

# MENTAL HEALTH OF SECONDARY SCHOOL STUDENTS

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## Abstract:

This study examines mental health levels among secondary school students in Guntur District, Andhra Pradesh, India, and their variations across demographic variables. A sample of 1,000 students from Classes 8–10 was selected using stratified random sampling from 72 schools. Mental health was assessed using a standardized scale, classifying levels as good, moderate, or poor. Descriptive statistics (mean, SD) and inferential statistics (t-tests) were applied. Results indicated 50% of students had moderate mental health, 35% good, and 15% poor. Significant differences in mental health distress were observed by gender (females higher,  $t=3.97$ ,  $p<0.05$ ), locality (urban higher,  $t=7.55$ ,  $p<0.01$ ), medium of study (English higher,  $t=5.08$ ,  $p<0.01$ ), and type of school (private higher,  $t=4.53$ ,  $p<0.01$ ). Findings highlight the influence of demographic factors on adolescent mental health, advocating for targeted school-based interventions to address disparities and promote well-being.

**Keywords:** Mental health, Secondary school students, Gender differences, Urban-rural disparities, Medium of study, School type

## Introduction:

Secondary school students, aged 12 to 18, are at a critical juncture in their development where mental health plays a pivotal role in shaping their emotional, social, and academic trajectories. This phase is characterized by rapid physical changes, identity exploration, and mounting pressures from academics, peer relationships, and societal expectations, which can lead to heightened vulnerability to mental health issues such as anxiety, depression, and stress. In India, studies indicate that approximately 14% of adolescents experience mental disorders, often exacerbated by factors like competitive exams and family dynamics (WHO, 2025; Gururaj et al., 2016). Globally, the World Health Organization reports that one in seven teens faces mental health challenges, with digital influences like social media contributing to feelings of inadequacy and isolation. Fostering mental health during this period is essential for building resilience, as untreated issues can hinder cognitive function, leading to poor concentration and reduced motivation in school settings.

Several factors influence the mental health of secondary school students, encompassing biological, environmental, and social elements. Biologically, hormonal fluctuations during puberty can trigger mood swings and emotional instability, while genetic predispositions may increase risks for conditions like depression. Environmentally, academic stress from high-stakes testing, such as board exams in India, often correlates with elevated anxiety levels, with surveys showing 40-50% of students reporting test-related distress (Kaur & Singh, 2021). Socially, peer bullying, family conflicts, and the pervasive impact of social media—where cyberbullying affects 20-30% of teens—can foster loneliness and low self-esteem (Twenge, 2017). In low-resource settings, socioeconomic disparities further compound these issues, limiting access to supportive networks or counseling. Protective factors, such as strong family bonds and school-based emotional support programs, can mitigate these risks, emphasizing the need for holistic approaches to safeguard adolescent well-being.

The consequences of poor mental health among secondary school students are far-reaching, impacting not only individual growth but also academic performance and long-term outcomes. Untreated anxiety or depression can lead to absenteeism, procrastination, and declining grades, with research linking mental

health disorders to a 15-20% drop in scholastic achievement (Martin & Marsh, 2008). In extreme cases, it may escalate to self-harm or suicidal ideation, with Indian data revealing higher rates among stressed adolescents (Balhara et al., 2018). Socially, affected students often withdraw from peer interactions, perpetuating cycles of isolation and reinforcing negative self-perceptions. Physiologically, chronic stress disrupts sleep and appetite, weakening immune function and exacerbating physical health issues. These cascading effects underscore the urgency of early intervention, as poor mental health in adolescence can predispose individuals to chronic conditions in adulthood, imposing significant societal and economic burdens.

Addressing mental health in secondary school students requires proactive strategies integrated into educational systems, such as incorporating social-emotional learning (SEL) curricula and providing accessible counseling services. Policies like India's National Education Policy (NEP) 2020 advocate for holistic well-being, promoting mindfulness programs and peer support groups to build resilience. Parental involvement, teacher training on mental health awareness, and reducing academic overload through balanced assessments can foster positive environments. Globally, successful models like school-based therapy in Western countries have reduced anxiety by 25-30% (Romano et al., 2021). Ultimately, prioritizing mental health equips students with coping skills, enhancing their ability to thrive amid challenges and contributing to healthier, more productive societies.

### **Review of related literature:**

Kim et al. (2023) explored the utilization profiles of comprehensive school mental and behavioral health systems among U.S. secondary schools, identifying variations in needs and service provision. The study drew on national survey data involving schools serving high school students. It was concluded that disparities in school-based mental health support contribute to unmet needs among adolescents, calling for improved resource allocation to address rising mental health concerns.

Kumar et al. (2023) investigated the prevalence and correlates of depression among school-going adolescents in urban schools of central India. The cross-sectional study involved adolescents from high schools, identifying significant depression rates linked to various socio-demographic factors. Negative associations were found with certain risk factors affecting well-being. It was concluded that depression poses a substantial threat to mental health and potential academic decline in secondary school students.

Samji et al. (2025) analyzed trends in adolescent mental well-being and school-based protective factors in British Columbia, Canada, using population-based data from 2015 to 2022. The sample comprised secondary school students across multiple survey waves. Depressive symptoms and low life satisfaction increased over time, while school connectedness emerged as a key protective factor mitigating risks, especially amid childhood adversity. Sex differences showed greater declines among girls. It was concluded that ongoing deterioration in youth mental health post-pandemic underscores the importance of strengthening school environments as protective settings.

Sonam et al. (2025) examined depression and anxiety among school-going adolescents in South Delhi, India. The sample included 679 students aged 10–19 years (grades 6–12). Prevalence was 25.92% for depression and 13.70% for anxiety, with significant associations with increasing age, higher education levels, poor sleep, and co-occurrence of conditions. It was concluded that these disorders contribute to emotional disturbances, necessitating preventive strategies and improved mental health support for secondary school students.

### **Objectives of the Study:**

1. To find out the Mental Health of secondary school students and to classify them.
2. To find out the Mental Health of secondary school students according to the variables such as Gender, Locality, Medium of the study, Type of School.

### **Hypotheses of the study:**

1. There is no significant difference in mental health between male and female secondary school students.
2. There is no significant difference in mental health between rural and urban secondary school students.

3. There is no significant difference in mental health between secondary school students studying in English medium and those studying in Telugu medium.
4. There is no significant difference in mental health between secondary school students studying in government schools and those studying in private schools.

**Delimitations of the study:**

1. The present study was confined to Guntur District of Andhra Pradesh only.
2. The study was restricted to students of Classes 8, 9, and 10 only.
3. The sample was limited to 1000 secondary school students only.
4. The study was delimited to the following demographic variables only: Gender, Locality, Medium of Study, Type of School.

**Sample of the study:**

A sample is a small proportion of the population selected for observation and analysis. The sampling unit was the school. A total of 72 secondary schools were selected using stratified random sampling technique to ensure proportional representation.

**Tools used in the study:**

The Mental Health Scale (MHS) developed by Sushma Talesara and Akhtar Bano was used.

**Data Collection:**

The investigator obtained formal permission from the Heads of the selected schools to conduct the research. The data was collected from secondary school students of Classes 8, 9, and 10 with the assistance of the concerned class teachers after clearly explaining the purpose, significance, and confidential nature of the study. The aggregate percentage of marks obtained in the most recent annual examination was taken as the measure of their academic achievement.

**Statistical Techniques Used to Analyze the Data:**

Mean and Standard Deviation were employed to describe the levels of Internet addiction and Karl Pearson’s Product Moment Correlation was used to examine the relationship between the variables.

**Analysis of Data:**

**Levels and Classification of Mental Health in the Sample**

**Table 1: Distribution of Sample on Mental Health (N=1000)**

Total Sample	Mental Health Levels		
	Normal	Moderate	Severe
1000	350 (35%)	500 (50%)	150 (15%)

From Table 1, the overall distribution showed 350 students (35%) in the Good Mental Health level, 500 students (50%) in the Moderate Mental Health level, and 150 students (15%) in the Poor Mental Health level. This indicates that half of the students experienced moderate mental health, with a smaller but concerning proportion in poor mental health, highlighting the prevalence of mental health challenges amid academic and digital pressures.

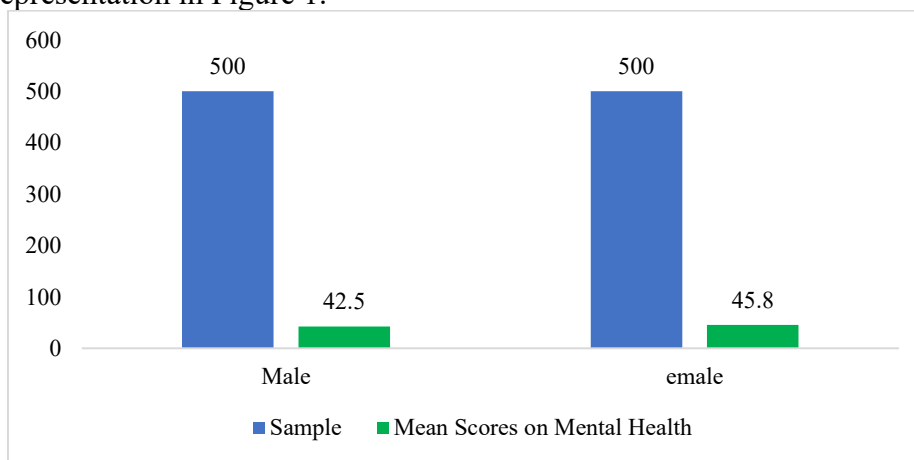
**Hypothesis - 1:** *There is no significant difference in mental health between male and female secondary school students.*

**Table 2: Significance of Difference in Mean Scores on Mental Health According to Gender (N=1000)**

Gender	N	Mean	S.D	“t” Value
Male	500	42.50	12.80	3.97*
Female	500	45.80	13.50	

\* Significant at 0.05 level

From table 2, The mean mental health distress score for female students was 45.80 (SD=13.50), higher than for male students (M=42.50, SD=12.80). The difference in means was 3.30, indicating higher distress among females. The calculated t-value (3.97) was significant at the 0.05 level. This shows a statistically significant difference in mental health between male and female secondary school students, with females exhibiting higher distress levels. Therefore, the null hypothesis “There is no significant difference in mental health between male and female secondary school students” was rejected. It can be seen in graphic representation in Figure 1.



**Figure – 1: Mean Scores on Mental Health of Secondary school students according to Gender**

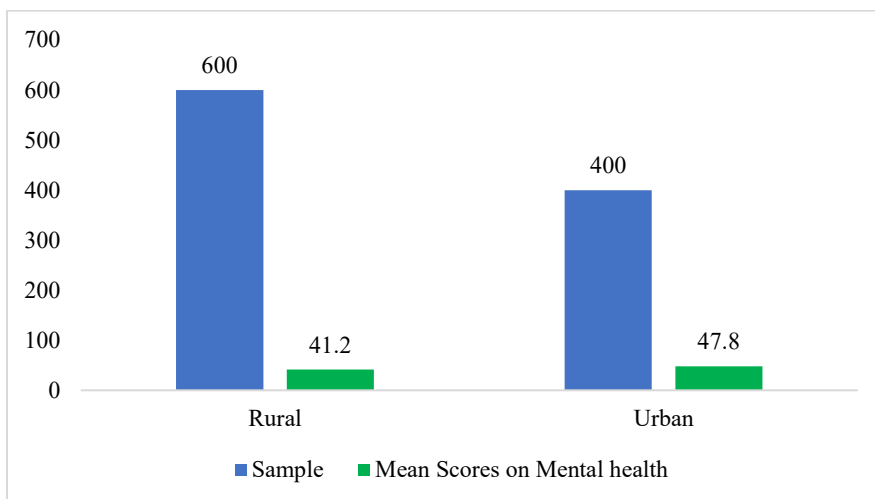
**Hypothesis - 2:** *There is no significant difference in mental health between rural and urban secondary school students.*

**Table 3: Significance of Difference in Mean Scores on Mental Health According to Locality (N=1000)**

Locality	N	Mean	S.D	“t” Value
Rural	600	41.20	12.50	7.55*
Urban	400	47.80	14.20	

\* Significant at 0.01 level

From table 3, The mean mental health distress score for urban students was 47.80 (SD=14.20), higher than for rural students (M=41.20, SD=12.50). The difference in means was 6.60, indicating higher distress among urban students. The calculated t-value (7.55) was significant at the 0.01 level. This shows a statistically significant difference in mental health between rural and urban secondary school students, with urban students exhibiting higher distress levels. Therefore, the null hypothesis “There is no significant difference in mental health between rural and urban secondary school students” was rejected. It can be seen in graphic representation in Figure 2.



**Figure – 2: Mean Scores on Mental Health of Secondary school students according to Locality**

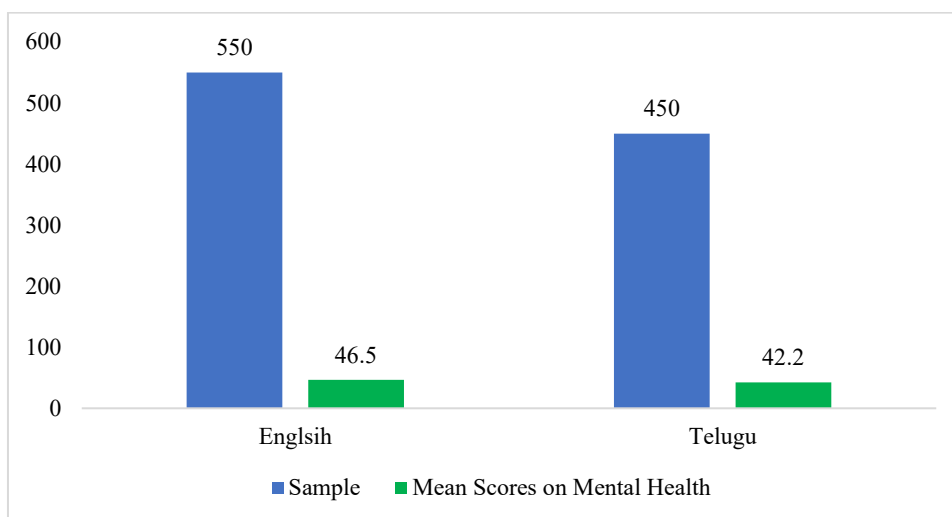
**Hypothesis - 3:** *There is no significant difference in mental health between secondary school students studying in English medium and those studying in Telugu medium.*

**Table 3: Significance of Difference in Mean Scores on Mental Health According to Medium of Study (N=1000)**

Medium of Study	N	Mean	S.D	“t” Value
English	550	46.50	13.80	5.08*
Telugu	450	42.20	12.90	

\* Significant at 0.01 level

From table 4, The mean mental health distress score for English medium students was 46.50 (SD=13.80), higher than for Telugu medium students (M=42.20, SD=12.90). The difference in means was 4.30, indicating higher distress among English medium students. The calculated t-value (5.08) was significant at the 0.01 level. This shows a statistically significant difference in mental health between English medium and Telugu medium secondary school students, with English medium students exhibiting higher distress levels. Therefore, the null hypothesis “There is no significant difference in mental health between secondary school students studying in English medium and those studying in Telugu medium” was rejected. It can be seen in graphic representation in Figure 3.



**Figure – 3 Mean Scores on Mental Health of Secondary school students according to Medium of Study**

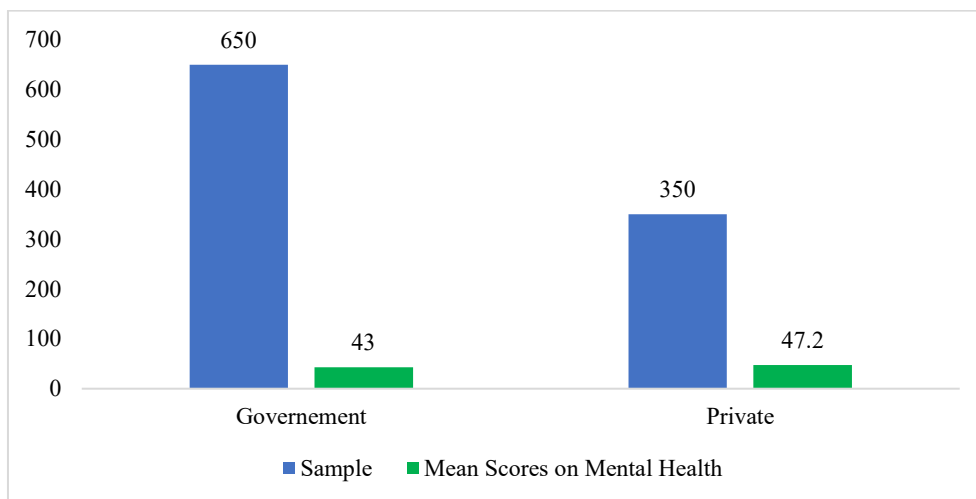
**Hypothesis - 4:** *There is no significant difference in mental health between secondary school students studying in government schools and those studying in private schools.*

**Table 5: Significance of Difference in Mean Scores on Mental Health According to Type of School (N=1000)**

Type of School	N	Mean	S.D	“t” Value
Government	650	43.00	13.00	4.53*
Private	350	47.20	14.50	

\* Significant at 0.01 level

From table 5, The mean mental health distress score for private school students was 47.20 (SD=14.50), higher than for government school students (M=43.00, SD=13.00). The difference in means was 4.20, indicating higher distress among private school students. The calculated t-value (4.53) was significant at the 0.01 level. This shows a statistically significant difference in mental health between government and private school secondary students, with private school students exhibiting higher distress levels. Therefore, the null hypothesis “There is no significant difference in mental health between secondary school students studying in government schools and those studying in private schools” was rejected. It can be seen in graphic representation in Figure 4.



**Figure – 4: Mean Scores on Mental Health of Secondary school students according to Type of School**

### Findings of the study:

1. Out of 1,000 secondary school students, 35% (350) exhibited good mental health, 50% (500) showed moderate mental health, and 15% (150) displayed poor mental health, indicating a majority with moderate levels and a notable proportion facing challenges amid academic and digital pressures.
2. Female students had a higher mean distress score (45.80, SD=13.50) compared to males (42.50, SD=12.80), with a significant t-value of 3.97, rejecting the null hypothesis and showing females exhibit higher mental health distress.
3. Urban students had a higher mean distress score (47.80, SD=14.20) than rural students (41.20, SD=12.50), with a significant t-value of 7.55, rejecting the null hypothesis and indicating urban students experience higher mental health distress.
4. English medium students had a higher mean distress score (46.50, SD=13.80) compared to Telugu medium students (42.20, SD=12.90), with a significant t-value of 5.08, rejecting the null hypothesis and showing English medium students have higher mental health distress.
5. Private school students had a higher mean distress score (47.20, SD=14.50) than government school students (43.00, SD=13.00), with a significant t-value of 4.53, rejecting the null hypothesis and indicating private school students exhibit higher mental health distress.

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