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Emotional Health of School Students in India: An Empirical Exploration

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Abstract
Children and adolescents encounter diverse life challenges, particularly during their early milestones. This paper focuses on emotional health and understands how the three clusters of Class 10, 11 & 12, Cluster 8 & 9 and Cluster 6 & 7 are affected. The Student's Emotional Health Assessment Tool- SEHAT, (2023) was administered to the sample of 6,216 students ranging from 10-18 years across India. Cluster based convenience sampling was used to collect the data. An exploratory design was used, and data analysis through descriptive and inferential statistics for different class clusters (6th - 7th, 8th - 9th, and 10th - 12th). Results indicated a statistically significant difference in emotional health between the three clusters, where cluster 2 (8th & 9th grade) had the most affected emotional health. Results also showed a significant correlation among academic stress, bullying, interpersonal trauma, suicide/self-harm, and protective factors (e.g., family adjustment, peer support, emotional intelligence, and self-efficacy) across all three clusters. In the sample of 6216, from 27.47% to 41.37% of students had deteriorated emotional health in selective items of protective factors, internalizing behaviour, academic stress, bullying, inattention, suicide/self-harm and interpersonal trauma domains. The study's implications include the development of interventions targeting factors significantly impacting children's well-being. Further research should explore through longitudinal studies to track emotional health over time to identify risk factors.

Keywords: Emotional Health, Indian Students-Grades, Academic Stress

1. INTRODUCTION

Mental health challenges among children are a significant global concern, affecting 10%-20% with a notable increase in prevalence, particularly affecting adolescent girls [2,3]. Past research has also observed that factors like academic pressure, family instability, poverty bullying, and other psychiatric disorders contribute to adolescent depression and negatively impact emotional health, education and other mental health outcomes.[4,5]

Emotional health is the ability to manage one's feelings, thoughts, and behaviour, both internally and externally[6]. However emotional health is often overlooked in child well-being frameworks due to its complexity in defining, and the interdependence of various dimensions of overall well-being [7].

1.1 Academic Stress

Academic stress is a state of mental tension associated with expected academic failure or the threat of it. [8] It has been related to poor grades and bad mental health, and it has been suggested that teacher support and peer relationships contribute to it [9,10,11]. Research indicates that study stress has a direct impact on psychological health [12,13] and highly correlates with symptoms of depression[14]. Competitive

education and extrinsic pressures from teachers, parents and peers have further amplified stress, with 25% of 11-15-year-old adolescents reporting high academic anxiety.

Podiya and his co-authors carried out a PROSPERO- registered systematic review of 11 studies to analyze the impact of school climate on emotional health and academic achievement in Indian adolescents. Out of a preliminary pool of 383 studies, It was found that positive relationships with peers and teachers were associated with decreased stress and improved academic performance. Although it employed a strict methodology, the review itself was not theoretically grounded, nor did it investigate gender or socio-economic variation. Nevertheless, it highlights the value of a positive school environment and prompts the use of whole-school interventions.[15]

1.2 Protective Factors

While identifying the stressors, various protective factors have also been recognized in safeguarding the emotional health of adolescents. Factors such as school belongingness which is mainly feeling inclusive in some way to the school environment [16], prosocial peer [17] and family support in terms of parents being connected emotionally with their children, feeling heard & understood & overall relationship with family (Harding et al., 2015). Furthermore, research has also proven that protective factors cushion students from risk taking behaviors [16] and depressive symptoms while enhancing social wellbeing [17] and self-esteem among adolescents and young adults [18].

A systematically review of 40 studies and 45 interventions cross U.S. K-12 schools and found that physical and social-emotional climate in schools affect physical activity, diet and mental health. Incorporating data from non-school contexts introduced issues of contextual applicability[19]. In a cross- sectional survey of 600 Vietnamese teenagers during COVID-19 period, found religion and health status to be strong predictors of poor emotional health. A 10-day diary study of 93 U.S. high-risk adolescent girls observed real-time emotional fluctuations during lockdown but was confounded by its small, homogeneous sample size. Collectively, these studies highlight the significance of supportive environments, everyday routines, and individualized interventions in enhancing adolescent emotional health.[20]

While anxiety and depression has been increasing since the 1980s in many countries [7], eating disorders, though less common, remain a serious problem in youth, with girls disproportionately affected [21]. Research shows no change in prevalence rates of anorexia and bulimia nervosa between 1999 and 2013 [22,23,24]. However, an Indian population based research shows a link between trait anxiety and unhealthy eating habits in young people [25]. This leads us to the conclusion that emotional health and the intake of food is somewhere connected.

Current research indicates that victimization by peers is a strong predictor of eating disorder symptoms,[26] and bullying continues to involve an estimated 19% of students.[27] Victims commonly experience anxiety, low self-esteem, loneliness, and lack of interest [28]. Student suicides have been attributed to psychological, biological and environmental reasons, such as poor marks, examination stress, and success pressure [29], and depression has been strongly linked with youth suicide [30].

To address these challenges, efforts to strengthen protective factors are crucial. Relationship with parents (mainly father) & parenting style plays a significant impact on a child. There is recent research [31] which proves that different parenting styles have a significant influence on children's behavior (statistically significant at the $p < .05$ level). Similarly, in the academic setting, positive student-teacher relationships also significantly contribute to students' emotional well-being [32], while negative relationships can increase behavioral challenges [33].

The rationale of this study mainly focuses on how emotional health plays a crucial role in students'

academic performance, social relationships, and overall well-being, as it yet remains an underexplored area in educational and psychological research in Indian setting. Implementing school-based interventions to develop socioemotional and mental health skills can promote resiliency and competencies would be the further studies that can be explored on this.

2. Hypotheses

H1: There would be a significant difference between males and females on the measure of emotional health.
H2: There would be a significant difference between three groups (6-7th grade, 8-9th grade, and 10-12th grade) on the measure of emotional health.
H3: There would be a significant relationship between different domains of emotional health in grades 6-12th.
H3A: There would be a significant relationship between emotional health and academic stress in grades 6-12th.
H3B: There would be a significant relationship between emotional health and bullying in grades 6-12th.
H3C: There would be a significant relationship between emotional health and internalising behaviour in grades 6-12th.
H3D: There would be a significant relationship between emotional health and disability in grades 6-12th.
H3E: There would be a significant relationship between emotional health and interpersonal trauma in grades 6-12th.
H3F: There would be a significant relationship between emotional health and suicide/self harm in grades 6-12th.
H3G: There would be a significant relationship between emotional health and inattention in grades 6-12th.
H3H: There would be a significant relationship between emotional health and eating habits in grades 6-12th.
H3I: There would be a significant relationship between emotional health and protective factors in grades 6-12th.

3. Research Questions

Ques 1: What is the percentage of students that are highly affected by specific domains of academic stress, bullying & interpersonal trauma across the domains?
Ques 2: Will tendency of suicidal ideation be higher in the Cluster 10, 11 & 12?

4. Method

4.1 Research Design

The present study aims to explore emotional health across different grade clusters: 6th–7th, 8th–9th, and 10th–12th. An exploratory research design was employed to gain insights into patterns and variations in emotional well-being among students. To facilitate this investigation, cluster-based convenience sampling was utilized, allowing for the selection of participants-based grade groupings while ensuring accessibility and feasibility.

4.2 Sample

The study sample included students from grades 6 to 12, drawn from schools across various regions of India, such as Uttar Pradesh, Rajasthan, Madhya Pradesh, Jammu and Kashmir, Assam, Bihar, Jharkhand, Arunachal Pradesh, Delhi, Uttarakhand, Nagaland, Punjab, Maharashtra, Ladakh, Andhra Pradesh, Odisha, and Gujarat.

Table 1: Demographic Details of the Participants (N=6,216)

Sample	Sample size (n)	Percentage
Gender Wise Segregation (N=6,216)		
Male	3360	54.054
Female	2856	45.946
Total (N)	6216	100
Cluster Wise Segregation (N=6,216)		
Cluster 1- Grade 6-7		
Male	631	54.537
Female	526	45.463 %
Total (n)	1157	100
Cluster 2- Grade 8-9		
Male	1522	56.516
Female	1171	43.484
Total (n)	2693	100
Cluster 3- Grade 10-12		
Male	1207	51.014
Female	1159	48.986
Total (n)	2366	100

4.3 Measure

The Student Emotional Health Assessment Tool (SEHAT) [34] is a comprehensive, standardized tool to assess emotional health of students for the Indian population. It consists of 54 items under the following domains: Academic Stress, Bullying, Disability, Eating Habits, Inattention, Internalizing Behavior, Interpersonal Trauma, Suicide/Self-Harm, and Protective Factors. The scale employs a 5-point Likert

rating system, ranging from strongly disagree (1) to strongly agree (5), where higher scores indicate poorer mental health. The scale demonstrates strong psychometric properties, with a split-half reliability coefficient of r = .882 and a Content Validity Index (CVI) of .97. SEHAT was chosen for this study due to its relevance as a newer tool in this context.

4.4 Procedure

Data collection was conducted through a digital platform, targeting various schools across India. Before initiating the process, permission was obtained from school principals, ensuring institutional approval. Ethical considerations were strictly followed, with students being informed that participation was voluntary, and they had the right to withdraw at any stage. They were assured that their responses would remain confidential and would be used solely for research purposes. After obtaining informed consent, data was collected from 6,216 students across the designated grade clusters. Following data collection, descriptive and inferential statistical analyses were employed to test the research hypotheses and explore patterns in emotional health among students.

4.5 Statistical Analysis

For the analysis of the data, Mann-Whitney Test was used for the analysis of the gender differences in emotional health. Kruskal Wallis was used to analyse the differences among different class clusters in emotional health. Lastly, percentage analysis and spearman correlation was used to analyse the relationship between emotional health with its various domains.

5. Results and Discussion

5.1 Gender Differences in Emotional Health

Table 2. Mann-Whitney Test for Gender Difference in Emotional Health among Students.

	Gender	N	Mean Rank	Sum of Ranks	Mann-Whitney U	Z	Asymp. Sig. (2-tailed)
Emotional Health	Male	3360	3097.11	10406296.50	4759816.500	-.54	.587
	Female	2856	3121.90	8916139.50			
	Total	6216					

Table 2 summarizes the findings of the Mann-Whitney U test, showing that there is no statistically significant difference in emotional health scores between men and women. While females had a slightly higher mean rank (3121.90) than men (3097.11), the p-value being greater than 0.05 implies that this difference is not significant enough to establish gender as a differentiating factor. Therefore, the hypothesis (H1) is rejected.

This finding encourages critical examination of the often- assumed gender differences in emotional well-being. While previous studies often correlate emotional sensitivity or vulnerability more strongly with females, these findings align with recent studies that question such broad generalizations, especially during adolescence. It's also interesting to consider that the emotional well-being construct employed here might not perfectly describe gender-nuanced presentations of well-being or distress. Thus, the lack of significance should not be viewed as conclusive evidence of gender parity, but rather as a prompt for more

context-sensitive research.

Indian studies with adolescents (10–18 years) report limited evidence of gender disparities in emotional health. For instance, no significant gender differences were observed in general or academic anxiety among adolescents in Kerala [35], or in broader mental health indicators among 14–17-year-olds in Puducherry [36]. Similarly, a study of adolescents from Mumbai and Bengaluru found no gender difference in self-esteem or emotional regulation [37].

Research on gender differences in emotional health shows mixed findings. While females are often reported to experience higher rates of depression [38], evidence for differences in anxiety, emotional regulation, or overall well-being is less consistent. Gendered expectations may shape emotional expression rather than actual experiences; for example, women are often socialized to express emotions more openly, while men are encouraged to suppress them [39]. Thus, gender may influence how emotional health is displayed, but not necessarily the underlying outcomes.

5.2 Cluster-Wise Differences in Emotional Health

Table 3: Kruskal-Wallis Test for Cluster-Wise Difference in Emotional Health Among Students

	Grades	N	Mean Rank	Chi Square	df	Sig.
Emotional Health	Cluster 3 (10^{th},11^{th} & 12^{th})	2366	3124.13	52.800	2	.000
	Cluster 2 (8^{th} & 9^{th})	2693	3236.26			
	Cluster 1 (6^{th} & 7^{th})	1157	2779.17			
	Total	6216				

Table 3 results reveal that the mean ranks of emotional health scores differ significantly across the three grade levels, with 8th & 9th grades showing the highest mean rank (3236.26), followed by 10th, 11th, & 12th grades (3124.13), and 6th & 7th grades having the lowest mean rank (2779.17). The corresponding p-value is .000, which suggests that the observed differences in emotional health are statistically significant, which accepts the hypothesis (H2). The fact that the 8th & 9th grade group has the highest mean rank suggests that students in this age range might experience increased emotional health challenges due to the developmental changes they undergo during early adolescence. This period is often characterized by heightened emotional sensitivity, hormonal changes, and increasing academic and social pressures, which can lead to emotional turbulence.

This conclusion is also evidenced by developmental psychology research, which indicates that early adolescence (years 12-15) is a highly sensitive period for psychological and emotional growth. Steinberg and Morris [40], for instance, point out that this phase is marked by increased emotional sensitivity, growing self-awareness, and a stronger need for peer acceptance. These changes in development tend to instigate internalized conflicts in the processes of identity formation, comparison, and membership. Emotional upset intrinsic to this phase might go some distance towards accounting for heightened emotional well-being challenges reported in 8th and 9th grade students. Notably, such difficulties might not indicate long-term emotional dysfunction, but instead normative developmental processes that, if left

unsupported, can be magnified into more debilitating conditions. This highlights the necessity of age-specific emotional support systems within school environments in early adolescence.

On the other hand, the lower mean rank observed in the 6th & 7th grade group could suggest that younger adolescents may be more resilient emotionally at this stage, perhaps because they are less socially or academically pressured. Research by McEwen [41] on early adolescence suggests that younger adolescents may not experience the same intensity of emotional fluctuations as their older counterparts. Thus, they might still be in an earlier stage of emotional development, with fewer complex social and academic demands.

Interestingly, the slightly lower mean rank in the 10th, 11th, & 12th grade group than in the 8th & 9th grade group might reflect the complexities of later adolescence, where emotional health can be affected by additional external stressors, such as college applications, career decisions, and peer relationships. However, by this stage, students may have developed better coping strategies, or the pressures may become more familiar, leading to a form of stabilization in their emotional health. Compas and his co-authors show that emotional difficulties tend to peak in early adolescence and may stabilize or shift in form in late adolescence as students develop stronger coping mechanisms.[42]

5.3 Prevalence of Emotional Health Challenges Across Clusters

Table 4: Item- Based Percentage Analysis

Item No.	Items	Percentage Analysis per item		
		Cluster 6 & 7 (n=1157)	Cluster 8 & 9 (n=2693)	Cluster 10,11,12 (n=2366)
18	When angry, I experience physiological sensations (racing heart, clenched fists). (Protective Factor)	19.27	26.62	32.45
19	My physical health stresses me out. (Disability)	20.05	26.21	31.14
20	I have disturbed sleep. (Internalising Behaviour)	34.05	34.75	40.44
21	In the past year, I have often thought of harming myself. (Suicide/Self Harm)	23.42	28.14	32.71
33	I don't have any friends at school/coaching institute. (Protective Factor)	34.83	37.57	33.22
34	I often lash out at people. (Protective Factor)	22.90	31.45	37.53
37	I have felt uncomfortable due to an adult's touch. (Interpersonal Trauma)	37. 51	42.14	37.95
38	I am quick to cry. (Protective Factor)	30.76	32.52	26.50
39	I am able to calm myself down when nervous/angry. (Protective Factor)	29.73	33.56	25.99
40	I feel neglected at home. (Interpersonal Trauma)	38.98	41.70	36.26
41	I am worried that something bad might happen. (Internalising Behaviour)	35.86	39.13	38.16
42	I forget everything before I sit for an exam. (Academic Stress)	41.40	43.70	38.67

44	My classmates spread rumors about me. (Bullying)	25.41	27.21	30.38
46	Lately, I have been feeling more nervous or tense. (Protective Factor)	29.04	32.49	32.67
48	I find it difficult to stay still. (Inattention)	25.32	30.48	33.47
49	I can't cope with my studies. (Academic Stress)	24.11	30.59	33.13
50	I am afraid that an adult will physically harm me. (Interpersonal Trauma)	28.52	35.23	40.06
51	My family says hurtful things to me. (Interpersonal Trauma)	28.17	38.87	45.18
52	I find myself at a loss of words when talking about my feelings. (Protective Factor)	31.20	30.59	23.54

Item- Based Percentage Analysis of Emotional Health & Domains for data of 6216 & across the Clusters. Several concerning emotional health indicators were reported by over 35% of 6216 participants. Four items specifically in the Interpersonal trauma were prominent, with 39.68% (n-2467) of respondents reporting discomfort due to an adult's touch, 39.28% (n-2442) experiencing hurtful remarks from family members, and 39.12% (n-2432) feeling neglected at home. Additionally, 35.82% expressed fear of physical harm from an adult, and 35.40% (n-2201) reported having no friends at school or their coaching institute. Two items specifically in Academic stress domain were also notable, as 41.36% (n-2571) of students reported forgetting everything before an exam & 30.35% (n- 1887) feeling they can't cope with studies. 28.08 %(n-1746) prevalence was found in one of the items for the domain of Bullying.

Across Clusters 6 to 12 (N=6216) , the data reveals significant emotional distress, interpersonal trauma, internalising behaviour, academic stress & protective factors among students. Many report feeling neglected at home (ranging from 36.26% to 41.70%), experiencing discomfort due to an adult's touch (37.51% to 42.14%), and being subjected to hurtful remarks by family (38.87% to 45.18%). Fear of physical harm (35.23% to 40.06%) and social isolation (37.57%) further highlight their vulnerability. Internalizing behaviors, such as persistent worry (35.86% to 39.13%) and disturbed sleep (40.44%), are common, while academic stress is evident, with up to 43.70% struggling with memory loss before exams. Table 4 also provides evidence for the first research question on highly affected individuals across domains as well as clusters. Furthermore, the prevalence of suicidal thoughts or self-harm is rising throughout clusters, with the largest percentage observed in Clusters 10, 11, and 12 for one of the test's two questions. These findings emphasize the urgent need for emotional support systems, trauma-informed care, and academic interventions to enhance student well-being. After percentage calculation, further statistics was done to understand the correlation between emotional health & the domains. This further added as validation to the percentages obtained in selective items.

5.4 Relationship Between Emotional Health and Contributing Factors

Table 5: Spearman Correlation between Emotional Health and Its Domains Among Students.

Variable	Academic Stress	Bullying	Internalising Behaviour	Disability	Interpersonal Trauma	Suicide	Inattention	Eating Habits	Deteriorated quality of

									Protective Factors
Deteriorated Emotional Health (N=6216)	.660**	.716**	.816**	.701**	.812**	.753**	.681**	.626**	.804**

** Significant at 0.01 level

Table 5 correlation table provides insights into the relationships between affected emotional health (EH) and various factors, including academic stress (AS), bullying, internalizing behavior (IB), disability, interpersonal trauma (IT), suicide, inattention, eating habits, and protective factors (PF). This table indicates that there is a significant relationship between the emotional health and its domains, thus accepting the hypothesis (H3).

Affected emotional health demonstrates a significant positive correlation with academic stress ($\rho = 0.660$, $p < 0.01$), suggesting that heightened academic stress is closely linked to poorer emotional well-being, accepting the hypothesis (H3A). This finding aligns with existing literature, for instance, recent research found that excessive academic demands, pressure to excel, and examination-related anxiety significantly contribute to emotional distress. [43]

Similarly, bullying ($\rho = 0.716$, $p < 0.01$), internalizing behavior ($\rho = 0.816$, $p < 0.01$), disability ($\rho = 0.701$, $p < 0.01$), and interpersonal trauma ($\rho = 0.812$, $p < 0.01$) exhibit strong positive correlations with deteriorated emotional health, thus accepting hypothesis (H3B, H3C, H3D and H3E respectively). Bullying's robust association with poor emotional health in the review of literature [44], who identified peer victimization as a key predictor of anxiety, depression, and diminished self-esteem in adolescents. The social isolation and psychological trauma induced by bullying further exacerbate emotional distress.

Among all factors, internalizing behavior shows the strongest correlation with deteriorated emotional health. This is unsurprising given that internalizing behaviors encompass significant emotional challenges, including anxiety and depression, which are intrinsically tied to emotional health struggles. Research by Costello & others highlights that untreated internalizing problems during adolescence often persist into adulthood, stressing the importance of early detection and intervention.[45]

Disability and interpersonal trauma are also major contributors to emotional health deterioration. Adolescents with disabilities frequently encounter exclusion and stigma, which intensify emotional difficulties [46]. Similarly, interpersonal trauma, such as abuse or neglect, has profound and long-term psychological repercussions. A study on adverse childhood experiences (ACEs), revealed how such trauma significantly impacts emotional health outcomes over time.[1]

Further, factors such as inattention ($\rho = 0.681$, $p < 0.01$), unhealthy eating habits ($\rho = 0.626$, $p < 0.01$), and suicidal ideation ($\rho = 0.753$, $p < 0.01$) positively correlate with deteriorated emotional health, thus accepting the hypothesis (H3G, H3H and H3F respectively). These results indicate that behavioral and

psychological challenges play a significant role in exacerbating emotional health issues, highlighting the multifaceted nature of emotional distress in adolescents.

Suicidal ideation, representing the severe end of emotional distress, demonstrates a particularly strong correlation with deteriorated emotional health. Nock & his fellow researchers underscore the critical role of feelings of hopelessness, social isolation, and a lack of support in the development of suicidal thoughts among adolescents. They also further highlight how societal pressures and limited access to mental health resources exacerbate these challenges.[47]

Unhealthy eating habits also play a significant role in emotional health deterioration. Adolescents may adopt maladaptive eating patterns as a way to cope with stress, which, over time, exacerbates both physical and emotional health problems. A recent study provides evidence that emotional eating, driven by negative affect or stress, not only reflects underlying emotional health challenges but also creates a feedback loop that worsens these issues, further impacting overall well-being.[48]

The significant positive correlation between affected protective factors and deteriorated emotional health ($\rho = 0.804$, $p < 0.01$) indicates that weakened protective factors exacerbate emotional distress, thus it accepts the hypothesis (H3I). Protective factors such as resilience, social support, and positive coping mechanisms have been shown to buffer against stressors [49]. When these factors are compromised, adolescents become more vulnerable to stressors, amplifying emotional health challenges. For instance, a lack of supportive relationships can leave adolescents isolated, while low resilience limits their ability to adapt to adverse situations.

6. Conclusion

The present study offers valuable insights into the emotional health of students, revealing that there are no significant gender differences in emotional health. Additionally, the findings highlight that students in 8th and 9th grades experience the most significant emotional health challenges compared to other grade levels (6th–12th). Furthermore, emotional health was found to correlate with various factors, including academic stress, bullying, interpersonal trauma, and protective factors.

However, the study has several limitations. The primary limitation is the exclusive reliance on self-reported data for data collection. Incorporating qualitative methods could provide richer context to complement the quantitative findings. Additionally, potential mediating variables, such as family dynamics, culture, and socioeconomic status, were not considered in this study, and these factors may have influenced the results.

The findings have several important implications for improving adolescent emotional health. Since gender did not significantly impact emotional health, interventions should adopt universal strategies that address the needs of all students. Early adolescence (8th & 9th grades) requires targeted support due to the increased emotional challenges during this developmental stage, while proactive programs for younger students (6th & 7th grades) can help build resilience. Older adolescents (10th–12th grades) face unique stressors, such as academic pressure and peer relationships, necessitating specialized interventions. Furthermore, addressing academic stress, bullying, internalizing behaviors, suicidal ideation, and unhealthy eating habits through school-based programs and counseling is crucial. Strengthening protective factors like social support and resilience is also essential to mitigate emotional distress, highlighting the need for a collaborative approach from schools, families, and communities to create a supportive environment for adolescents.

Future research should focus on longitudinal studies to track emotional health over time and identify early

risk and protective factors. Exploring the impact of stressors like social media, family dynamics, and socioeconomic status on emotional well-being could provide valuable insights. Additionally, evaluating the effectiveness of school-based interventions, such as mental health programs and peer support, is essential to further understanding and improving adolescent emotional health.

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Artificial intelligence (AI) tools were used in the preparation of this manuscript to assist in identifying relevant research literature, refining language, and improving readability. All content selection, interpretation, and final conclusions are the sole responsibility of the authors.

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