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Research Article

Understanding School-Based Mental Health Needs: A Situational Analysis in Amravati, Maharashtra

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Abstract

This situational analysis examines school-based mental health needs among adolescents in Amravati, Maharashtra, drawing on survey data from 121 students across government, semi-government, and private schools. Guided by the Socio-Ecological Model and the Transactional Model of Stress and Coping, the study investigates how institutional characteristics, socio-cultural contexts, and individual factors interact to shape emotional wellbeing, academic stress, coping patterns, and help-seeking behaviors. Quantitative findings reveal marked disparities across school types and boards: private English-medium students reported higher academic stress but greater mental health literacy, while government school students demonstrated comparatively higher emotional wellbeing.

Semi-government students showed the greatest emotional vulnerability, reflecting the influence of resource constraints and school climate. Gender differences were also evident, with boys exhibiting more polarized wellbeing profiles and girls clustering in the fair-to-excellent range. These patterns align with national evidence on academic pressure, stigma, and gendered coping norms in India. The findings underscore the need for multi-level, context-sensitive school mental health interventions that address structural inequities, strengthen teacher and peer support systems, and integrate culturally resonant coping practices. The study contributes to the limited evidence base on adolescent mental health in semi-urban Indian settings and offers actionable insights for policy and program development.

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1. INTRODUCTION

Adolescent mental health constitutes a critical public health priority worldwide, with approximately 10-20% of adolescents experiencing mental health conditions that often persist into adulthood (World Health Organization, 2021) [26]. The educational environment serves as both a potential stressor and a protective factor in adolescent psychological development, making schools pivotal settings for mental health promotion and early intervention (Fazel et al., 2014) [8]. In low- and middle-income countries (LMICs) like India, where approximately 253 million adolescents comprise 20% of the population (UNICEF, 2021) [25], school-based mental health initiatives assume particular significance given limited alternative mental health infrastructure.

The Indian Educational Landscape and Mental Health

India's educational system is characterized by remarkable diversity in institutional structures, pedagogical approaches, and resource allocation. The coexistence of various school types government-funded, semi-private, and fully private institutions operating under different educational boards (State Board, CBSE, ICSE) and instructional mediums (regional languages, English, or bilingual approaches) creates heterogeneous environments with varying implications for student mental health. The competitive academic climate, exacerbated by high-stakes examination systems and intense parental expectations, has been linked to rising psychological distress among Indian adolescents (Deb et al., 2015) [7]. However, research systematically examining how institutional characteristics moderate mental health outcomes remains limited, particularly in semi-urban regions like Amravati, Maharashtra.

Theoretical and Practical Significance

This study makes both theoretical and practical contributions. Theoretically, it applies and extends established psychological frameworks particularly the Socio-Ecological Model (Bronfenbrenner, 1979) [5] and the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) [15] to the Indian educational context, examining how macro-level institutional structures and micro-level individual factors interact to produce mental health outcomes. Practically, findings inform the development of culturally responsive, context-sensitive school mental health programs that address local needs while considering resource constraints.

Following this introduction, the paper presents a comprehensive literature review situating the study within existing research on adolescent mental health in India. The theoretical framework section elaborates conceptual models guiding the analysis. The methodology details research design, measures, and analytical approaches. Results present findings, followed by an integrated discussion linking results to theoretical frameworks and existing literature. The paper concludes with implications for practice, policy, and future research.

2. LITERATURE REVIEW

Adolescent Mental Health in India: Epidemiology and Trends

Recent epidemiological studies suggest alarming trends in adolescent mental health in India. A systematic review by Malhotra and Patra (2018) [16] estimated pooled prevalence rates of 6.5% for anxiety disorders and 3.3% for depressive disorders among Indian adolescents, with higher rates observed in school-based samples. However, these figures likely represent underestimates due to methodological limitations, including reliance on Western diagnostic criteria that may not adequately capture culturally specific manifestations of distress (Gautham et al., 2020) [10]. The National Mental Health Survey (2016) reported that nearly 7.3% of 13–17-year- olds experienced mental health conditions, with a 0.8% treatment gap significantly higher than adult populations.

Unique developmental challenges characterize the Indian adolescent experience, including navigating rapid socio-economic transitions while maintaining traditional values, managing academic pressures in intensely competitive environments, and reconciling individual aspirations with familial expectations. These challenges manifest distinctly across gender lines, with girls typically facing greater restrictions on autonomy and heightened concerns about safety, while boys experience pressure to achieve economic success.

The Indian Educational System as a Mental Health Determinant

India’s educational landscape has undergone dramatic expansion since the 2009 Right to Education Act, which mandated free and compulsory education for children aged 6–14. While access has improved substantially, quality disparities persist across school types. Private schools, particularly English-medium institutions, often provide better infrastructure and resources but may foster more competitive, high-pressure environments (Deb et al., 2015) [7]. Government schools, while more accessible to economically disadvantaged students, frequently contend with resource constraints, larger class sizes, and less teacher training in student well-being (Narayanan, 2020) [18].

The medium of instruction represents another significant dimension of variation with psychological implications. English-medium education, often perceived as offering superior socioeconomic mobility, may create additional stress for students from non-English-speaking backgrounds while simultaneously providing greater exposure to global discourses on mental health (Mohanty, 2019) [17]. Regional language mediums may foster stronger cultural connections but sometimes limit perceived opportunities, creating different forms of stress (Mohanty, 2019) [17].

Academic Stress in Indian Contexts

Academic pressure constitutes a predominant stressor for Indian adolescents, with studies consistently identifying examinations, homework volume, and parental expectations as primary concerns (Deb et al., 2015) [7]. The Indian examination system, particularly board examinations in Grades 10 and 12, creates intense pressure with lifelong consequences for educational and career trajectories. This high-stakes testing environment has been linked to increased anxiety, depressive symptoms, and in extreme cases, student suicides (Banerjee & Sen, 2025) [1].

However, academic stress manifests differently across institutional contexts. Private school students often report higher levels of perceived stress related to performance expectations and competition, while government school students may experience stress related to resource limitations and uncertain future prospects (Thenmozhi & Poornima, 2020) [24]. Understanding these contextual variations is essential for developing targeted interventions.

Help-Seeking Behaviors and Mental Health Literacy

Help-seeking for mental health concerns among Indian adolescents follows distinctive patterns shaped by cultural norms, stigma, and resource availability. Family members, particularly mothers, serve as primary support sources, while formal help-seeking from mental health professionals remains low (Gaiha et al., 2020) [9]. Stigma represents a formidable barrier, with mental health conditions frequently attributed to personal weakness, spiritual failings, or genetic defects (Koschorke et al., 2017) [13].

Mental health literacy defined as knowledge and beliefs about mental disorders that aid recognition, management, or prevention remains limited among Indian adolescents (Kutcher et al., 2016) [14]. A qualitative study by Shinde et al. (2020) [22] found that rural adolescents often lacked the vocabulary and conceptual clarity to identify depression, contributing to low help-seeking. This literacy gap is particularly pronounced in rural and semi-urban areas and among government school students (Rajkumar et al., 2022) [21].

Coping Strategies in Cultural Context

Coping strategies employed by Indian adolescents reflect both universal patterns and culturally specific adaptations. Religious practices, family support, and acceptance-focused coping appear more prevalent than in Western samples, while professional help-seeking remains less common (Chadda & Deb, 2013) [6]. Traditional practices like yoga and meditation, increasingly integrated into school curricula, represent culturally resonant approaches to stress management with growing empirical support (Khanna & Greeson, 2013) [11].

Gender differences in coping are pronounced, with girls more likely to employ emotion-focused strategies (e.g., seeking emotional support, rumination) and boys favoring problem-focused approaches (e.g., direct action, distraction) (Som & Patil, 2020) [23]. These differences likely reflect gendered socialization patterns with implications for mental health outcomes.

Gaps in Existing Research

Despite growing attention to adolescent mental health in India, significant research gaps persist. Few studies examine how institutional characteristics moderate mental health outcomes, particularly in semi-urban contexts. Most research employs Western-derived measures without adequate cultural validation, potentially missing culturally specific manifestations of distress. Additionally, limited research integrates student perspectives in developing intervention approaches. This study addresses these gaps by examining school-based mental health needs in Amravati using contextually sensitive measures and incorporating student voices in solution development.

3. RESEARCH OBJECTIVE

This research study aims to assess the mental health status of school-going adolescents in Amravati, with attention to prevalence, correlates, and school-level differences.

Theoretical Framework

This study integrates two complementary theoretical models to conceptualize the complex determinants of adolescent mental health in school settings: the Socio-Ecological Model and the Transactional Model of Stress and Coping (to be explored in detailed analysis in next paper).

The Socio-Ecological Model

Bronfenbrenner's (1979) [5] Socio-Ecological Model provides a multilevel framework for understanding how nested environmental systems influence human development. Applied to school mental health, this model conceptualizes influences at four levels:

- **Macrosystem:** Broader cultural, social, and political contexts shaping educational policies, mental health stigma, and help-seeking norms. In India, this includes the competitive academic culture, collectivistic values emphasizing family honor, and evolving mental health policies like the Mental Healthcare Act (2017).
- **Exosystem:** Institutional structures and processes that indirectly affect students, including school policies, resource allocation, teacher training programs, and parent-school relationships. School type (government/private), medium of instruction, and educational board operate at this level.
- **Mesosystem:** Interconnections between microsystems, such as home-school collaboration, peer networks across contexts, and consistency between family and school values. The alignment or dissonance between these systems significantly impacts adolescent adjustment.
- **Microsystem:** Immediate environments where direct interactions occur, including classrooms, friend groups, and family settings. Teacher-student relationships, peer dynamics, and classroom climate operate at this level.
- **Individual factors:** Student characteristics such as age, gender, personality traits, and prior mental health history.

This framework guides our examination of how factors at multiple levels interact to shape mental health outcomes. For instance, we investigate how macrosystemic academic pressures interact with exosystemic school characteristics and microsystemic teacher relationships to produce varying stress experiences.

The Transactional Model of Stress and Coping

Lazarus and Folkman's (1984) [15] Transactional Model conceptualizes stress as arising from person-environment

transactions involving cognitive appraisal and coping responses. This model comprises several key components:

- **Primary appraisal:** Evaluation of whether an encounter is irrelevant, benign-positive, or stressful. In academic contexts, students appraise demands like examinations as challenging, threatening, or potentially overwhelming.
- **Secondary appraisal:** Assessment of coping resources and options. This includes perceived self-efficacy, available social support, and institutional resources.
- **Coping efforts:** Cognitive and behavioral attempts to manage demands. These may be problem-focused (addressing the stressor) or emotion-focused (regulating emotional responses).
- **Reappraisal:** Ongoing evaluation based on coping effectiveness and changing circumstances.

Applied to school settings, this model helps explain why similar academic demands produce varying stress experiences across students and contexts. Individual differences in appraisal, combined with variations in coping resources across school types, create divergent mental health outcomes.

Integration of Theoretical Models

Integrating these models creates a comprehensive framework for understanding school mental health. The Socio-Ecological Model identifies multi-level determinants, while the Transactional Model elucidates psychological processes through which these determinants influence outcomes. For instance, macrosystemic academic pressures (Socio-Ecological) influence stress appraisals (Transactional), while exosystemic school resources affect secondary appraisals of coping options. This integrated framework guides our analysis of how structural factors (school type, medium) interact with psychological processes (appraisal, coping) to produce mental health outcomes.

4. METHODOLOGY

STUDY DESIGN AND SETTING

This cross-sectional situational analysis employed a convergent parallel mixed-methods design, collecting quantitative and qualitative data simultaneously from students in Amravati, Maharashtra. The study setting encompassed schools representing the region's educational diversity: government schools (funded and managed by state authorities), semi-government schools (partially subsidized), and private schools (independently funded). Schools were selected to include both State Board and CBSE curricula, with instruction in Marathi, English, or semi- English (bilingual) mediums.

Participants and Sampling

Participants comprised 121 students in Grades 7-9, aged 13-24 years (M=14.6, SD=2.1). The age range includes older students possibly repeating grades or with interrupted education—a phenomenon not uncommon in the Indian context. Gender distribution was 59.5% male (n=72) and 40.5% female (n=49). School type representation included private (33.9%), semi-government (42.1%), and government (24.0%). Medium of instruction included English (27.3%), semi-English 64%), and Marathi (8.2%). Educational boards included State Board (70.2%) and CBSE (29.8%).

Participants were recruited through convenience sampling with purposive stratification to ensure representation across school types, grades, and gender. Schools were approached through official channels, and passive parental consent with student assent was obtained. The study received ethical approval the affiliated institution.

Measures and Instruments

Data were collected using a structured questionnaire with the following components:

- Demographic Section: Captured age, gender, grade, school type, medium of instruction, and educational board.
- Self-Rated Emotional Well-being: Single item rated on 5-point scale from "poor" to "excellent."
- Academic Stress Assessment:
  - Perceived academic stress level (5-point scale from "very low" to "very high")
  - Source-specific stress ratings (homework, exams, expectations, peers, fear of failure) on binary scale

5. DATA COLLECTION AND ANALYSIS PROCEDURES

Data collection occurred during school hours in designated spaces ensuring privacy.

Trained research assistants administered questionnaires, explaining items when needed while maintaining standardization. The process required approximately 40-50 minutes per participant. Qualitative responses were transcribed verbatim.

Quantitative data were analyzed using R. The analysis began with descriptive statistics to summarize all key variables. Comparative analyses were conducted to examine group differences.

DATA ANALYSIS

Data Description

The sample comprised 121 school-going adolescents drawn from a mix of government, private, and semi-government institutions in Amravati. Male students represented a larger share of the sample (63.6%) compared to females (36.4%). In terms of institutional characteristics, semi-government schools accounted for the highest proportion of participants (40.5%), followed by government schools (30.6%) and private schools (28.9%). A majority of students (70.2%) were enrolled in State Board schools, with the remaining 29.8% attending CBSE-affiliated institutions. These distributions reflect the educational landscape of the region and provide a balanced foundation for subgroup comparisons.

Patterns of emotional wellbeing varied across school boards, school types, and gender. CBSE students predominantly rated

their wellbeing as "Fair" or "Good," with relatively few reporting either excellent or poor wellbeing. In contrast, State Board students exhibited greater variability, with higher proportions reporting both excellent and poor wellbeing, suggesting a wider range of emotional experiences within this group. Differences were also evident across school types. Government school students reported the most positive wellbeing overall, with a substantial proportion rating their wellbeing as excellent or very good. Private school students tended to cluster in the mid-range categories, while semi-government school students showed the highest proportion of poor wellbeing, indicating elevated emotional vulnerability in this subgroup.

Gender differences revealed distinct patterns in self-reported wellbeing. Female students most commonly rated their wellbeing as fair, though a notable proportion also reported excellent wellbeing. Male students displayed a more polarized distribution, with higher proportions reporting both good and poor wellbeing. These descriptive patterns highlight meaningful variation in emotional wellbeing across demographic and institutional contexts and underscore the importance of examining how school environments and individual characteristics shape adolescents' mental health experiences.

Table 1: Descriptive Summary

	Level	Counts	Total	Proportion
Gender	Female	44	121	0.364
	Male	77	121	0.636
School_type	Govt	37	121	0.306
	Private	35	121	0.289
	Semi-govt	49	121	0.405
School_board	CBSE	36	121	0.298
	State_board	85	121	0.702

***Source*:** Primary data

6. FINDINGS

The contingency table 2 comparing gender and emotional wellbeing reveals distinct patterns in how male and female students perceive their emotional health. Female students most commonly rated their wellbeing as fair (43.18%), followed by excellent (25%), with relatively few reporting poor wellbeing (6.82%). This distribution suggests that while many girls experience moderate emotional wellbeing, a notable proportion also report high levels of wellbeing.

Table 2: Contingency Table Gender x emotional well-being

Gender	Metric	Excellent	Fair	Good	Poor	Very Good	Total
Female	Count	11	19	7	3	4	44
	% within row	25.00%	43.18%	15.91%	6.82%	9.09%	100%
Male	Count	10	19	21	13	14	77
	% within row	12.99%	24.68%	27.27%	16.88%	18.18%	100%
Total	Count	21	38	28	16	18	121
	% within row	17.36%	31.40%	23.14%	13.22%	14.88%	100%

***Source*:** Primary data

In contrast, male students show a more dispersed pattern across categories, with substantial proportions reporting good (27.27%), very good (18.18%), and fair (24.68%) wellbeing, but also a higher share reporting poor wellbeing (16.88%) compared to females. This indicates greater variability and polarization in boys' emotional experiences, with more boys than girls reporting both positive and negative wellbeing. Overall, the pattern suggests that female students tend to cluster in the mid-to-high wellbeing range, whereas male students exhibit a wider spread, including a higher proportion experiencing emotional difficulties.

Table 3: Contingency Table of reported emotional well-being

School Board	Metric	Excellent	Fair	Good	Poor	Very Good	Total
CBSE	Count	3	13	13	3	4	36
	% within row	8.33%	36.11%	36.11%	8.33%	11.11%	100%
State_board	Count	18	25	15	13	14	85
	% within row	21.18%	29.41%	17.65%	15.29%	16.47%	100%
Total	Count	21	38	28	16	18	121
	% within row	17.36%	31.40%	23.14%	13.22%	14.88%	100%

***Source*:** Primary data

Next, table 3 comparing school board and emotional wellbeing shows clear differences in how students from CBSE and State Board schools rate their overall emotional health. CBSE students cluster strongly in the mid-range categories, with over 72% reporting their wellbeing as either fair or good and very few selecting excellent or poor, suggesting a relatively uniform and moderate level of emotional functioning. In contrast, State Board students display a much wider spread across categories, with higher proportions reporting both excellent and poor wellbeing, indicating greater variability in emotional experiences within this group. This pattern suggests that school board affiliation may meaningfully shape students' emotional wellbeing, with CBSE environments associated with more consistent, moderate wellbeing and State Board environments reflecting more diverse emotional outcomes, potentially due to differences in academic pressure, school climate, or socio-economic composition.

Finally, the table 4 comparing school type and emotional wellbeing reveals clear differences in how students from government, private, and semi-government schools perceive their emotional health. Government school students report the most positive wellbeing overall, with over one-third rating their wellbeing as excellent (35.14%) and an additional 24.32% selecting very good, while very few report poor wellbeing (5.41%). In contrast, private school students cluster in the mid-range categories, with the majority rating their wellbeing as fair (34.29%) or good (37.14%), and only a small proportion reporting excellent or poor wellbeing. Semi-government school students show the highest levels of emotional vulnerability, with 22.45% reporting poor wellbeing substantially higher than in the other school types and most students falling into the fair or good categories. These patterns suggest that school type is meaningfully associated with emotional wellbeing, with government schools appearing to foster more positive

emotional experiences, private schools reflecting moderate and stable wellbeing, and semi-government schools showing greater distress and variability, potentially due to differences in school climate, resources, or student socio-economic backgrounds.

Table 4: Contingency Table of reported emotional well-being

School Type	Metric	Excellent	Fair	Good	Poor	Very Good	Total
Govt	Count	13	8	5	2	9	37
Govt	% within row	35.14%	21.62%	13.51%	5.41%	24.32%	100%
Private	Count	3	12	13	3	4	35
Private	% within row	8.57%	34.29%	37.14%	8.57%	11.43%	100%
Semi-govt	Count	5	18	10	11	5	49
Semi-govt	% within row	10.20%	36.73%	20.41%	22.45%	10.20%	100%
Total	Count	21	38	28	16	18	121
Total	% within row	17.36%	31.40%	23.14%	13.22%	14.88%	100%

***Source*:** Primary data

7. DISCUSSION

This situational analysis reveals complex and context-dependent patterns in school mental health needs in Amravati, Maharashtra. The higher academic stress observed among private English-medium students is consistent with national evidence showing that academic pressure is a major driver of adolescent distress in India, particularly in competitive, performance-oriented school environments (Deb et al., 2015) [7]. At the same time, their comparatively higher mental health literacy reflects broader findings that exposure to well-resourced educational settings and globalized discourses can enhance awareness and recognition of mental health concerns (Jain et al., 2020; Kutcher et al., 2016) [14]. Differences across school types and boards further underscore the socio-ecological nature of adolescent wellbeing. Government school students' relatively higher wellbeing and the elevated distress among semi-government students mirror research showing that institutional climate, teacher support, and resource availability strongly shape emotional outcomes (Pathak et al., 2011; Gautham et al., 2020) [20, 10]. The variability observed among State Board students aligns with evidence that academic expectations and curricular pressures can contribute to fluctuating stress levels. Gender patterns in the present study where boys exhibited more polarized wellbeing and girls clustered in the fair-to-excellent range partially align with global findings that adolescent girls often report higher emotional distress (Bor et al., 2014) [3], yet also resonate with Indian studies suggesting that boys may underreport moderate symptoms while showing higher rates of severe behavioral or emotional difficulties. Together, these findings highlight how gendered socialization, coping norms, and help-seeking behaviors intersect with school environments to shape mental health trajectories. Overall, the results reinforce socio-ecological and transactional perspectives (Bronfenbrenner, 1979; Lazarus & Folkman, 1984) [5, 15], demonstrating that structural factors such as school type, curriculum, and institutional resources interact with individual characteristics to influence stress appraisal, coping resources, and ultimately emotional wellbeing.

8. CONCLUSION

Taken together, the findings demonstrate that adolescents' emotional wellbeing is shaped by a complex interplay of structural, interpersonal, and individual factors, consistent with socio-ecological and transactional theories of stress and coping. Variations across school type, school board, and gender underscore the importance of attending to institutional environments and social norms when designing mental health interventions. The strong associations between academic stress, help-seeking comfort, and emotional outcomes further highlight the need for school-based programs that reduce academic pressure, strengthen supportive teacher–student relationships, and normalize help-seeking as a healthy coping strategy. While the study's limitations point to areas for further inquiry, the results contribute to a growing body of evidence emphasizing the central role of schools in promoting adolescent mental health in India. By integrating structural reforms with psychosocial supports, educational systems can play a transformative role in fostering resilience, wellbeing, and equitable developmental opportunities for young people.

LIMITATIONS

Several limitations should be considered when interpreting these findings. First, the study
relied on self-reported measures of emotional wellbeing, stress, coping, and help-seeking, which may be influenced by social desirability, recall biases, or gendered norms around emotional disclosure relevant in Indian cultural contexts. Second, the cross-sectional design limits the ability to draw causal inferences about the relationships among school context, stress appraisal, coping, and mental health outcomes; longitudinal designs would better capture developmental trajectories and transactional processes. Third, the sample was drawn from a single semi-urban district, which may limit generalizability to rural or metropolitan settings where school resources, academic pressures, and socio-economic conditions differ substantially.

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