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**MENTAL HEALTH AMONG ADOLESCENT STUDENTS IN WEST  
BENGAL: AN ANALYTICAL STUDY**

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DOI: <https://doi-doi.org/101555/ijarp.2107>**ABSTRACT**

Mental health constitutes an essential component of adolescents' overall development, significantly influencing their emotional adjustment, academic engagement, behavioural functioning, and ability to cope with everyday challenges. During adolescence, rapid developmental changes often expose students to emotional and psychological pressures, making mental well-being an important concern within educational settings. The present study was undertaken to examine the prevalence of mental health problems among school-going adolescent students in West Bengal and to explore variations in mental health outcomes across selected socio-demographic variables, namely gender, locality, family income, and social category. The study employed a quantitative research approach using a cross-sectional survey design. A total sample of 334 adolescent students was selected through a simple random sampling technique from four districts of West Bengal, namely Kolkata, Howrah, Jalpaiguri, and Alipurduar. Data were collected using the standardized Strengths and Difficulties Questionnaire (SDQ) developed by Robert Goodman (1997), which assesses different dimensions of mental health, including emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behaviour. The collected data were analysed using descriptive statistical techniques and chi-square analysis to examine the prevalence and variation of mental health problems among adolescents. The findings of the study revealed statistically significant differences in mental health problems across several socio-demographic variables. Female students demonstrated comparatively higher levels of severe mental health problems than male students, indicating the influence of gender on psychological well-being. A highly significant difference was also observed between rural and urban students, with urban students exhibiting comparatively greater levels of mental

health difficulties. Furthermore, significant differences were found with regard to family income and social category, suggesting that socio-economic background and social conditions meaningfully influence adolescents' mental health experiences. The findings collectively indicate that mental health problems among adolescents are shaped through the interaction of multiple personal, social, educational, and environmental influences rather than any single determinant. The study highlights the urgent need for educational institutions to adopt more inclusive, supportive, and psychologically responsive approaches to student development. Strengthening school-based counselling services, promoting socio-emotional learning, reducing excessive academic pressure, and encouraging supportive school environments may contribute significantly to improving adolescents' psychological well-being. The findings are expected to provide useful insights for educators, policymakers, counsellors, and researchers in developing context-sensitive interventions aimed at promoting positive mental health among adolescent students in West Bengal.

**KEYWORDS:** *Mental Health, Adolescents, West Bengal, Psychological Well-being, Socio-demographic Factors, School Education, SDQ, Emotional Development.*

## 1. INTRODUCTION

In contemporary educational discourse, increasing importance has been placed on the holistic development of learners rather than limiting education to academic achievement alone. Education is now widely understood as a process that supports not only intellectual growth but also emotional stability, social adjustment, and psychological well-being. Among the various dimensions of adolescent development, mental health has emerged as a particularly significant concern because it directly influences students' learning experiences, interpersonal relationships, behaviour, and future life outcomes. Adolescence represents a critical stage of human development characterised by rapid physical, emotional, cognitive, and social changes, making young individuals more vulnerable to emotional stress and psychological challenges. Therefore, understanding adolescents' mental health has become essential within educational settings to ensure balanced development and meaningful academic engagement. Mental health extends beyond the mere absence of illness or psychological disturbance. It reflects an individual's ability to cope with everyday stress, maintain positive relationships, regulate emotions, make informed decisions, and function effectively within social and educational environments. Carol Ryff (1989, 1995) conceptualised psychological well-being as a multidimensional construct that includes self-acceptance, autonomy, environmental

mastery, personal growth, purpose in life, and positive interpersonal relationships. According to this perspective, healthy psychological functioning enables individuals to adapt effectively to developmental and social demands. Complementing this understanding, Ed Diener (1999) emphasised subjective well-being, arguing that emotional experiences, perceived life satisfaction, and positive feelings collectively influence individuals' mental health status. Together, these theoretical viewpoints suggest that mental health is not solely related to emotional balance but also to positive functioning and successful adaptation to life circumstances. Within educational settings, mental health plays a vital role in shaping students' academic participation, classroom behaviour, and learning outcomes. Adolescents who demonstrate stronger psychological well-being are often more motivated, emotionally balanced, attentive, and resilient when facing academic demands. They are generally better able to manage stress, sustain concentration, and maintain meaningful engagement in learning activities. In contrast, poor mental health may adversely affect students' academic experiences by contributing to anxiety, emotional instability, reduced interest in studies, absenteeism, low confidence, and difficulties in academic adjustment. Increasing academic competition, social comparison, parental expectations, and peer-related pressures further intensify emotional strain among adolescents, thereby influencing their educational performance and psychological adjustment. Mental health among adolescents is also influenced by a wide range of socio-demographic and environmental conditions. Urie Bronfenbrenner's (1979) ecological systems theory explains that adolescents' development occurs through interactions with multiple environmental systems, including family, school, peer groups, and society. These surrounding environments significantly shape emotional experiences, behavioural development, and coping mechanisms. Similarly, Pierre Bourdieu (1986) highlighted the role of social and cultural resources in influencing life opportunities and developmental experiences. Such perspectives suggest that variables including gender, locality, family income, social category, family environment, and educational conditions may meaningfully influence adolescents' mental health outcomes. Therefore, students' psychological well-being must be understood not only as an individual matter but also as an outcome of broader social, educational, and environmental influences. In the Indian educational context, particularly in West Bengal, adolescents frequently encounter several challenges that influence their mental well-being. Academic competition, examination-related pressure, unequal access to educational resources, socio-economic inequalities, and limited awareness regarding mental health collectively contribute to emotional strain among students. Many school-going adolescents experience stress, anxiety, low confidence, emotional

insecurity, and adjustment difficulties, especially in situations where institutional counselling services and emotional support systems remain inadequate. Furthermore, differences in students' socio-demographic backgrounds, including locality, family income, social category, and educational experiences, may create unequal opportunities for emotional support, coping, and academic adjustment. Although adolescent mental health has received increasing scholarly attention, there remains a limited body of region-specific research focusing on school-going adolescents in West Bengal. Existing studies often address broader psychological concerns without adequately examining how socio-demographic variables influence mental health outcomes among adolescents in educational settings. This limitation highlights an important research gap and indicates the need for systematic investigation into the prevalence and variation of mental health problems across different student groups. Therefore, the present study seeks to examine mental health problems among adolescent students in West Bengal and analyse how these problems vary across selected socio-demographic variables such as gender, locality, family income, and social category. By exploring these relationships, the study aims to contribute to a deeper understanding of adolescent mental health and provide evidence that may support educators, institutions, and policymakers in developing more effective educational and psychological interventions.

In essence, promoting mental health within educational settings is fundamental not only for academic success but also for nurturing emotionally balanced, socially responsible, and psychologically resilient individuals. Schools that foster supportive, inclusive, and emotionally responsive learning environments can significantly contribute to helping adolescents manage challenges, strengthen confidence, and realise their full developmental potential.

## **2. Literature Review**

Mental health has increasingly emerged as an essential dimension of adolescents' overall development, influencing not only emotional stability but also educational participation, social relationships, and behavioural adjustment. During adolescence, students undergo rapid physical, emotional, cognitive, and social transformations, making psychological well-being an important requirement for healthy development and successful adaptation to academic life. Mental health may be understood as an individual's capacity to manage emotional stress, maintain balanced interpersonal relationships, make effective decisions, and respond constructively to everyday challenges. In educational settings, students with better mental health are often more capable of concentrating on academic activities, regulating emotions,

and participating actively in classroom learning, whereas psychological difficulties may interfere with motivation, adjustment, and educational achievement. The concept of psychological well-being has been extensively explained by scholars such as Carol Ryff (1989, 1995), who proposed a multidimensional understanding of mental health involving autonomy, environmental mastery, personal growth, self-acceptance, purpose in life, and positive interpersonal relationships. According to this perspective, psychological well-being reflects not merely the absence of mental illness but the presence of positive functioning that enables individuals to respond effectively to life's demands. Adolescents who possess stronger emotional resilience and supportive social experiences are therefore more likely to adapt successfully to educational and developmental challenges. Complementing this perspective, Ed Diener (1999) emphasised the importance of subjective well-being, arguing that individuals' satisfaction with life and emotional experiences significantly influence their overall mental health. Positive emotions, perceived satisfaction, and supportive relationships may therefore contribute to healthier psychological outcomes among students. Mental health also plays a crucial role in academic engagement and educational success. Students experiencing positive psychological well-being are generally more motivated, attentive, and capable of sustaining participation in academic tasks. Corey Keyes (2002) highlighted that mentally healthy individuals often display stronger cognitive functioning, better problem-solving abilities, and improved decision-making skills, which are necessary for academic progress. Conversely, mental health problems may create barriers to educational achievement by affecting concentration, self-regulation, and social interaction. Research by Hunt and Eisenberg (2010) suggested that psychological distress among students frequently contributes to academic disengagement, absenteeism, and lower educational performance. These findings indicate that emotional and behavioural well-being is closely associated with students' academic adjustment and classroom participation. The relationship between mental health and educational environments has also gained attention in contemporary educational research. Studies have demonstrated that supportive teacher-student relationships, emotionally safe classroom settings, and encouraging school climates positively influence students' mental well-being and learning engagement. Adolescents who receive emotional encouragement and constructive academic support are more likely to demonstrate persistence, confidence, and academic motivation. In contrast, environments characterised by excessive competition, academic pressure, or limited emotional support may increase stress and psychological strain. These observations underline the responsibility of educational institutions to create learning spaces that support both intellectual growth and emotional well-

being. Intervention-oriented studies further indicate that mental health among adolescents can be strengthened through organised school-based programmes and psychosocial support mechanisms. Approaches such as counselling services, peer mentoring, cognitive-behavioural interventions, socio-emotional learning activities, and stress management programmes have demonstrated effectiveness in improving emotional regulation, resilience, and coping behaviour among students. Such interventions are particularly beneficial for adolescents experiencing behavioural and emotional difficulties because they provide opportunities to manage stress, strengthen confidence, and develop healthier adaptive responses. Therefore, schools increasingly play an important role not only in academic instruction but also in promoting psychological well-being and preventive mental health support. Apart from educational and institutional factors, personal characteristics such as self-esteem also contribute significantly to adolescents' mental health. Morris Rosenberg (1965) defined self-esteem as an individual's perception and evaluation of self-worth, which shapes emotional confidence, behaviour, and social adjustment. Adolescents with positive self-esteem are often better equipped to cope with stress, establish relationships, and participate confidently in educational activities. Conversely, lower self-esteem may contribute to emotional insecurity, anxiety, withdrawal, and poor adjustment. Roy Baumeister et al. (2003) further argued that a positive sense of self contributes to psychological stability and academic engagement, suggesting that emotional confidence remains closely connected to educational performance and well-being. Mental health among adolescents is also shaped by wider socio-cultural and environmental influences. Urie Bronfenbrenner's (1979) ecological systems theory explains that human development occurs through interactions between individuals and multiple environmental systems, including family, school, peer groups, and society. Similarly, Pierre Bourdieu (1986) argued that unequal access to economic, social, and cultural resources creates differences in developmental opportunities and experiences. These theoretical perspectives suggest that variables such as family background, locality, social conditions, educational opportunities, and socio-economic status may significantly influence adolescents' psychological well-being. Therefore, mental health should be understood not solely as an individual matter but as a socially and environmentally shaped phenomenon. Within the Indian educational context, particularly in West Bengal, adolescents frequently encounter various academic, social, and economic pressures that influence their mental health. Increased competition, examination stress, unequal access to educational resources, financial challenges, and limited mental health awareness often contribute to emotional difficulties among school-going students. Many adolescents experience anxiety, low confidence,

academic stress, and adjustment difficulties, particularly in settings where counselling and institutional support systems remain limited. Such challenges become more significant among students belonging to socially and economically diverse backgrounds, where everyday experiences at home and school interact to shape emotional well-being. Despite growing scholarly attention to adolescent mental health, region-specific evidence concerning school-going adolescents in West Bengal remains comparatively limited. Existing research has often focused on broader psychological issues without sufficiently examining the influence of socio-demographic variables such as gender, locality, family income, and social category on adolescents' mental health conditions. This indicates an important gap in the literature, particularly in relation to understanding mental health problems within diverse educational and social settings of West Bengal. Overall, the reviewed literature suggests that mental health among adolescents is influenced by a complex interaction of individual, social, educational, and environmental factors. While existing theoretical and empirical studies provide valuable insight into psychological well-being and adolescent adjustment, limited evidence is available concerning school-going adolescents in West Bengal. Therefore, the present study seeks to address this gap by analytically examining mental health problems among adolescent students and exploring their relationship with selected socio-demographic variables. The findings are expected to contribute to a deeper understanding of adolescents' mental health and support the development of more responsive educational and psychological interventions.

## 2.1 Research Objectives

- 1 To find out the rate of prevalence of Mental Health problems of Adolescents in West Bengal.
- 2 To find out the relationship of Mental Health problems with regard to Gender.
- 3 To find out the relationship of Mental Health problems with regard Locality.
- 4 To find out the relationship of Mental Health problems with regard to Family Income.
- 5 To find out the relationship of Mental Health problems with regard to Social Category.

## 2.2 Hypotheses

- 1 **H<sub>0</sub>1:** There is no significant difference in the rate of prevalence of Mental Health problem with respect to Gender among Adolescents in West Bengal.
- 2 **H<sub>0</sub>2:** There is no significant difference in the rate of prevalence of Mental Health problem with respect to Locality among Adolescents in West Bengal.

- 3 **H<sub>3</sub>**: There is no significant difference in the rate of prevalence of Mental Health problem with respect to Family Income among Adolescents in West Bengal.
- 4 **H<sub>4</sub>**: There is no significant difference in the rate of prevalence of Mental Health problem with respect to Social Category among Adolescents in West Bengal.

### 2.3 Delimitations of the Study

This study is subject to the following delimitations:

- 1 **Sample Size**: The study included a total of 334 adolescents from West Bengal.
- 2 **Districts and Institutions Covered**: The sample was drawn from adolescents studying in selected schools across four districts of West Bengal, namely Kolkata, Howrah, Jalpaiguri, and Alipurduar.
- 3 **Geographical Scope**: The scope of the study was limited to four districts of West Bengal and excluded other districts and states.
- 4 **Participant Criteria**: The participants of the study comprised adolescents in West Bengal enrolled at different class levels.
- 5 **Variables Considered**: The study focuses on Mental Health with reference to selected background characteristics such as Gender, Locality, Family Income and Social Category.s
- 6 **Time Frame**: The study data were gathered within a defined timeframe, reflecting the circumstances prevailing during the period of data collection.

## 3. METHODOLOGY

### 3.1 Study Design

This study adopted a cross-sectional survey design to achieve its objectives. The design was employed to assess the prevalence of mental health problems among adolescents in West Bengal and to examine variations in these problems across selected background characteristics.

**Population and Sample**: The target population comprised school-going adolescents from selected districts of West Bengal, namely Kolkata, Howrah, Jalpaiguri, and Alipurduar. A sample of 334 students was selected through a simple random sampling technique from these districts.

**Variables**: The study investigated mental health problems as the primary variable. In addition, variations in mental health problems were examined across selected background characteristics, including gender, locality, family income, and social category.

**Data Collection Tools:** Standardized measurement scales and structured questionnaires were employed to assess mental health problems and collect relevant background information from the students.

**Data Analysis:** The collected data were analyzed using appropriate statistical techniques, including descriptive statistics and chi-square analysis, to identify patterns and differences in mental health problems among adolescents in West Bengal. This analytical approach ensured a systematic and rigorous examination of mental health issues within the study population.

### 3.2 Instrument for Data Collection

The Strengths and Difficulties Questionnaire (SDQ), introduced by Robert Goodman in 1997, is a brief behavioural screening tool developed to assess emotional and behavioural difficulties among children and adolescents between the ages of 4 and 16 years. The instrument consists of 25 items organised into five dimensions: Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Problems, and Prosocial Behaviour.

The SDQ has gained wide acceptance in educational, clinical, and research settings because of its concise structure, balanced assessment of behavioural strengths and difficulties, and adaptability across different reporting formats, including self-report, parent-report, and teacher-report measures. Responses to each item are recorded on a three-point Likert scale, namely “Not True,” “Somewhat True,” and “Certainly True.”

The instrument has demonstrated acceptable reliability, with Cronbach’s alpha values for the Total Difficulties Score generally reported within the range of 0.73 to 0.83. The Total Difficulties Score, ranging from 0 to 40, is obtained by combining scores from four domains i.e. Emotional Symptoms, Conduct Problems, Hyperactivity, and Peer Problems whereas the Prosocial Behaviour dimension is assessed independently.

For the purpose of the present study, the researcher translated the SDQ into Bengali while carefully following established translation procedures to preserve the psychometric characteristics and conceptual meaning of the original instrument.

#### Structure of SDQ

The distribution of items across dimensions is as follows:

**Table 3.1 Dimensions of SDQ.**

Dimensions	Items no
Emotional Problems	3, 8, 13, 16, 24
Conduct Problems	5, 7*, 12, 18, 22
Hyperactivity	2, 10, 15, 21*, 25*
Peer Relationship Problems	6, 11*, 14*, 19, 23
Prosocial Behaviour	1, 4, 9, 17, 20

(\* indicates reverse scoring)

### Scoring Procedure

Responses are scored as:

**Table 3.2 Scoring Procedure.**

Scoring	Reverse-scoring
Not True = 0	Not True = 2
Somewhat True = 1	Somewhat True = 1
Certainly True = 2	Certainly True = 0

The scoring ranges are interpreted as follows:

### Total Difficulties Score (0–40):

**Table 3.3 Total Difficulties Score. (0–40)**

Normal	0–13
Slightly Raised	14–16
High (Borderline)	17–19
Very High (Abnormal)	20–40

It is important to recognise that the Total Difficulties Score serves as an overall indicator of an individual’s mental health status. Scores falling within the “High” category may suggest the presence of borderline concerns that, if left unattended, could progress into more serious mental health challenges. In contrast, “Very High” scores indicate a greater level of psychological and behavioural difficulty, highlighting the need for timely attention and appropriate intervention.

## 4. RESULTS

### 4.1 Descriptive Analysis

Descriptive statistical techniques were applied to examine the prevalence and nature of mental health problems among adolescent students in West Bengal. The analysis incorporated various demographic and socio-educational variables to gain a broader understanding of the distribution, characteristics, and emerging patterns of mental health concerns within the study population.

Table 4.1 Descriptive statistics regarding Mental health problems among adolescent students in West Bengal.

			GENDER		LOCALITY		FAMILY INCOME		SOCIAL CATEGORY			Total	
			MALE	FEMALE	RURAL	URBAN	LOW	HIGH	SC	GENERAL	OBC	ST	
Total Difficulty (MH Problem)	Close to average	Count	38	44	78	4	66	16	19	28	22	13	82
		% within Variable	30.4%	19.9%	24.8%	6.3%	26.4%	16.0%	22.6%	16.7%	32.8%	43.3%	23.9%
	Slightly raised	Count	24	43	64	3	51	16	20	30	10	7	67
		% within Variable	19.2%	20.9%	20.3%	18.8%	20.4%	19.8%	23.8%	20.0%	14.9%	23.3%	20.2%
	High	Count	32	43	68	7	64	11	13	42	13	7	75
		% within Variable	25.6%	20.9%	21.6%	43.8%	25.6%	13.6%	15.5%	28.0%	19.4%	23.3%	22.7%
	Very High	Count	31	79	105	5	69	41	32	53	22	3	110
		% within Variable	24.8%	38.3%	33.3%	31.3%	27.6%	50.6%	38.1%	35.3%	32.8%	10.0%	33.2%
	Total	Count	125	209	315	19	250	84	84	153	67	30	334
		% within Variable	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

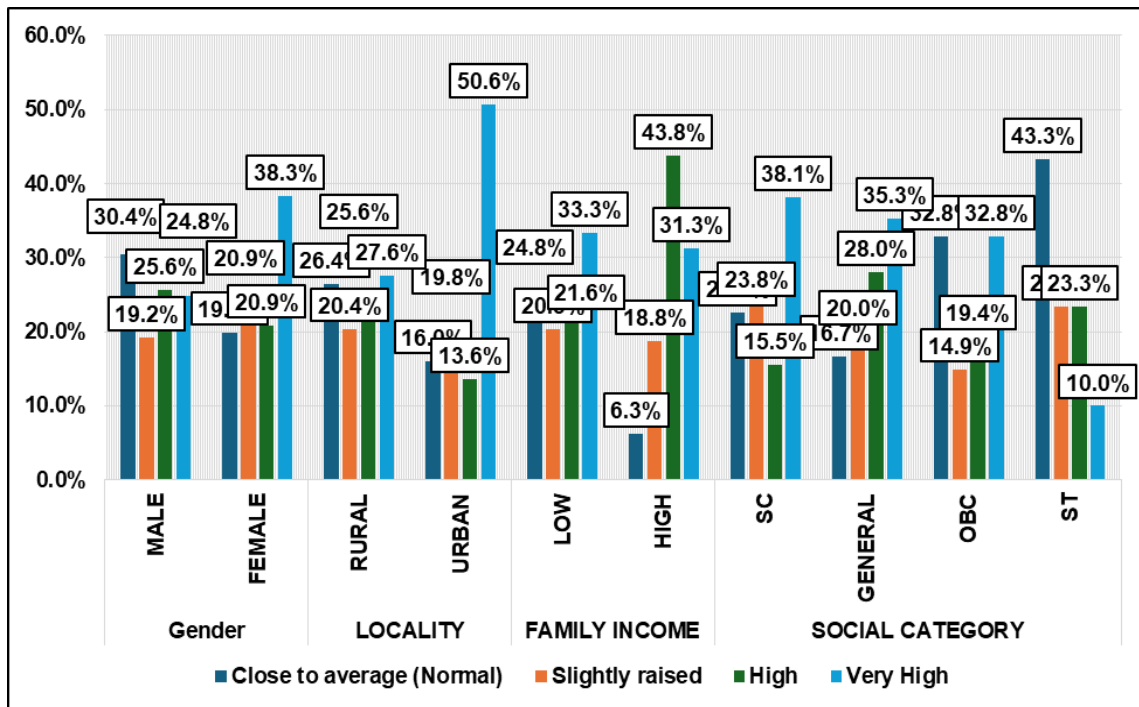


Figure 1.1 Presenting Percentage distribution of Mental Health Problem on the basis of Different Variable.

Table 4.1 presents the descriptive statistics of mental health problems (Total Difficulty Score) among school-going adolescent students in West Bengal across gender, locality, family income, and social category variables. The analysis highlights variations in the distribution of mental health problems among students belonging to different demographic and socio-social backgrounds.

**Gender Variable** – Mental health problems were found to be relatively more severe among female students compared to male students. Among female students, 38.3% were classified in the Very High category, whereas 24.8% of male students fell into this category. In contrast, a greater proportion of male students (30.4%) were placed in the Close to Average category compared to female students (19.9%). This suggests that female students demonstrate comparatively higher levels of severe mental health problems than male students.

**Locality Variable** – Mental health problems were evident among both rural and urban students, though certain differences emerged across categories. Among rural students, 33.3% were classified in the Very High category, compared to 31.3% of urban students. However, urban students exhibited a notably higher proportion in the High category (43.8%) compared to rural students (21.6%). In addition, a higher percentage of rural students (24.8%) fell under the Close to Average category than urban students (6.3%). These findings indicate that mental

health problems persist across both localities, although urban students show relatively higher proportions of elevated mental health difficulties.

**Family Income Variable** – Mental health problems were observed across family income groups, although differences in severity were apparent. Students from high-income families demonstrated a greater proportion in the Very High category (50.6%) compared to students from low-income families (27.6%). Conversely, students from low-income families showed a relatively higher percentage in the Close to Average category (26.4%) than those from high-income families (16.0%). Moreover, students from both income groups displayed considerable proportions in the High category. These findings suggest that mental health concerns are present irrespective of income level, though students from high-income families in the present sample exhibited comparatively higher levels of severe mental health problems.

**Social Category Variable** – Mental health problems were found across all social categories, with noticeable variations in severity. Students belonging to the Scheduled Caste (SC) category showed the highest proportion in the Very High category (38.1%), followed by General category students (35.3%) and Other Backward Classes (OBC) students (32.8%). In contrast, students from the Scheduled Tribe (ST) category demonstrated a comparatively lower proportion in the Very High category (10.0%) and a higher proportion in the Close to Average category (43.3%). Additionally, General category students exhibited a relatively higher percentage in the High category (28.0%) compared to other social groups. These findings indicate that while mental health problems are prevalent across all social categories, differences in severity are evident among the groups.

Overall, the findings indicate that mental health problems among adolescent students in West Bengal vary according to gender, locality, family income, and social category. Although the extent of severity differs across demographic groups, the considerable proportions of students falling within the High and Very High categories suggest the persistence of mental health concerns among adolescents, emphasizing the need for inclusive, context-sensitive, and school-based mental health interventions across diverse student populations.

## 4.2 Hypothesis Testing

### 4.2.1 H<sub>01</sub>: Mental Health Problem and Gender

The analysis indicates that the computed chi-square value for gender is  $\chi^2(3, N = 334) = 8.764$  with a p-value of 0.033. Since the p-value is less than the 0.05 level of significance ( $p < 0.05$ ), the result is statistically significant. Therefore, the null hypothesis (H<sub>0</sub>) is rejected.

This suggests that there is a significant difference in mental health problems between male and female students.

**4.2.2 H02: Mental Health Problem and Locality**

The computed chi-square value for locality is  $\chi^2 (3, N = 334) = 16.413$  with a p-value of 0.001. As the p-value is less than the 0.01 level of significance ( $p < 0.01$ ), the result is highly statistically significant. Therefore, the null hypothesis ( $H_0$ ) is rejected. This indicates that mental health problems differ significantly between rural and urban students.

**Table 4.2 Chi-square Test showing variable wise differences in Mental Health Problem (Total Difficulty) based on H01, H02, H03, and H04.**

Variable	Category	N	df	$\chi^2$	Level of Sig.	Remarks
Gender	Male	125	3	8.764	.033	Sig* (p<.05)
	Female	209				
Locality	Rural	315	3	16.413	.001	Sig* (p<.01)
	Urban	19				
Family Income	Low	250	3	7.725	.026	Sig* (p<.05)
	High	84				
Social Category	SC	84	9	21.737	.010	Sig* (p<.05)
	General	153				
	OBC	67				
	ST	30				

*Sig\* - Significant, NS - Not Significant*

**4.2.3 H03: Mental Health Problem and Family Income**

The analysis shows that the computed chi-square value for family income is  $\chi^2 (3, N = 334) = 7.725$  with a p-value of 0.026. Since the p-value is less than the 0.05 level of significance ( $p < 0.05$ ), the result is statistically significant. Therefore, the null hypothesis ( $H_0$ ) is rejected. This implies that mental health problems vary significantly between students belonging to different family income groups.

**4.2.4 H04: Mental Health Problem and Social Category**

The computed chi-square value for social category is  $\chi^2 (9, N = 334) = 21.737$  with a p-value of 0.010. As the p-value is less than the 0.05 level of significance ( $p < 0.05$ ), the result is statistically significant. Therefore, the null hypothesis ( $H_0$ ) is rejected. This indicates that mental health problems differ significantly across students belonging to different social categories.

**4.3 Major Findings**

The analysis revealed a significant difference in mental health problems between male and female students, indicating that gender plays an important role in shaping adolescents’

psychological well-being. Female students demonstrated comparatively higher proportions of severe mental health problems than male students, particularly in the “Very High” category of mental health difficulty. This pattern may be associated with emotional vulnerability, social expectations, hormonal changes during adolescence, and greater academic and interpersonal pressures experienced by female students.

A highly significant difference was observed in mental health problems based on locality, suggesting that students’ living environments influence their psychological well-being. Urban students demonstrated comparatively higher proportions of mental health difficulties, particularly in the “High” category, whereas rural students showed relatively higher proportions in the “Close to Average” category. This difference may be influenced by variations in lifestyle, academic competition, environmental stress, social isolation, and increased performance-related pressure commonly experienced in urban settings.

The findings further showed a significant difference in mental health problems with respect to family income, indicating that economic background has an important influence on students’ mental health status. Students belonging to high-income families demonstrated relatively higher proportions of severe mental health problems in the present sample, particularly in the “Very High” category, compared to students from low-income families. This finding may be linked to heightened academic expectations, parental pressure, emotional isolation, or lifestyle-related stress despite greater material advantages. At the same time, mental health concerns were evident across both income groups, suggesting that psychological difficulties are not limited to economically disadvantaged students alone.

A significant difference was also found in mental health problems across different social categories, indicating that social background contributes to variations in adolescents’ psychological well-being. Students belonging to Scheduled Caste (SC) and General categories demonstrated comparatively higher proportions of severe mental health problems, whereas Scheduled Tribe (ST) students showed relatively lower proportions in the “Very High” category and higher representation in the “Close to Average” category. These differences may reflect variations in social experiences, educational opportunities, family support systems, socio-economic conditions, and environmental stressors influencing mental health outcomes.

Overall, the findings suggest that mental health problems among school-going adolescents in West Bengal are influenced by multiple socio-demographic factors such as gender, locality, family income, and social category. The persistence of considerable levels of mental health difficulties across diverse student groups highlights the need for comprehensive, inclusive,

and school-based mental health support systems. Educational institutions should prioritise psychological counselling, stress management initiatives, and supportive learning environments to promote healthier emotional and behavioural development among adolescents.

## 5. DISCUSSION

The analysis revealed a significant difference in mental health problems between male and female students, indicating that gender plays an important role in shaping adolescents' psychological well-being. Female students demonstrated comparatively higher proportions of severe mental health problems than male students, particularly within the "Very High" category of mental health difficulty. This finding may be interpreted through developmental and psychological perspectives, which suggest that adolescent girls are often more emotionally expressive and socially sensitive than boys. The theory of psychological well-being proposed by Carol Ryff (1989, 1995) emphasises that emotional health is shaped by an interaction of personal, social, and environmental conditions. During adolescence, female students may experience greater emotional stress due to social expectations, academic demands, interpersonal relationships, and biological changes. Supporting this interpretation, research conducted by Matud (2019) reported that female adolescents are more likely to experience psychological distress and emotional difficulties, thereby reflecting a pattern consistent with the present findings.

A highly significant difference was observed in mental health problems based on locality, suggesting that environmental and social contexts influence adolescents' psychological conditions. Urban students demonstrated comparatively higher proportions of mental health difficulties, particularly in the "High" category, whereas rural students showed relatively greater representation in the "Close to Average" category. This finding may be understood through ecological perspectives of human development. Urie Bronfenbrenner's (1979) ecological systems theory emphasises that environmental conditions, institutional settings, and social interactions significantly influence behavioural and psychological development. Urban environments are often associated with greater academic competition, performance pressure, social isolation, technological dependence, and fast-paced lifestyles, which may increase stress among adolescents. Conversely, rural settings may provide comparatively stronger social connectedness and community interaction, which can function as supportive factors for emotional adjustment. Previous studies examining adolescent well-being have also

highlighted that environmental stress and lifestyle pressures commonly contribute to higher levels of mental distress among urban youth.

The findings further indicated a significant difference in mental health problems with respect to family income, highlighting the role of socio-economic conditions in shaping psychological well-being. In the present study, students from high-income families demonstrated comparatively higher proportions of severe mental health problems, particularly within the “Very High” category, than students from low-income backgrounds. This result suggests that economic privilege does not necessarily guarantee psychological well-being. Although higher-income families may possess better access to educational resources and material facilities, adolescents within such environments may also experience increased academic expectations, parental performance pressure, emotional isolation, and lifestyle-related stress. From a sociological perspective, Pierre Bourdieu (1986) argued that family background and forms of social and cultural capital influence life experiences and developmental outcomes. Furthermore, psychological theories of stress suggest that pressure associated with achievement expectations may negatively affect emotional well-being irrespective of economic status. The present finding therefore indicates that mental health concerns extend across economic groups and are not confined solely to financially disadvantaged students.

A significant difference was also found in mental health problems across different social categories, indicating that adolescents’ social backgrounds influence their psychological experiences and emotional adjustment. Students belonging to Scheduled Caste (SC) and General categories demonstrated comparatively higher proportions of severe mental health problems, whereas Scheduled Tribe (ST) students exhibited lower representation within the “Very High” category and comparatively greater proportions in the “Close to Average” category. This variation may reflect differences in educational opportunities, family support systems, social experiences, and exposure to stressors across social groups. Bronfenbrenner’s ecological framework (1979) further supports the idea that social context and environmental experiences shape behavioural and emotional development. Variations in socio-economic position, educational access, perceived social expectations, and community support may collectively influence adolescents’ mental health outcomes across social categories.

Overall, the findings suggest that mental health problems among school-going adolescents in West Bengal are influenced by multiple socio-demographic factors, including gender, locality, family income, and social category. These findings support broader perspectives of psychological well-being and ecological development, which emphasise that mental health

emerges through interactions between personal experiences and surrounding social environments. The persistence of mental health difficulties across diverse student groups highlights the urgent need for inclusive and school-based mental health interventions. Educational institutions should strengthen counselling support, introduce socio-emotional learning programmes, reduce excessive academic pressure, and foster emotionally supportive classroom environments. Greater parental awareness and community participation may also contribute to promoting adolescents' psychological well-being and healthier emotional development.

## **6. Educational Implications**

The findings of the present study provide important implications for strengthening educational practices and student support systems, particularly in the context of school education in West Bengal. Since mental health problems were found to differ significantly across socio-demographic variables such as gender, locality, family income, and social category, schools need to adopt more inclusive, responsive, and student-centred approaches to psychological well-being. Educational institutions should recognise that mental health is closely associated with students' social experiences, learning environments, and emotional development, thereby requiring systematic attention alongside academic achievement. The observed gender-based difference in mental health problems suggests that schools should pay special attention to students' emotional and psychological needs while ensuring a supportive environment for both boys and girls. Since female students demonstrated comparatively higher proportions of severe mental health problems, educational institutions should create safe spaces where students feel encouraged to express emotions, seek guidance, and discuss personal concerns without fear of judgement. Programmes related to emotional literacy, life skills education, stress management, and self-esteem development may help students cope more effectively with academic and interpersonal pressures. Teachers should also be sensitised to recognise emotional distress among adolescents and provide timely guidance or referral support when required. The significant influence of locality on mental health problems further highlights the need for context-sensitive educational support systems. Urban students demonstrated comparatively higher levels of mental health difficulties, indicating that schools in urban settings may need stronger psychological support mechanisms to address academic stress, social pressure, and emotional challenges. Schools may introduce counselling services, relaxation and mindfulness activities, peer support initiatives, and structured programmes that encourage balanced academic engagement and emotional well-

being. At the same time, rural schools should continue strengthening supportive social interactions and community engagement that may positively contribute to students' psychological adjustment. The findings related to family income indicate that socio-economic background should be carefully considered in educational planning and student support services. Although students from high-income families in the present study demonstrated relatively greater proportions of severe mental health problems, psychological concerns were observed across economic groups. This suggests that schools should avoid assuming that mental health difficulties are limited to economically disadvantaged students alone. Educational institutions should therefore establish counselling facilities, mentorship opportunities, and equitable emotional support systems for all students. For students facing financial or social disadvantages, additional academic support, scholarship assistance, and guidance services may help reduce educational stress and emotional insecurity. Differences across social categories further imply that schools must adopt inclusive educational practices that are sensitive to students' social and cultural backgrounds. Since variations in mental health outcomes may emerge from differences in social experience, educational access, and family support, schools should promote an atmosphere of equality, belongingness, and mutual respect. Encouraging collaborative learning, peer interaction, and culturally inclusive classroom practices may help reduce feelings of isolation and strengthen emotional resilience among students belonging to diverse social groups.

Overall, the study highlights the importance of developing a balanced educational system in which academic success is supported by equal attention to emotional and psychological well-being. Schools should strengthen counselling units, establish peer mentoring programmes, and organise mental health awareness activities to support students' holistic development. Teachers need appropriate training to identify early indicators of emotional stress and respond with empathy and sensitivity. At a broader institutional level, integrating mental health education into school curricula and developing structured support systems can contribute significantly to improving adolescents' overall well-being and educational experiences in West Bengal.

## 7. CONCLUSION

The present study examined the influence of selected socio-demographic factors on mental health problems among school-going adolescent students in West Bengal and highlighted the complex nature of adolescents' psychological well-being. The findings indicate that mental health problems are not shaped by a single determinant; rather, they emerge through the

combined influence of personal, social, educational, and environmental conditions experienced by students in their everyday lives. The results of the study demonstrated that gender significantly influences mental health outcomes, with female students exhibiting comparatively higher levels of severe mental health problems than male students. This finding suggests that emotional experiences, social expectations, and developmental challenges during adolescence may affect psychological well-being differently across genders. Likewise, locality emerged as an important factor, as students from urban areas demonstrated relatively higher levels of mental health difficulties compared to rural students, indicating that environmental pressures, competitive academic settings, and lifestyle-related stress may shape adolescents' emotional conditions. The study further revealed that family income contributes significantly to variations in mental health problems. Although students from high-income families demonstrated comparatively higher proportions of severe mental health problems in the present study, psychological concerns were observed across economic groups, suggesting that emotional well-being cannot be explained solely through material conditions or financial advantage. Similarly, differences across social categories indicated that students' psychological well-being is influenced by variations in social experiences, educational opportunities, family environments, and support systems. These findings collectively suggest that adolescents' mental health is closely linked with their lived experiences within homes, schools, and communities. Academic expectations, emotional support, social interactions, economic circumstances, and environmental pressures together shape students' mental health outcomes. At the same time, the presence of mental health concerns across different groups indicates that psychological difficulties among adolescents represent a broader educational and social concern requiring sustained attention and support. Overall, the study emphasises the importance of adopting a balanced educational perspective in which academic achievement is complemented by equal attention to emotional and psychological well-being. Schools should strive to create inclusive, supportive, and emotionally responsive environments where students feel secure, valued, and encouraged to seek help when necessary. In conclusion, promoting positive mental health among adolescents requires collaborative efforts involving teachers, parents, educational institutions, communities, and policymakers. By addressing both educational and emotional needs, it becomes possible to support the development of students who are not only academically competent but also psychologically resilient, confident, and better prepared to face future challenges.

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