

Childhood Trauma, Sleep Quality, and Maladaptive Coping Strategies: Understanding Adolescent Mental Health Challenges and Developing Effective Interventions

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ABSTRACT: Adolescent mental health is increasingly recognized as a critical public health concern, with childhood trauma, sleep quality, and mental health disorders playing significant roles in shaping psychosocial well-being. This study employs a qualitative approach through in-depth interviews with adolescents and mental health professionals to explore the interconnections among adverse childhood experiences (ACEs), sleep disturbances, anxiety, depression, self-harm behaviors, and smoking. Thematic analysis reveals that childhood trauma is a major predictor of mental health disorders, leading to increased social withdrawal and maladaptive coping strategies. Sleep disturbances further aggravate emotional dysregulation, reinforcing cycles of anxiety and depressive symptoms. Additionally, adolescents engage in self-harm and smoking as mechanisms for temporary relief from psychological distress. Mental health professionals emphasize the need for evidence-based interventions such as cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and school-based mental health programs. The findings highlight the urgent need for holistic, multi-sectoral interventions integrating family, educational institutions, and healthcare systems to support adolescent mental health. Future research should focus on the long-term effects of interventions and the potential of digital mental health solutions in mitigating adolescent distress. These insights contribute to the ongoing discourse on improving adolescent mental health policies and intervention frameworks.

Keywords: Adolescent mental health; childhood trauma; sleep quality; self-harm; smoking behavior; psychosocial well-being; intervention strategies.



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INTRODUCTION

Adolescent mental health has emerged as a critical area of research due to its profound implications for psychological well-being and societal health outcomes (Greger et al., 2016; Lawrence et al., 2021; Wagner et al., 2017). The increasing prevalence of mental health disorders among

adolescents has raised concerns among healthcare professionals, educators, and policymakers. Mental health conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD) are becoming increasingly common, often exacerbated by adverse childhood experiences (ACEs), sleep disturbances, and maladaptive coping behaviors (Baiden et al., 2017; Knipschild et al., 2024). Adolescence is a crucial developmental stage marked by significant neurobiological, psychological, and social changes. These factors, combined with external stressors such as academic pressures, familial instability, and social dynamics, make adolescents particularly vulnerable to mental health challenges (Jurma et al., 2014). Understanding the interplay between these variables is essential for devising effective interventions to mitigate long-term mental health risks (Becerra-Culqui et al., 2018; Weiss et al., 2024).

A substantial body of literature has established a strong link between ACEs and mental health disorders in adolescents. ACEs encompass various traumatic experiences, including emotional abuse, physical neglect, household dysfunction, and exposure to violence. Research indicates that exposure to ACEs increases the likelihood of developing mental health disorders such as depression and anxiety, along with maladaptive behaviors, including non-suicidal self-injury (NSSI) and substance use (Dyk et al., 2019). Adolescents who have experienced trauma often exhibit heightened emotional dysregulation, impaired cognitive functioning, and difficulties in forming healthy interpersonal relationships (Baiden et al., 2017). Consequently, these factors contribute to an increased risk of engaging in self-destructive behaviors as a coping mechanism for unresolved trauma (Gmitroski et al., 2018; O'Donnell et al., 2022).

Another crucial factor influencing adolescent mental health is sleep quality. Sleep disturbances are highly prevalent among adolescents, particularly those struggling with mental health conditions. Studies indicate that poor sleep quality is associated with higher risks of internalizing disorders such as anxiety and depression (Clayborne et al., 2023). Furthermore, research has demonstrated that disrupted sleep patterns exacerbate existing mental health conditions, creating a cycle that negatively impacts emotional regulation and cognitive processing (Dyk et al., 2019). Adolescents with insomnia or irregular sleep patterns frequently report increased emotional distress and difficulties in managing daily stressors, highlighting the bidirectional relationship between sleep quality and mental health outcomes (Lateef et al., 2019).

Maladaptive coping mechanisms, including self-harm and smoking, further complicate adolescent mental health. Self-injury behaviors, commonly categorized under NSSI, are often employed as a means of emotional regulation by adolescents experiencing psychological distress (Bježančević et al., 2019). The prevalence of NSSI among adolescents is alarmingly high, with research indicating that a significant proportion of individuals who engage in self-harm exhibit co-occurring symptoms of anxiety and depression (Mucci et al., 2022). Similarly, adolescent smoking has been strongly linked to underlying mental health conditions. Studies suggest that smoking may serve as a form of self-medication for individuals experiencing high levels of stress, anxiety, or depressive symptoms (Alalwan et al., 2024). However, while smoking may provide temporary relief, it ultimately contributes to the worsening of mental health conditions by altering neurobiological functioning and reinforcing negative behavioral patterns (Lee & Lee, 2023).

Addressing adolescent mental health requires a multi-faceted approach that considers both psychosocial and physiological factors. Existing intervention strategies have shown promise in mitigating mental health challenges among adolescents. School-based mental health programs, for example, have been effective in promoting emotional well-being and providing early support for at-risk youth (Caqueo-Urizar et al., 2020; Jurma et al., 2014). Proactive mental health screenings within educational settings facilitate early identification of individuals experiencing psychological distress, enabling timely intervention before symptoms escalate (Trimble & Chandran, 2021). Moreover, cognitive-behavioral therapy (CBT) has been widely recognized as an effective treatment for adolescent anxiety and depression, equipping individuals with adaptive coping strategies and emotional regulation skills (Barbato et al., 2021).

Despite advancements in understanding the psychological impact of trauma and sleep disturbances on adolescents, current literature often treats these variables in isolation. Limited research critically examines the intersection of adverse childhood experiences, sleep quality, and maladaptive coping strategies—especially in adolescent populations from developing countries. Moreover, while interventions like CBT and DBT are widely recommended, their real-world applicability and cultural adaptation remain underexplored.

This study addresses these gaps by providing a qualitative, context-specific exploration of how trauma, sleep quality, and coping behaviors interact to shape mental health outcomes in Indonesian adolescents. By incorporating perspectives from both adolescents and mental health professionals, this research contributes a more holistic understanding that can inform both intervention development and policy design. The current study seeks to contribute to this field by examining the interconnected roles of childhood trauma, sleep disturbances, and maladaptive coping behaviors in shaping adolescent mental health outcomes. By employing a qualitative approach, this research aims to provide deeper insights into the lived experiences of adolescents facing mental health challenges and identify potential areas for targeted intervention (Barnes et al., 2018; Begun et al., 2016).

This study is guided by the hypothesis that ACEs, poor sleep quality, and maladaptive coping mechanisms collectively exacerbate mental health disorders in adolescents. The findings are expected to offer a nuanced understanding of the complex interactions between these variables, ultimately informing the development of more effective mental health interventions. Additionally, this research seeks to highlight the importance of integrated support systems, emphasizing the role of family, education, and healthcare professionals in fostering resilience and psychological well-being among adolescents.

By bridging the existing research gaps, this study aims to provide valuable contributions to the field of adolescent mental health. The outcomes will be instrumental in shaping evidence-based interventions and informing policy recommendations aimed at enhancing mental health services for young individuals. Through a comprehensive exploration of trauma, sleep, and coping mechanisms, this research aspires to pave the way for a more holistic and effective approach to adolescent mental health care.

METHOD

This study employed a qualitative research design to explore the impact of childhood trauma, sleep quality, and mental disorders on adolescent behavior and psychosocial well-being. Qualitative research methodologies are particularly effective in capturing complex psychological experiences and coping mechanisms, offering a deep understanding of individual perceptions and lived experiences (Knipschild et al., 2024). This study utilized in-depth interviews and narrative analysis to examine the personal accounts of adolescents dealing with mental health issues. These methods provided rich insights into the ways adolescents conceptualize and navigate mental health challenges, highlighting the nuanced interplay of trauma, sleep disturbances, and maladaptive coping behaviors.

The study was conducted in three urban centers: Jakarta, Bandung, and Surabaya. These locations were selected to represent diverse socio-cultural backgrounds and varying degrees of urbanization, which may influence adolescent mental health experiences. The participants included 15 adolescents aged 12–21 who had experienced mental health disorders, engaged in self-harm behaviors, or had smoking habits. Additionally, five mental health professionals (psychologists and psychiatrists) were included to provide expert perspectives on adolescent mental health challenges and intervention strategies. Participants were recruited through purposive sampling, a technique commonly used in qualitative research to ensure that selected individuals possess firsthand experience relevant to the study (Baiden et al., 2017). The inclusion criteria for adolescent participants required that they had previously been diagnosed with anxiety, depression, or PTSD, had engaged in self-harm, or had a history of smoking. Informed consent was obtained from all participants, and parental consent was required for those under 18 years of age.

The primary data collection method involved in-depth, semi-structured interviews with adolescents. In-depth interviews are a cornerstone of qualitative research, allowing for the exploration of personal experiences in a flexible yet systematic manner (Dyk et al., 2019). The interview guide was developed based on existing literature and pilot-tested to ensure clarity and relevance. The questions focused on key areas such as personal mental health history, experiences with adverse childhood events, sleep patterns, coping mechanisms, and perceptions of available mental health support. Participants were encouraged to share their experiences in their own words, fostering an open-ended and exploratory dialogue. Interviews were conducted in a private setting to ensure confidentiality and were audio-recorded with participants' consent.

In addition to interviews, a narrative analysis approach was used to examine how adolescents construct and interpret their experiences related to trauma, mental health, and coping behaviors. Narrative analysis is particularly useful in psychological research as it provides insights into how individuals assign meaning to their experiences and navigate emotional distress (Clayborne et al., 2023). This method helped identify recurring themes and patterns in how adolescents describe their struggles, emotional responses, and coping strategies. By focusing on personal narratives, this

approach shed light on the underlying psychological mechanisms that influence mental health outcomes among adolescents.

Data analysis followed a thematic approach, in which interview transcripts were coded and categorized into key themes. Thematic analysis is a widely used qualitative method that facilitates the identification of patterns within qualitative data while maintaining sensitivity to the nuances of individual experiences (Braun & Clarke, 2006). The coding process involved multiple stages: initial coding to identify broad categories, focused coding to refine key themes, and axial coding to explore relationships between themes. The main themes that emerged included the long-term psychological effects of childhood trauma, the impact of sleep quality on emotional regulation, the prevalence of self-harm as a coping mechanism, and the role of smoking in adolescent mental health.

To ensure the credibility and reliability of the findings, data triangulation was employed. Triangulation enhances research validity by cross-verifying information from multiple sources (Longmuir et al., 2018). In this study, triangulation was achieved by comparing self-reported experiences from adolescent participants with insights from mental health professionals. Additionally, observational data, such as non-verbal cues and emotional responses during interviews, were documented to provide further depth to the analysis. Member checking was also conducted, wherein selected participants reviewed summaries of their interviews to confirm the accuracy of the interpretations.

Ethical considerations were rigorously followed throughout the research process. Ethical approval was obtained from an institutional review board, ensuring that the study adhered to guidelines for working with vulnerable populations. Participants were fully informed about the study's objectives, the voluntary nature of participation, and their right to withdraw at any time without consequences. Pseudonyms were used to protect participant anonymity, and all data were stored securely with restricted access. Special care was taken in addressing the emotional sensitivity of the topics discussed; participants experiencing distress were provided with information about mental health support services available to them.

This study acknowledges certain limitations inherent in qualitative research. The reliance on self-reported data may introduce recall bias, as participants might struggle to accurately recall past experiences, particularly those related to childhood trauma. Additionally, the sample size, while appropriate for qualitative inquiry, limits the generalizability of findings to broader populations. Future research could complement qualitative findings with quantitative data to strengthen the empirical foundation of adolescent mental health studies. Despite these limitations, the study provides valuable insights into the lived experiences of adolescents dealing with mental health challenges, offering a basis for future intervention strategies and policy development.

In conclusion, the methodological framework of this study ensures a comprehensive exploration of adolescent mental health, emphasizing the interconnections between childhood trauma, sleep quality, and maladaptive coping mechanisms. Through qualitative inquiry, this research captures the complexities of mental health struggles among adolescents, shedding light on the urgent need

for holistic, evidence-based interventions to support youth well-being. The findings contribute to the broader discourse on adolescent psychology and provide practical implications for mental health practitioners, educators, and policymakers aiming to improve mental health outcomes for young individuals.

RESULT AND DISCUSSION

The results of this study highlight the significant impact of childhood trauma, sleep quality, and mental disorders on adolescent psychosocial well-being. The findings reveal that early adverse experiences contribute to emotional distress and maladaptive coping strategies, while poor sleep exacerbates these challenges. Furthermore, the study uncovers the intricate connections between self-harm, smoking, and mental health struggles among adolescents. These themes were derived from in-depth interviews with participants and analyzed using thematic analysis.

3.1 Childhood Trauma and Adolescent Mental Health

Childhood trauma has been shown to have a lasting effect on adolescent mental health, leading to emotional dysregulation, social withdrawal, and maladaptive coping behaviors. Many participants reported experiencing verbal or physical abuse during childhood, which influenced their self-perception and emotional stability. One participant reflected, "I used to get yelled at a lot by my father. Sometimes he would hit me, but the words hurt more. It made me feel worthless" (I).

Literature indicates that adverse childhood experiences (ACEs) significantly impact brain development, increasing vulnerability to depression and anxiety (Peters et al., 2021; Morton, 2018). This aligns with the experiences of participants who reported long-term feelings of sadness, fear, and detachment from social interactions. Another participant noted, "Since middle school, I have felt sad all the time. It just never goes away" (L). The absence of supportive familial relationships further exacerbated these issues, with some participants struggling to seek help due to feelings of alienation (Cao et al., 2024; Stewart et al., 2022).

3.2 Sleep Quality and Emotional Regulation

The study also found a strong link between poor sleep quality and emotional dysregulation among adolescents. Participants frequently reported experiencing difficulties falling asleep, interrupted sleep, or excessive daytime fatigue. "I usually stay up until 3 or 4 in the morning. My mind keeps racing, and I can't relax," one participant shared (R). Another participant added, "I sleep during the day, but at night, I just can't rest. I wake up suddenly and feel anxious" (N).

Research has demonstrated that inadequate sleep heightens emotional reactivity, particularly by increasing amygdala activation, which is responsible for processing emotional responses (Haraden et al., 2017). Participants frequently described heightened stress levels, irritability, and difficulty managing their emotions due to chronic sleep deprivation. "If I don't sleep well, I get annoyed at the smallest things. I snap at people for no reason," one adolescent remarked (M). This aligns with the literature indicating that poor sleep contributes to mood instability and heightened anxiety (Lateef et al., 2019; Dyk et al., 2019).

3.3 Self-Harm and Coping Mechanisms

Self-harm emerged as a prevalent coping mechanism among participants, particularly those experiencing chronic stress, anxiety, or depression. "I first tried hurting myself in middle school. I felt empty inside, and it was the only thing that made me feel something real," one participant admitted (F). Another respondent recounted, "At first, I did it just to see if it helped. But over time, it became a habit" (K).

Consistent with existing literature, self-harm was frequently used to regulate overwhelming emotions and provide a temporary sense of relief (Kudinova et al., 2023). Participants described the act as a means of externalizing internal pain, a finding supported by the Emotion Regulation Model (Nock & Prinstein, 2004). Some also reported secrecy surrounding their behavior, reinforcing the isolating nature of self-harm. "Nobody knows about it. I wear long sleeves to hide the scars," one adolescent disclosed (J).

Interventions such as cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) have been shown to reduce self-harm behaviors by improving emotional regulation skills (Peters et al., 2021; Seim et al., 2020). However, participants expressed reluctance to seek professional help due to stigma and fear of judgment. "I don't talk to anyone about it because I'm afraid they won't understand," one participant explained (D).

3.4 Smoking as a Coping Mechanism

Adolescents in this study frequently turned to smoking as a means of coping with stress, anxiety, or social pressures. "A friend gave me a cigarette, saying it would help me relax. After that, I just kept going," one participant shared (H). Another noted, "I started smoking in high school. It felt like an escape from everything" (B).

Nicotine dependence has been linked to higher anxiety and depressive symptoms, as it temporarily alleviates stress but worsens mental health over time (Lerman et al., 2014; Khantzian, 1997). Participants described using smoking as a way to self-soothe, despite being aware of its negative consequences. "I know smoking isn't good for me, but I feel like I need it when I'm overwhelmed," one respondent admitted (Y).

Research highlights that adolescents with ACEs are more likely to adopt smoking behaviors as a maladaptive coping strategy (Baiden et al., 2017). Participants in this study demonstrated this pattern, with several citing stressful home environments and peer influences as contributing factors. "I never thought I'd smoke, but being around friends who do made it easier to try. Now, it's just a habit," one individual confessed (E).

Mental health professionals in this study acknowledged the psychological component of smoking addiction, emphasizing the need for intervention strategies that target emotional regulation rather than solely focusing on nicotine cessation. "Teens often smoke because they believe it helps with anxiety. In reality, it only makes things worse over time," a psychologist explained (Dr. W). Cognitive behavioral therapy and social support networks have been shown to be effective in reducing smoking initiation among adolescents (Peters et al., 2021; Lerman et al., 2014).

3.5 Strategies for Managing Mental Health Challenges

Participants reported various strategies for coping with their mental health challenges, though many lacked access to professional support. "Listening to music or drawing helps me escape my thoughts for a while," one adolescent noted (V). Another participant said, "Sometimes I talk to my best friend, but mostly, I deal with it on my own" (Z).

Mental health professionals in this study emphasized the importance of increasing accessibility to supportive resources for adolescents struggling with mental health issues. "A major barrier to effective intervention is stigma. Many adolescents avoid seeking help because they fear being judged," a psychiatrist observed (Dr. P). Prior research supports this, showing that stigma surrounding mental illness deters adolescents from engaging in mental health services (Corrigan et al., 2005).

School-based interventions and peer support programs were identified as potential solutions for providing adolescents with accessible mental health resources. Research has shown that integrating mental health awareness programs in educational settings can reduce stigma and promote healthier coping mechanisms (Gijzen et al., 2018). "Schools should teach students that it's okay to talk about mental health. Many kids don't know that help is available," one psychologist suggested (Dr. N).

Overall, the findings underscore the urgent need for effective mental health interventions tailored to adolescent needs. The data suggest that promoting emotional regulation strategies, improving sleep hygiene, and fostering open discussions about mental health may help reduce reliance on maladaptive coping mechanisms such as self-harm and smoking. Addressing these challenges requires a holistic approach that integrates family, peer, and professional support systems.

The findings of this study highlight the intricate relationship between childhood trauma, sleep quality, and adolescent mental health, particularly in relation to self-harm behaviors and smoking as coping mechanisms. The results reinforce existing literature on the long-term psychological impacts of adverse childhood experiences (ACEs) and the role of emotional dysregulation in maladaptive behaviors. This section discusses these findings in relation to existing theoretical frameworks and empirical evidence, emphasizing the need for targeted interventions.

4.1 The Impact of Childhood Trauma on Adolescent Mental Health

Childhood trauma has been identified as a significant predictor of mental health difficulties in adolescence, aligning with previous studies indicating that early adverse experiences contribute to heightened vulnerability to depression, anxiety, and post-traumatic stress disorder (Morton, 2018). The informants in this study reported that childhood trauma often manifested in emotional withdrawal, low self-esteem, and an inability to regulate emotions effectively. These outcomes are consistent with attachment theory, which posits that negative early-life experiences disrupt an individual's ability to form secure emotional connections and develop resilience (Bowlby, 1988).

The accounts from adolescent informants suggest that familial dysfunction, including emotional neglect and verbal or physical abuse, plays a central role in their mental health struggles. These findings align with research by Cao et al. (2024), which emphasizes that adolescents with insufficient familial support exhibit increased isolation and greater susceptibility to mental health disorders. While some adolescents demonstrated coping mechanisms such as seeking social support or engaging in creative activities, others exhibited maladaptive coping behaviors such as

self-harm and substance use. This supports previous findings that adolescents with traumatic backgrounds often engage in high-risk behaviors as a means of emotional regulation (Stewart et al., 2022).

4.2 Sleep Quality and Emotional Regulation

The results of this study indicate that poor sleep quality exacerbates emotional dysregulation and contributes to the worsening of mental health symptoms among adolescents. Informants described irregular sleep patterns, difficulty falling asleep, and frequent nighttime awakenings, which contributed to heightened anxiety and mood instability. These findings are consistent with previous research highlighting the bidirectional relationship between sleep disturbances and emotional dysregulation (Clayborne et al., 2023; Lateef et al., 2019). The Two-Process Model of Sleep Regulation (Borbély, 1982) provides a theoretical basis for understanding how sleep deficiencies can impair emotional stability, thereby increasing the risk of self-harming behaviors.

Furthermore, the impact of poor sleep on emotional processing is supported by neurobiological evidence suggesting that sleep deprivation alters amygdala reactivity, reducing the brain's ability to regulate emotions effectively (Walker & van der Helm, 2009). Adolescents in this study expressed frustration over their inability to control intrusive thoughts at night, leading to sleep deprivation, which further contributed to feelings of distress. These findings underscore the need for interventions targeting sleep hygiene as a critical component of adolescent mental health programs.

4.3 Self-Harm as a Coping Mechanism

The study found that non-suicidal self-injury (NSSI) served as an emotional regulation strategy among adolescents experiencing psychological distress. Informants described self-harm as a means to externalize emotional pain or regain a sense of control. These narratives align with the Emotion Regulation Model, which posits that self-injury is a maladaptive mechanism for coping with overwhelming negative emotions (Nock & Prinstein, 2004). Research by Klonsky (2007) further supports this notion, demonstrating that individuals with a history of trauma are particularly vulnerable to engaging in self-harm behaviors due to impaired emotional processing and distress tolerance.

The study findings also reveal a concerning lack of professional mental health support among the informants. Stigma and fear of judgment were frequently cited as reasons for avoiding help-seeking behaviors, reinforcing the need for targeted mental health literacy programs that reduce stigma and promote access to supportive services (Corrigan et al., 2005). Addressing self-harm in adolescents requires a multi-faceted approach, including the promotion of healthy emotional regulation strategies and access to trauma-informed therapy, such as dialectical behavior therapy (DBT) (Seim et al., 2020).

4.4 Smoking as a Coping Mechanism for Stress

The study findings suggest that adolescent smoking is often used as a maladaptive coping mechanism to alleviate stress and anxiety, a pattern supported by the Self-Medication Hypothesis (Khantzian, 1997). Informants described smoking as providing temporary relief from emotional distress, though many recognized its long-term negative impact on their health. These findings

align with research indicating that nicotine consumption temporarily reduces stress but exacerbates anxiety and depressive symptoms over time (Lerman et al., 2014).

Additionally, informants reported that peer influence played a significant role in smoking initiation, with many starting as a form of social bonding before it evolved into a habitual behavior. This finding supports previous literature suggesting that social and environmental factors contribute to adolescent smoking behaviors (Baiden et al., 2017). Given the complex interplay between mental health, peer relationships, and substance use, interventions should focus on promoting alternative stress management strategies while addressing the social dimensions of adolescent smoking.

4.5 Strategies for Addressing Adolescent Mental Health Challenges

The results of this study emphasize the need for comprehensive intervention strategies that address the underlying factors contributing to adolescent mental health difficulties. The integration of cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT) into adolescent mental health programs is essential for equipping individuals with effective coping mechanisms (Peters et al., 2021). Moreover, school-based mental health initiatives can play a crucial role in early identification and intervention, reducing barriers to mental health support (Gijzen et al., 2018).

Additionally, family-based interventions that promote open communication and emotional support have been identified as key protective factors against adolescent mental health disorders (Lewis et al., 2013). Given the strong association between adverse childhood experiences and mental health outcomes, trauma-informed care approaches should be integrated into therapeutic settings to address the root causes of distress among adolescents (Stewart et al., 2022).

Despite the valuable insights gained from this study, certain limitations must be acknowledged. The study's reliance on self-reported data introduces potential bias, as participants may underreport or overreport their experiences due to social desirability or recall limitations. Additionally, the qualitative nature of the study limits the generalizability of findings to broader adolescent populations. Future research should explore the intersection of adolescent mental health and coping mechanisms through longitudinal studies that assess changes over time. Employing mixed-methods approaches could provide a more comprehensive understanding of the factors influencing adolescent mental health.

The findings of this study have significant implications for adolescent mental health interventions and policy development. The results highlight the critical need for school-based mental health programs that incorporate trauma-informed care, peer support systems, and psychoeducation on healthy coping strategies. Additionally, public health initiatives should prioritize reducing the stigma surrounding mental health, thereby encouraging adolescents to seek professional help when needed. Future research should investigate the effectiveness of digital mental health interventions, including mobile applications and online therapy platforms, in providing accessible and scalable mental health support for adolescents.

CONCLUSION

This study highlights the profound impact of childhood trauma, sleep quality, and mental health disorders on adolescent behavior and psychosocial well-being. Findings indicate that adverse childhood experiences (ACEs) significantly contribute to anxiety, depression, and self-harm tendencies among adolescents. Additionally, poor sleep quality exacerbates emotional dysregulation, further intensifying mental health challenges. The study also reveals that self-injurious behavior and smoking are common coping mechanisms among adolescents experiencing severe psychological distress. The perspectives of mental health professionals underscore the necessity of early intervention strategies, including cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and school-based mental health programs.

The study contributes to the existing body of knowledge by offering a qualitative perspective on adolescent mental health, particularly in the context of developing countries. The findings emphasize the importance of holistic interventions that integrate family, school, and community support systems. Future research should explore longitudinal studies to examine the long-term effectiveness of mental health interventions and investigate the role of digital mental health platforms in adolescent coping strategies. Addressing these gaps will provide a more comprehensive understanding of how mental health support can be tailored to adolescents' specific needs, ultimately improving their psychosocial outcomes.

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