highlighted the role of interpersonal support in treatment engagement among emerging adults with mental illness and explored the emerging role of artificial intelligence in mental health screening of adolescents and AI-mediated therapeutic relationships. Structured social-skills interventions were also found to be relevant to young people's behaviour problems in Nigeria, as demonstrated by Naibo et al. (2026), alongside the importance of gender in this regard. Together, these studies indicate that a symptom-based or time-spent-on-screen approach to understanding youth mental health is insufficient; it is necessary to consider the dynamics of digital exposure, online content,

emotional traits, social support, gender, behavioural patterns, and access to professional care. The key research gaps, therefore, are the need for an integrated psychosocial-digital perspective that helps understand how these factors collectively influence mental-health outcomes among Nigeria's adolescents and young adults and how digital innovations can support, and not replace, human and community-based mental-health services.

II. CONCEPTUALIZING PSYCHOSOCIAL AND DIGITAL DETERMINANTS

Psychosocial factors of mental health include psychological factors and social factors that work together to affect how youth experience, interpret, and react to their experiences. These encompass emotional regulation, coping ability, interpersonal interactions, family and peer support, social skills, behavioural patterns, perceived stigma, and social environments. These factors are especially important in adolescence and young adulthood, when they are becoming independent, forming an identity, developing emotional intelligence and interpersonal skills.

Adolescent mental health is a complex product of the interplay between individual, family, school and community-related factors that influence mental health, such as emotional regulation, peer relationships, social connectedness, exposure to adversity and access to appropriate support (World Health Organization (WHO), 2025). Social support may also impact the coping and treatment-seeking behaviours of emerging adults with mental illness, as recent Nigerian research suggests that supportive relationships with family members, significant others, and health care providers can promote treatment adherence (Isaiah et al., 2026). Likewise, findings from Nigerian youths have shown that enhancing social skills can improve behavioural functioning, highlighting the importance of interpersonal skills in youth psychology (Naibo et al., 2026). Psychosocial determinants should then be considered as resources and vulnerabilities, as well as part of a system, rather than individual factors that affect mental health in specific social and cultural contexts.

The digital determinants extend this view, acknowledging the ways that today's young people are creating and sustaining relationships in technology-mediated environments. These factors range from social media engagement patterns and problematic Internet use to exposure to negative content and cyberbullying, social comparison and algorithmically tailored content, digital social support and online help-seeking, digital health literacy, and novel mechanisms of Artificial Intelligence (AI) for assessing mental health and providing mental health support.

The increasing importance of these factors is reflected in Nigerian studies, which have shown that exposure to social media is correlated with normalization of substance use and psychological distress among adolescents (George & Ochor, 2026) and that internet addiction is correlated with psychological distress and emotional reactivity in university students (George & Udofia, 2026). Meanwhile, AI is opening up novel avenues for mental-health screening via mobile-health apps and for conversations with a mental-health professional via generative-AI chatbots (Isaiah et al., 2026). Importantly, psychosocial and digital determinants are not two distinct spheres, but are interwoven.

For example, a lonely teen might use social media to meet others, find helpful information and support, but also be exposed to unhealthy content, cyberbullying and social comparisons. Similarly, an emerging adult who faces obstacles to accessing professional care may turn to an AI chatbot, where they may receive instant assistance and, in turn, might question the accuracy of the information, privacy concerns, attachment, and the scope of automated psychological support. The psychosocial-digital approach thus views youth mental health as a dynamic process of the relationship between individual factors, interpersonal relationships, social settings, and technology-mediated experiences (WHO Regional Office for Europe, 2025).

III. DIGITAL TECHNOLOGY AND ADOLESCENT MENTAL HEALTH

Digital technology has grown to be a significant aspect of adolescents' development, influencing their patterns of communication, peer relationships, sense of identity, and information gathering and access to mental health services; and the extent to which digital technology impacts mental health depends on the type, amount, and context of digital engagement. Evidence from Nigeria indicates that exposure to social media content isn't just limited to entertainment and communication but can also shape behavioural norms and psychological well-being. George and Ochor (2026) noted that adolescents in Akwa Ibom State who were exposed to social-media content about substances were associated with substance use and psychological distress.

Likewise, George and Udofia (2026) show that problematic internet use is associated with psychological traits, including emotional reactivity and perceived social support, suggesting that the extent of problematic Internet use should be considered in the broader emotional and interpersonal contexts of youth. Social support, however, is an important protective resource, with Isaiah et al. (2026) finding that supportive relationships with family members, significant others, and healthcare providers can help with treatment engagement for emerging adults with mental illness. The digital mental health domain continues to grow with the emergence of AI-powered mobile apps for early identification and screening of adolescent mental health conditions, and generative-AI chatbots for novel technology-mediated psychological interaction (Isaiah et al., 2026). While these technologies could enhance access to the system, help reach groups who may not otherwise be able to access an initial level of mental-health support, improve its accuracy, and respect privacy, emotional attachment, and appropriate professional boundaries, they also raise concerns. Therefore, psychosocial interventions must continue to play a key role in digital mental-health strategies, as evidence shows that structured social-skills training can help learners with behavioural difficulties, and that gender is a key consideration as young people may experience psychosocial differences and respond differently to psychosocial interventions (Naibo et al., 2026).

These developments mean there is a need for a human-centred digital approach to mental health services in Nigeria, where AI screening, mobile-health applications, telepsychology, and digital psychoeducation support but do not supplant psychologists, counsellors, families, and community-based services. Future studies should therefore shift the focus beyond simple screen time metrics to longitudinal and multi-methods studies of digital content, emotional processes, social support, gender, help-seeking and mental-health outcomes, and to culturally appropriate, ethical, professionally supervised and school-, university-, primary healthcare-, and community-integrated AI tools (WHO Regional Office for Europe, 2025).

IV. SOCIAL MEDIA EXPOSURE AND PSYCHOLOGICAL DISTRESS

Adolescents' emotional and psychological functioning becomes more relevant to youth mental-health research as social media starts to play an increasingly important role in their social and psychosocial setting in which they build relationships, construct identity, and understand social norms. While social media can facilitate communication, social belonging, and access to supportive information, exposure to problematic content, social comparison, interpersonal conflicts, and models of undesirable behaviour can lead to psychological vulnerabilities. The case of Nigeria is noteworthy. George and Ochor (2026) conducted a longitudinal study of adolescents in Akwa Ibom State and explored the association of exposure to social media content normalizing the use of drugs and alcohol with subsequent drug and alcohol use and psychological distress. Their results suggest that digital exposure can have an impact on adolescents' mental health, and that more than just the amount of digital exposure, the content and social meaning of exposure can be important. This view aligns with WHO's stance that digital technologies can have positive and negative impacts and that adolescents who are already at risk of negative psychological outcomes could be at further risk (World Health Organization Regional Office for Europe, 2025).

Exposure to social media should thus be considered a multi-dimensional factor, consisting of what a young person is exposed to on social media, how often, how they understand and interpret social media interactions, and the psychosocial supports they receive outside of it. This distinction is significant for the Nigerian context as social media can also be a source of peer connection and social support, and a medium in which harmful norms, misinformation, and psychologically distressing experiences are encountered. Further studies should therefore emphasize longitudinal research on digital content use, patterns of engagement, social context, and individual vulnerability, beyond only screen use, in explaining psychological distress among Nigerian adolescents (George & Ochor, 2026; WHO Regional Office for Europe, 2025).

V. INTERNET ADDICTION AND EMOTIONAL REACTIVITY

Problematic or addictive internet use is an important psychosocial aspect of digital technology because its impact can reach beyond spending excessive time online to impact emotional functioning, coping, and interpersonal relationships. In the context of Nigerian university students, George and Udofia (2026) investigated emotional reactivity and perceived social support as psychological factors associated with internet addiction, emphasizing the need to explore the emotional and social dynamics that contribute to problematic internet use. Emotional reactivity can impact how young people react to stressful events, interpersonal challenges and negative experiences, making them more likely to use online settings to distract, reassure or take a momentary "respite from" feelings of stress. Concurrently, excessive and unsupervised Internet use can disrupt social, school, sleep and other activities, and negatively affect psychological functioning, potentially worsening psychological outcomes.

Perceived social support is especially important, as people with greater social supports may have other healthy outlets for coping with stress and emotional problems, while those who feel lonely or lack adequate interpersonal supports may turn more to digital environments. This aligns with evidence that

social relationships are a critical part of the mental-health resilience and treatment engagement of youth (Isaiah et al., 2026; World Health Organization [WHO], 2025). Thus, internet addiction is not just an excess of connectivity among Nigerian adolescents and youths but an emotional reactivity-coping-social support and Digital dependence relationship. These mutually influential psychological and social mechanisms, however, need to be explored in greater detail in future studies, and it should be determined if emotional vulnerability is a precursor to problematic internet use, or if problematic use is a precursor to emotional vulnerability, or if they occur concurrently (George & Udofia, 2026; WHO Regional Office for Europe, 2025).

VI. SOCIAL SUPPORT AND MENTAL-HEALTH OUTCOMES

Social support is an important protective factor for mental well-being, as supportive relationships can offer emotional support, help, guidance, and a feeling of belonging during mental health problems. Support from parents, siblings, peers, teachers, partner(s), and health professionals can impact coping, help-seeking, and appropriate help-seeking for adolescents and young adults. This is also supported by recent evidence in Nigeria. Among emerging adults with mental illness, the extent of engagement with and adherence to treatment was found to be related to supportive relationships with family members, significant others, and health care providers; that is, social environments in which young people seek and receive treatment are important to treatment engagement and adherence to treatment, as well as individual motivation (Isaiah et al., 2026). This is especially important in a digitalizing society where online environments can reinforce or undermine existing social ties and networks.

While digital communication can offer opportunities for young people who feel isolated to stay connected, find peer communities, and get health and wellness information, this virtual interaction should not replace significant interpersonal interactions. In fact, those who are feeling lonely or psychologically distressed could be more susceptible to online interactions, as well as to problematic Internet use,

and harmful social comparison or unsupportive online experiences (George & Udofia, 2026). In this psychosocial context, the nature and quality of support is thus crucial to understanding how digital engagement can be utilized as a tool and/or as a further risk. Mental-health interventions in Nigeria should therefore involve the family, peers, and community, with AI-enabled platforms used to aid referrals, psychoeducation, and linking users to the right people, but not to completely cut users off from social and professional networks. This holistic approach aligns with WHO's understanding that social connectedness, supportive relationships, and accessible care are vital factors in adolescent mental health (World Health Organization [WHO], 2025; WHO Regional Office for Europe, 2025).

VII. AI-BASED MENTAL-HEALTH SCREENING

Artificial intelligence is emerging as a solution for detecting mental-health problems in adolescents, especially in areas with low mental-health professional availability. AI algorithms could analyze self-reported symptoms, mood logs, behavioral data, and other digital information to detect patterns that could be a sign of a deeper psychological evaluation. In recent Nigerian research by Isaiah et al. (2026), they explored how mobile-health technology and artificial intelligence can be used to screen adolescents for mental-health problems, and their systematic review revealed that AI, machine learning, digital phenotyping, and mobile-health apps are promising new tools for the early detection of mental-health issues among youths. There is great relevance of such technologies to Nigeria as digital screening may offer an alternative avenue to engage adolescents who do not willingly seek care at traditional mental health services due to stigma, lack of awareness, or geographic barriers, or inadequate availability of mental health services. However, AI screening should be viewed as a tool for early detection and diagnosis support, not as a substitute for healthcare provider diagnosis.

Algorithmic inaccuracy, false positive and false negative classifications, informed consent, privacy, data security, cultural validity and potential bias are

especially salient concerns when technologies are used with youth. The utility of AI-based screening for adolescents in Nigeria will be determined, however, not just by technology but by the cultural appropriateness of systems, the evidence of their effectiveness, and the availability of systems that link to human-led assessment and intervention. Further studies should therefore explore the diagnostic and predictive validity of AI screening tools across different groups in Nigeria, such as language, socio-economic status, gender, and geographical region, and develop appropriate referral pathways within the school, university, primary health care, and community mental-health services (Isaiah et al., 2026; World Health Organization Regional Office for Europe, 2025).

VIII. AI CHATBOTS AND EMERGING THERAPEUTIC RELATIONSHIPS

The new frontier of digital mental health support has been brought about by generative AI, with the ability to have conversations with the machine that can give real-time responses to emotional needs. While other mental-health apps typically offer standardized information or screening questionnaires, AI chatbots can offer a sense of personalized dialogue, potentially making it more likely that users will share what they are thinking or worrying about with the AI bot that with another person. This is especially relevant in contexts where there is stigma, affordability, or lack of professionals and/or geographical barriers to access to psychological services.

The study by Isaiah et al. (2026) which focused on the lived experiences of adults using generative-AI mental-health chatbots is recent research from Nigeria and sheds light on the formation of attachment and perceptions of AI-mediated therapeutic relationships. The value of this new bond is that users can potentially start to see it as a single source of information, and a source of emotional support as well. But there are also significant issues around the accuracy and appropriateness of the responses from AI, privacy and confidentiality, emotional dependence, cultural sensitivity, informed use and the difference between automated support and professional psychotherapy. They are particularly

significant for adolescents and youth, as is attachment, identity development, social belonging and emotional regulation for these developmental stages (World Health Organization [WHO], 2025). AI chatbots, therefore, have a role within a human-centred mental-health system, and can be used for psychoeducation, initial guidance, self-monitoring and referral, but should not replace qualified psychologists, counsellors, psychiatrists or meaningful human relationships. Future studies in Nigeria should explore the perception of effectiveness, help-seeking, attachment, and trust, as well as explore the effects of age, gender, cultural background, psychological vulnerability, digital literacy and the patterns of using chatbots on mental-health care, and develop ethical and professional guidelines for responsible mental-health care with AI (WHO Regional Office for Europe, 2025; Isaiah et al., 2026).

IX. SOCIAL SKILLS INTERVENTIONS AND BEHAVIOURAL PROBLEMS

Social skills are an important psychosocial resource for adolescents and young adults because how they communicate, express their emotions, cooperate, connect with others, resolve conflict and manage interpersonal problems can impact their ability to respond to social demands and psychological stressors. These competencies can be lacking and can lead to interpersonal conflict, social isolation and unproductive behavioural styles, especially for adolescents who are raised by difficult families, peers and communities. Structured psychosocial intervention was found to be relevant in Nigeria. Naibo et al. (2026) studied social-skills training for juvenile offenders from a correction centre in Nigeria and found it to be effective in reducing conduct-disorder symptoms, as well as highlighting gender differences in social skills. The importance of such interventions is also carried over to the wider digital world, as many of the interpersonal skills needed to have healthy relationships in real life also apply to the digital world.

Adolescents who are better able to assess information on the internet, assertively handle interpersonal conflict, reject negative peer influence and handle

cyber-social pressures appropriately may possess enhanced communication, emotional-regulation and problem-solving abilities. However, poor social skills could make it more likely to fall victim to negative online relationships and experiences. Social-skills interventions should, therefore, be viewed as a component of a comprehensive youth mental-health approach, not as a stand-alone corrective program for behaviour disorders. Interventions could take place in school, university, correctional institutions, youth clubs and community programmes in Nigeria, with more access to structured skills training being possible through digital programmes and AI-driven applications, under suitable professional oversight. This would acknowledge that digital mental health care must involve more than just technological advancements, but also build the interpersonal and emotional skills necessary for young people to thrive in their families, peer groups, schools and communities (Naibo et al., 2026; World Health Organization [WHO], 2025).

X. GENDER DIFFERENCES IN PSYCHOSOCIAL OUTCOMES

Gender is a key factor in the psychosocial and digital determinants of mental health as young people could have different social expectations, interpersonal pressures, behavioural environments and patterns of seeking help. Gender should not, however, be considered as a straightforward biological cause of psychological outcomes; instead, any differences may be due to socialization, family relationships, adverse circumstances, culturally shared expectations or access to psychosocial resources. Experience in Nigeria highlights the importance of including this dimension in mental-health research among young people. When evaluating children's social skills training and symptoms of conduct disorder in a Correctional Centre in Nigeria, Naibo et al. (2026) specifically looked at gender differences and the outcomes of the interventions, highlighting the need to investigate if psychosocial interventions have similar effects across genders. There is also evidence at the international level that this is not the same. According to the World Health Organization (WHO) Regional Office for Europe (2024) problematic social-media use (PSU) was more common among

girls (13%) than boys (9%) in the 44 countries and regions included in the survey Health Behaviour in School-aged Children.

While these numbers cannot be directly translated to the case of Nigerian adolescents, they offer a starting point to explore and understand if there is a relationship between gender and patterns of digital engagement, as well as the psychological outcomes. In Nigeria, gender-sensitive research should thus focus on gender differences in exposure to online risks, emotional reactions, social support, coping, seeking assistance and reactions to AI-assisted and/or psychosocial interventions. This can help to avoid the creation of 'one size fits all' mental-health programmes and facilitate interventions that are responsive to the social and psychological context of specific groups of young people (Naibo et al., 2026; WHO Regional Office for Europe, 2024, 2025).

XI. IMPLICATIONS FOR NIGERIAN MENTAL-HEALTH SERVICES

The growing connection between psychosocial factors, digital technology and youth mental health has significant policy and service implications for the provision of mental health services in Nigeria. Stigma, lack of awareness, a shortage of trained workers, a lack of integration of services, and unequal access to care are all factors that can make it difficult for adolescents and young adults to receive timely assistance. Digital technologies, therefore, have the potential to extend the reach of the current services via mobile-health applications, online psychoeducation, telepsychology, AI-assisted screening, digital self-monitoring and structured referral systems. In recent times, there was evidence from Nigeria that AI-driven screening could aid in early identification of mental-health risks, and that digital interventions might help to bridge the gap for underserved populations with suitable services (Isaiah et al., 2026; Ojo-Rowland et al., 2026). Digitalization needs to be seen as a supplement to the mental-health system, not as a replacement for professional and community-based services, however.

For instance, AI-driven evaluations and chatbot interactions may not be accurate, may have privacy concerns, and could be subject to algorithmic bias and cultural sensibilities, which is why it's important to have human oversight. Additionally, the inclusion of family, peer and community support is important, as evidence shows that positive relationships can increase treatment engagement and adherence among emerging adults with mental illness (Isaiah et al., 2026). The mental-health services in Nigeria should, therefore, adopt a coordinated model where school, university, primary healthcare centers, specialist mental-health organizations, families and community-oriented organizations are all engaged with the appropriate and well-regulated digital platforms. This would enable the use of technology to enhance access to mental health care for young people, while maintaining the human relationships, professional judgement and culturally informed support that is essential for providing high quality care for mental health (World Health Organization [WHO], 2025; WHO Regional Office for Europe, 2025).

XII. FUTURE DIRECTIONS FOR AI-ASSISTED AND COMMUNITY-BASED INTERVENTIONS

The continued development of Youth Mental Health Services in Nigeria should strive to include other Digital technologies like Artificial Intelligence (AI) that can enhance the existing Psychosocial and Community-based services. AI-driven platforms and systems may have a role to play in early detection, monitoring of symptoms, psychoeducation, reminder systems for appointments, and providing basic psychological skills training, as well as referring to competent services; meanwhile, mobile-health systems may be used to deliver services to adolescents and young adults who have geographical, financial or stigma-related barriers to accessing conventional services (Isaiah et al., 2026; Ojo-Rowland et al., 2026). Technological advancements must be balanced with careful longitudinal and mixed methods studies on the accuracy, acceptability, cultural appropriateness, privacy, safety and long-term psychological impacts of these interventions, however.

Further studies should investigate and explain the role of gender, socio-economic, emotional reactivity, social support and digital literacy in engagement and outcomes. Importantly, community-based interventions should not be forgotten as their interpersonal support, and contextual understanding, is what technology cannot replace and is needed within the family, school, primary health care system, youth organizations, and community leaders. There must be a Human-in-the-loop approach to future AI systems, where automated screening, education and monitoring are supported by trained professionals who make assessment and treatment decisions and intervene in high-risk situations. This strategy has the potential to facilitate a continuum of care to include community-based prevention, school and university programmes, digital screening, assessment by professionals and referral to specialist services, in Nigeria. This integration would enable the country to access technological innovations that would not compromise the social connections and professional services that are key to sustainable youth mental-health promotion (WHO Regional Office for Europe, 2025; Isaiah et al., 2026).

XIII. CONCLUSION

Nigeria's psychosocial environment and the increasing digitization of society interact to influence the mental health of adolescents and young adults in Nigeria. Social media exposure, problematic use of the internet, emotional reactivity, social support, gender, behavioural experiences and emerging technologies of artificial intelligence can impact psychological well-being in various and interrelated ways. While there are opportunities for AI-based screening and digital interventions to help increase access to and provision of early help, these should be in addition to and not in lieu of professional, family and community-based care. In this context, a sustainable approach to mental health in Nigeria should thus be a harmonious psychosocial-digital strategy, which will entail a combination of sustainable technological innovations and culturally appropriate, human-centred and community-supported mental health interventions.

XIV. SUGGESTIONS

Based on the foregoing, the following suggestions were made:

1. AI-based screening, mobile-health applications and digital psychoeducation should be incorporated into schools, universities and primary healthcare settings as supportive tools. At the same time, diagnosis, treatment decisions and high-risk cases remain under the supervision of qualified mental-health professionals.
2. Schools, universities and community organizations should educate young people on responsible social-media use, harmful online content, problematic internet use, cyberbullying, social comparison, online misinformation and appropriate help-seeking.
3. Mental-health programmes should strengthen social support, communication, emotional regulation and social skills, while encouraging families, peers, teachers and community health workers to participate appropriately in prevention, early identification and treatment support.
4. Developers and health authorities should address privacy, informed consent, data protection, algorithmic bias, cultural appropriateness, accuracy and the risk of inappropriate emotional dependence, ensuring that AI chatbots and screening systems complement rather than replace human psychological care.
5. Future studies should examine how social-media exposure, internet use, emotional reactivity, social support, gender, AI interaction and access to mental-health services jointly influence psychological outcomes among adolescents and young adults, thereby providing stronger evidence for effective community-based and AI-assisted interventions.

REFERENCES

- [1] DataReportal. (2025). *Digital 2025: Nigeria*. <https://datareportal.com/reports/digital-2025-nigeria>
- [2] George, I., & Ochor, D. C. (2026). Social media-mediated normalization of psychoactive substance use: Longitudinal impact on adolescent psychological distress across Akwa Ibom State, Nigeria. *International Journal of Social Science Exceptional Research*, 5(2), 210–218. <https://doi.org/10.54660/IJSSER.2026.5.2.210-218>
- [3] Isaiah, U. S., Adili-George, C. F., Effiong, J. E., Naibo, A. T., George, I., Useh, E. M., & others. (2026). *Lived experiences of AI-mediated therapeutic relationships: A qualitative exploration of user attachment to generative AI mental health chatbots among adults*. Research Square. <https://doi.org/10.21203/rs.3.rs-10010709/v1>
- [4] Isaiah, U. S., Useh, E. M., George, I., Franklin, C. C., Adili-George, C. F., & Ineme, M. E. (2026). AI-based screening of adolescent mental health conditions using mobile health applications: A systematic review. *Journal of Clinical Medicine & Health Care*, 3(2), 1–15. <https://doi.org/10.61440/JCMHC.2026.v3.56>
- [5] Isaiah, U. S., Useh, E. M., George, I., Adili-George, C. F., & others. (2026). *AI-based screening of adolescent mental health conditions using mobile health applications*. Conference paper.
- [6] Isaiah, U. S., Adili-George, C. F., Sunday, J. R., Ekerette, M. E., Abiama, E. E., Useh, E. M., George, I., & Naibo, A. T. (2026). The importance of social support for treatment regimen adherence among emerging adults experiencing mental illnesses. *International Journal of Clinical Studies & Medical Case Reports*, 58(5), 1–9. <https://doi.org/10.46998/IJCMCR.2026.58.001446>
- [7] Naibo, A. T., Obi-Nwosu, H., Useh, E. M., George, I. S., & Isaiah, U. S. (2026). Social skills training and gender differences in conduct disorder symptoms among juveniles in a Nigerian correctional centre. *Journal of Clinical Medicine & Health Care*, 3(2), 1–7. <https://doi.org/10.61440/JCMHC.2026.v3.58>
- [8] Ojo-Rowland, O. T., Sawyerr, D. O., Kazeem, S. A., Akinleye, E. D., Akporugo, P. O., Morenikeji, D. O., Akinbohun, O., &

- Adeyemi, E. O. (2026). Digital mental health interventions: Bridging the gap in adolescent mental health services in Nigeria. *British Journal of Healthcare and Medical Research*, 13(3), 110–127. <https://doi.org/10.14738/bjhr.1303.10807>
- [9] United Nations Children's Fund. (2024). *The state of Nigeria's children 2024: Summary of the updated situation analysis of children and adolescents in Nigeria*. UNICEF Nigeria.
- [10] World Health Organization. (2025). *Mental health of adolescents*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- [11] World Health Organization Regional Office for Europe. (2025). *Addressing the digital determinants of youth mental health and well-being: Policy brief*. World Health Organization. <https://www.who.int/europe/publications/i/item/WHO-EURO-2025-12187-51959-79685>