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Academic stress, social well-being and resilience among tenth standard students with mental health issues

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Abstract

The aim was to study academic stress, social well-being and resilience among tenth standard students with mental health issues and without mental health issues. The objective was to study the difference in academic stress, social well-being and resilience between tenth standard students with mental health issues and without mental health issues. The sample consisted of boys and girls pursuing tenth standard in government and private schools, aged between 15 and 17 years. A between group design with purposive sample was opted for the study. The tenth standard school students were administered The Strengths and Difficulties Questionnaire to screen for students inclined towards behavioural and emotional issues. Those students with the score ranging between 20 and 40 were considered as students with mental health issues. Those students with the score ranging between 0 and 15 were considered as students without mental health issues. These students were further administered the Academic Stress Scale, Social Well-Being Scale and Resilience Measure. 't' test was computed to study the significant difference in the mean scores on the Academic Stress Scale, Social Well-Being Scale and Resilience Measure among tenth standard students with mental health issues and without mental health issues. The results indicated that the academic Stress was significantly higher for students with mental health issues, whereas social well-being and resilience were significantly lower for students with mental health issues.

Keywords: Academic stress, mental health issues, resilience, social well-being, and tenth standard students

Introduction

Academic stress, a significant concern among tenth-standard students, arises from academic demands like achieving high grades, meeting deadlines, and competing with peers (Luthar & Becker, 2002) [17]. As performance in this stage influences future academic and career paths, it creates psychological distress. Deb *et al.* (2015) [4] define academic stress as challenges from examinations, workload, and competition. Lazarus and Folkman (1984) [15] conceptualize stress as a transactional imbalance between perceived demands and coping resources, while Putwain (2007) [23] highlights test anxiety and performance expectations as central contributors.

Academic stress manifests cognitively, emotionally, and behaviorally. Cognitive stress involves fear of failure and poor performance (Sarason, 1984) [29]; emotional stress includes anxiety and frustration (Luthar & Becker, 2002) [17]; and behavioral stress results in procrastination and burnout (Putwain, 2007) [23]. Students with mental health issues are particularly vulnerable, as limited coping mechanisms intensify the negative effects of academic challenges, impacting their overall well-being (Deb *et al.*, 2015) [4].

Social well-being, as defined by Keyes (1998) [11], includes social integration, support, acceptance, contribution, and coherence, reflecting relationships and societal interactions. Ryff and Keyes (1995) [27] highlight social well-being as essential to overall well-being, linked to positive interactions and engagement. Corey (2005) [3] underscores the role of supportive relationships in fostering belonging. Keyes (1998) [11] identifies aspects like social integration, or feeling part of a group, and social contribution, which reflects a sense of meaningful societal role. Students with mental health issues often face stigma and social withdrawal, reducing social well-being and worsening emotional outcomes (Corey, 2005) [3].

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Enhancing social well-being in such students can mitigate stress, improve resilience, and foster coping mechanisms (Ryff & Keyes, 1995)^[27].

Resilience, the ability to recover from adversity, is crucial for tenth-standard students managing academic pressures and developmental challenges. Masten (2014)^[20] describes resilience as the capacity to handle setbacks and maintain stability, shaped by protective factors like supportive relationships and risk factors like stress and stigma (Rutter, 1987; Luthar *et al.*, 2000)^[25, 18]. Personal traits like optimism and problem-solving skills (Masten, 2014)^[20], coupled with support systems and resources like counseling, enhance resilience (Rutter, 1987)^[25]. Ungar (2011)^[32] emphasizes resilience as a context-driven process, with protective factors buffering against stress.

For students with mental health issues, fostering resilience involves supportive environments and skill-building programs for emotional regulation and peer support (Ungar, 2011)^[32]. Positive social interactions mitigate academic stress, improve well-being, and enable students to adapt and thrive despite challenges. This study explores the interplay of academic stress, social well-being, and resilience among tenth-standard students with and without mental health issues.

Need for the Study

Adolescence, especially during high-stakes transitions like the tenth standard, is a critical developmental phase where students are particularly vulnerable to mental health issues. Academic stress, social well-being, and resilience significantly influence adolescents' psychological outcomes. Understanding these factors is essential for identifying at-risk students and creating targeted interventions. Tenth standard students face intense academic expectations, with those experiencing mental health challenges being especially susceptible to stress-related consequences, such as emotional dysregulation and long-term mental health difficulties (Deb *et al.*, 2015)^[4]. Additionally, adolescents rely heavily on social interactions for emotional support. However, students with mental health issues often face reduced social well-being due to stigma, withdrawal, or strained relationships, worsening their psychological struggles (Keyes, 1998)^[11]. Resilience is a critical protective factor that helps students manage academic and social challenges. Without it, the negative effects of stress can intensify, hindering recovery from mental health difficulties (Masten, 2001)^[19].

This study explores differences in academic stress, social well-being, and resilience among students with and without mental health issues. It provides insights for educators, counselors, and policymakers to develop evidence-based strategies that address diverse student needs and enhance mental health outcomes.

Methodology

The study aimed to examine academic stress, social well-being, and resilience among tenth standard students with and without mental health issues. The objective was to determine differences in these variables between the two groups. It was hypothesized that there would be no significant difference in academic stress, social well-being, and resilience between students with and without mental health issues.

The independent variable was the presence or absence of mental health issues, while the dependent variables were academic stress, social well-being, and resilience. The sample comprised boys and girls aged 15-17 years studying in government and private schools. Students with physical disabilities or those undergoing therapy for diagnosed psychological issues were excluded. A between-group design with purposive sampling was employed. The Strengths and Difficulties Questionnaire (SDQ) was used to screen students. Those scoring between 20 and 40 on the SDQ were classified as having an inclination toward mental health issues, while those scoring between 0 and 15 were classified as without mental health issues. These groups were subsequently assessed using the Academic Stress Scale, Social Well-Being Scale, and Resilience Measure. A t-test was conducted to analyze significant differences in mean scores of academic stress, social well-being, and resilience between the two groups.

Tools

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997)^[7]

The Strengths and Difficulties Questionnaire (SDQ), developed by Robert Goodman (1997)^[7], is a widely used behavioral screening tool for children and adolescents aged 4-17 years. It consists of 25 items divided into five scales: Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, Peer Relationship Problems, and Prosocial Behavior. A Total Difficulties Score is calculated by summing the first four scales.

The SDQ shows strong reliability, with Cronbach's alpha coefficients ranging from 0.73 to 0.84 and test-retest reliability exceeding 0.70 over three months (Goodman, 2001)^[8]. Its discriminant validity effectively distinguishes clinical from non-clinical populations. Norms classify scores into Normal (0-15), Borderline (16-19), and Abnormal (20-40) for Total Difficulties, and it includes an impact score assessing daily life effects. Available in parent-report, teacher-report, and self-report (ages 11+) formats, the SDQ is flexible and widely used in schools, clinics, and research due to its strong psychometric properties.

The Academic Stress Scale (Rajendran and Kaliappan, 1990)^[24]

The Academic Stress Scale (ASS), originally developed by Kim (1970)^[14], assesses academic stress in students. Rajendran and Kaliappan (1990)^[24] adapted the scale for Indian students, incorporating culturally specific stressors. The Indian version evaluates the mental and emotional impact of academic demands, expectations, and pressures on students aged 15 and above, making it suitable for high school and college populations.

Kim's scale was standardized on Korean students, while Rajendran and Kaliappan (1990)^[24] standardized the Indian adaptation on a diverse sample of Indian students across genders and academic streams. The Indian version of the ASS demonstrates strong psychometric properties. It has high internal consistency (Cronbach's alpha > 0.80) and test-retest reliability coefficients exceeding 0.75 (Rajendran & Kaliappan, 1990)^[24]. Content validity was established through expert reviews, and factor analysis confirmed construct validity. Concurrent validity was demonstrated through significant correlations with other stress measures.

The ASS addresses dimensions such as academic expectations, workload, examination anxiety, and fear of failure. Widely used in educational research, it identifies

students experiencing high stress, offering insights for interventions to enhance academic and emotional well-being.

Social Well-Being (Keyes, 1998) ^[11]

The Social Well-Being Scale, developed by Corey L. M. Keyes (1998) ^[11], assesses perceptions of social functioning and integration within society, based on Keyes' multidimensional model. It evaluates five dimensions: Social Integration (Sense of belonging), Social Contribution (Perceived societal impact), Social Coherence (Understanding of the social world), Social Actualization (Belief in societal growth), and Social Acceptance (openness to others).

Initially standardized on a diverse U.S. adult sample in 1998, the scale has been adapted for adolescents and young adults aged 15 years and above. It examines societal roles, relationships, and broader social perceptions.

The scale demonstrates strong psychometric properties, with Cronbach's alpha coefficients between 0.70 and 0.85, and test-retest reliability exceeding 0.75 (Keyes, 1998) ^[11]. Construct validity is supported by factor analysis, and concurrent validity is shown through correlations with mental health, life satisfaction, and social functioning measures.

Norms classify scores into low, moderate, and high social well-being. Higher scores indicate stronger social ties and a positive societal outlook. The scale is widely used to assess social dimensions of mental health and inform interventions to enhance social well-being.

Resilience measure (Jefferies P *et al.*, (2018) ^[9]

The Resilience Measure, developed by Jefferies P *et al.* (2018) ^[9], is a psychological tool designed to evaluate individual resilience in various contexts. It assesses how individuals respond to challenges, adversity, and stress by examining both personal and external factors contributing to resilience. It is suitable for individuals aged 12 to 24 years, making it ideal for resilience research among adolescents and young adults. The measure exhibits strong psychometric properties, including high internal consistency with Cronbach's alpha values ranging from 0.82 to 0.89 across subscales. Test-retest reliability is robust, with correlations

exceeding 0.80, indicating stability over time. Construct validity was confirmed through factor analysis, supporting its multidimensional structure. Concurrent validity is demonstrated by significant positive correlations with other established resilience and psychological well-being measures.

Higher scores on the Resilience Measure indicate greater resilience, reflecting an individual's enhanced ability to recover from adversity and effectively navigate challenges. This tool is valuable in both clinical and research settings for identifying individuals who may benefit from resilience-building interventions, providing a comprehensive understanding of resilience through the evaluation of traits like optimism and self-regulation, as well as external factors such as social support and community engagement.

Procedure

The study was conducted among tenth standard students who met the inclusion criteria and voluntarily agreed to participate. The procedure began with taking consent for the study and administering The Strengths and Difficulties Questionnaire to screen for students inclined towards behavioural and emotional issues. Those students with the score ranging between 20 and 40 were considered as students with inclination to mental health issues. Those students with the score ranging between 0 and 15 were considered as students without mental health issues. These students were further administered the Academic Stress Scale, Social Well-Being Scale and Resilience Measure. 't' test was computed to study the significant difference in the mean scores on the academic stress, social well-being and resilience between tenth standard students with mental health issues and without mental health issues.

Analysis of results

Mean, standard deviation was computed for descriptive analysis. 't' test was computed to study the significant difference in the mean scores on the academic stress, social well-being and resilience between tenth standard students with mental health issues and without mental health issues.

Results and Discussion

Table 1: Demographic details of the sample

Areas	Categories	With mental health issues	Percentage	Without mental health issues	Percentage
Gender	Boys	22	57.89	21	50.00
	Girls	16	42.11	21	50.00
	Total	38	100.00	42	100.00
Age	15-16 years	29	76.32	32	76.19
	16-17 years	9	23.68	10	23.81
	Total	38	100.00	42	100.00
Medium	Kannada	5	13.16	8	19.05
	English	33	86.84	34	80.95
	Total	38	100.00	42	100.00
Type of family	Nuclear family	32	84.21	38	90.48
	Joint family	6	15.79	4	9.52
	Total	38	100.00	42	100.00
Type of school	Government school	12	31.58	16	38.10
	Private school	26	68.42	26	61.90
	Total	38	100.00	42	100.00
Category	SC/ST	11	28.95	11	26.19
	OBC	15	39.47	18	42.86
	GM	12	31.58	13	30.95
	Total	38	100.00	42	100.00

The study analyzed the demographics of tenth-standard students with and without mental health issues across gender, age, medium of instruction, family type, school type, and social category. Among students with mental health issues, boys comprised 57.89%, while girls constituted 42.11%; in contrast, both genders were equally represented (50%) among students without

mental health issues. Most students (76%) in both groups were aged 15-16 years. A higher proportion of students with mental health issues attended English medium (86.84%) and private schools (68.42%). Both groups predominantly came from nuclear families (84%-90%) and had similar social category distributions across SC/ST, OBC, and GM groups (Table 1).

Table 2: Mean, SD and t values on The Academic Stress Scale for tenth standard students with and without mental health issues (Emotional Symptoms, Conduct Problems, Hyperactivity / Inattention, Peer Relationship Problems, and Prosocial Behavior):

Dimensions	With Behavioural Issues (N=38)		Without Behavioural Issues (N=42)		t
	Mean	SD	Mean	SD	
Personal Inadequacy	20.97	3.91	11.5	4.08	10.57**
Fear of Failure	18.5	3.27	16.62	3.98	2.30*
Interpersonal difficulties with teachers	21.97	3.91	12.5	4.08	10.57**
Teaching methods	18.97	3.91	9.5	4.08	10.57**
Inadequate study facilities	13.97	3.91	12.5	4.08	1.64
Total Academic Stress	94.39	18.84	62.62	15.74	8.21**

P = * 0.05; P = **0.01 (Significant at 0.05 and 0.01 level)

The study analyzed differences in dimensions of academic stress between students with and without mental health issues using the Academic Stress Scale. Findings revealed significant disparities, particularly in personal inadequacy, interpersonal difficulties with teachers, and teaching methods, with students with mental health issues reporting higher stress levels.

On personal inadequacy, students with mental health issues had a mean score of 20.97 (SD = 3.91) compared to 11.5 (SD = 4.08) for students without mental health issues. The t-value of 10.57 was highly significant ($p < 0.01$), indicating that students with mental health issues experienced significantly higher personal inadequacy. On fear of failure, students with mental health issues scored a mean of 18.5 (SD = 3.27) versus 16.62 (SD = 3.98) for those without. The t-value of 2.30 was significant at the 0.05 level ($p < 0.05$), showing higher fear of failure among students with mental health issues, though the difference was less pronounced compared to other dimensions (table 2).

For interpersonal difficulties with teachers, the mean score for students with mental health issues was 21.97 (SD = 3.91), significantly higher than 12.5 (SD = 4.08) for students without. The t-value of 10.57 was highly significant ($p < 0.01$), highlighting greater interpersonal difficulties for students with mental health issues. On teaching methods, students with mental health issues reported a mean of 18.97 (SD = 3.91), significantly higher than 9.5 (SD = 4.08) for students without mental health issues. The t-value of 10.57 was highly significant ($p < 0.01$), indicating that students with mental health issues experienced greater difficulties related to teaching methods (table 2).

For inadequate study facilities, the mean scores were 13.97 (SD = 3.91) for students with mental health issues and 12.5 (SD = 4.08) for those without. The t-value of 1.64 was not significant, suggesting no meaningful difference in perceived inadequacies of study facilities between the groups. On total academic stress, students with mental health issues scored significantly higher, with a mean of 94.39 (SD = 18.84) compared to 62.62 (SD = 15.74) for students without. The t-value of 8.21 was highly significant ($p < 0.01$), indicating substantially greater overall academic stress among students with mental health issues (table 2).

In summary, students with mental health issues experience significantly higher levels of academic stress across several

dimensions, particularly personal inadequacy, and interpersonal difficulties with teachers, and teaching methods. However, no significant difference was observed in inadequate study facilities. These findings highlight the need for targeted interventions to address specific areas of academic stress in students with mental health issues.

The present study revealed that students with mental health issues experience significantly higher levels of academic stress compared to their peers without mental health issues, particularly in dimensions such as personal inadequacy, interpersonal difficulties with teachers, and teaching methods. These findings align with existing literature and highlight the pervasive impact of mental health issues on academic stress.

On personal inadequacy, students with mental health issues reported significantly higher scores, consistent with findings by Shao and Lee (2015) [30]. Their study indicated that adolescents with mental health challenges often struggle with feelings of low self-esteem and inadequacy, especially in academic settings. Such negative self-perceptions exacerbate academic stress and hinder performance.

Regarding fear of failure, the present study found a statistically significant difference between the two groups, though the disparity was less pronounced compared to other dimensions. Zhao *et al.* (2018) [36] similarly reported that heightened fear of failure among students with mental health issues contributes to lower academic achievement and well-being, although it may not be the most dominant stressor.

For interpersonal difficulties with teachers, students with mental health issues reported significantly higher stress levels, aligning with findings from Liu *et al.* (2019) [16]. Their research highlighted that students with emotional and behavioral challenges often face misunderstandings and poor communication with teachers, worsening academic stress due to the crucial role teacher's play in the learning environment.

The study also found that students with mental health issues experienced greater difficulties with teaching methods, which is supported by Jiang and Zhang (2017) [10]. These authors emphasized that standard teaching approaches may not meet the needs of students with mental health challenges, suggesting the importance of individualized teaching strategies to mitigate stress.

In contrast, no significant difference was found in perceptions of study facilities between the two groups. This finding differs from Wang *et al.* (2020) [34], who reported that inadequate resources exacerbate academic stress for students with mental health issues. The lack of difference in the present study may reflect contextual factors, such as similar school resources across the groups. Finally, the study revealed significantly higher total academic stress among students with mental health issues. This result is consistent

with Wang *et al.* (2020) [34] and Wang and Zhang (2021) [35], who reported that mental health challenges amplify overall academic stress, negatively affecting academic performance and mental health outcomes.

These findings underscore the need for targeted interventions to address academic stress, particularly in areas such as teaching methods and teacher-student interactions, to support students with mental health issues effectively.

Table 3: Mean, SD and t values on Social well-being for tenth standard students with and without mental health issues (Emotional Symptoms, Conduct Problems, Hyperactivity / Inattention, Peer Relationship Problems, and Prosocial Behavior)

Dimensions	With Behavioural Issues (N=38)		Without Behavioural Issues (N=42)		t
	Mean	SD	Mean	SD	
Social Integration	25.97	3.91	32.93	3.58	8.34**
Social Acceptance	26.97	3.91	33.93	3.64	8.38**
Social Contribution	19.97	3.91	26.93	3.54	9.21**
Social Actualization	20.97	3.91	27.93	4.13	9.42**
Social Coherence	28.97	3.91	35.93	4.04	8.25**
Total Social well-being	122.87	19.57	157.64	17.68	9.43**

P = **0.01 (Significant at and 0.01 level)

The present study examined the social well-being of tenth-standard students with and without mental health issues, revealing significant differences across all five dimensions of social well-being. Students with mental health issues consistently reported lower scores compared to their peers without mental health issues, highlighting the negative impact of mental health on social integration, acceptance, contribution, actualization, and coherence.

On the social integration dimension, students with mental health issues scored significantly lower, with a mean of 25.97 (SD = 3.91) compared to 32.93 (SD = 3.58) for students without mental health issues. The t-value of 8.34 ($p < 0.01$) was highly significant, indicating that students with mental health issues experience lower levels of social integration. This was similarly reflected in the social acceptance dimension, where students with mental health issues reported a mean of 26.97 (SD = 3.91), significantly lower than the mean of 33.93 (SD = 3.64) for students without mental health issues (t-value = 8.38, $p < 0.01$) (table 3).

In the social contribution dimension, students with mental health issues scored a mean of 19.97 (SD = 3.91), compared to 26.93 (SD = 3.54) for students without mental health issues. The t-value of 9.21 ($p < 0.01$) again indicated significant differences. Similarly, on the social actualization dimension, students with mental health issues had a mean score of 20.97 (SD = 3.91), while students without mental health issues reported a higher mean of 27.93 (SD = 4.13), with a significant t-value of 9.42 ($p < 0.01$) (table 3).

On the social coherence dimension, students with mental health issues scored a mean of 28.97 (SD = 3.91), while those without mental health issues scored 35.93 (SD = 4.04), with a t-value of 8.25 ($p < 0.01$), indicating significant differences in perceived social coherence (Table 3).

The overall social well-being score for students with mental health issues was 122.87 (SD = 19.57), significantly lower than the 157.64 (SD = 17.68) for students without mental health issues, with a highly significant t-value of 9.43 ($p < 0.01$) (Table 3).

These findings underscore the significant negative impact of mental health issues on social well-being across all dimensions. Students with mental health issues report

feeling less integrated, accepted, and able to contribute to their social environments, as well as experiencing lower levels of social actualization and coherence. The results align with and expand upon previous research, emphasizing the importance of addressing mental health issues to improve adolescents' social well-being.

The present study found that students with mental health issues reported significantly lower levels of social well-being compared to their peers without mental health issues, consistent with existing research.

On social integration, students with mental health issues scored lower, aligning with Keyes (1998) [11], who emphasized the importance of social integration for adolescents' well-being. Mental health issues often lead to isolation, as noted by Olsson *et al.* (2013) [21], who found that adolescents with emotional symptoms struggle to form meaningful social connections, diminishing their sense of belonging.

Similarly, students with mental health issues had significantly lower social acceptance, supporting findings by Ryff and Singer (2006) [28], who showed that adolescents with mental health challenges often feel rejected or less accepted due to stigma, which exacerbates feelings of isolation and inadequacy.

The study also found that students with mental health issues reported lower social contribution. Keyes (2002) [12] identified that students with mental health problems feel less capable of contributing to their social environment, as mental health issues impair confidence and engagement in prosocial behaviors. Collishaw *et al.* (2016) [2] further noted that students with emotional and behavioral challenges participate less in group activities, reducing their sense of contribution.

In terms of social actualization, students with mental health issues reported lower scores. Ciarrochi *et al.* (2017) [1] found similar results, noting that mental health issues hinder students' ability to achieve social goals and diminish optimism about future social roles.

On social coherence, students with mental health issues also scored lower. Fink *et al.* (2019) [6] highlighted that adolescents with hyperactivity and inattention struggle to

understand complex social situations, leading to frustration and a lower sense of social coherence.

Finally, the overall social well-being score was significantly lower for students with mental health issues, consistent with

Keyes (2006)^[13] and Patel *et al.* (2018)^[22], who both found that mental health difficulties negatively impact various dimensions of social well-being, leading to decreased overall social functioning.

Table 4: Mean, SD and t values on Resilience measure for tenth standard students with and without mental health issues (Emotional Symptoms, Conduct Problems, Hyperactivity / Inattention, Peer Relationship Problems, and Prosocial Behavior):

Dimensions	With Behavioural Issues (N=38)		Without Behavioural Issues (N=42)		t
	Mean	SD	Mean	SD	
Total Resilience	18.89	6.38	38.5	4.08	16.53**

The present study found that students with mental health issues reported significantly lower resilience (mean = 18.89, SD = 6.38) compared to their peers without mental health issues (mean = 38.5, SD = 4.08). The highly significant t-value of 16.53 ($p < 0.01$) indicates a strong relationship between mental health issues and lower resilience, suggesting that students with mental health difficulties may have a reduced ability to cope with stress and adversity. This finding emphasizes the significant role mental health plays in shaping resilience, reinforcing the association between mental health issues and diminished resilience levels (Table 4).

The present study reveals that students with mental health issues report significantly lower resilience compared to their peers without mental health issues. This finding aligns with Luthar *et al.* (2000)^[18], who highlighted that mental health difficulties, such as emotional and behavioral challenges, impair adolescents' capacity to use adaptive coping mechanisms. Masten (2001)^[19] further emphasized that resilience is compromised when mental health challenges hinder emotional regulation and problem-solving abilities.

The lower resilience scores observed in students with mental health issues also correspond with Rutter (2012)^[26], who found that mental health conditions, including anxiety and depression, hinder the development of effective coping strategies, leading to maladaptive responses like avoidance. In contrast, students without mental health issues benefit from protective factors, such as positive self-perception and supportive relationships, which contribute to their higher resilience (Fergus & Zimmerman, 2005)^[5]. This difference in resilience may also reflect the role of the school environment. Ungar (2013)^[33] noted that inclusive, supportive educational spaces foster resilience, while stigma or lack of understanding in schools can erode resilience in students with mental health issues. Southwick *et al.* (2014)^[31] also emphasized the importance of cultural values, family dynamics, and community support in shaping resilience, suggesting that stigma surrounding mental health can further reduce resilience in affected adolescents.

Overall, these findings emphasize the negative impact of mental health issues on resilience and the need for supportive interventions to strengthen resilience in students facing mental health challenges.

Conclusions

- The objective was to study the difference in academic stress, social well-being and resilience between tenth standard students with mental health issues and without mental health issues.
- On personal inadequacy a dimension of academic stress scale the students with mental health issues experienced significantly higher personal inadequacy compared to their peers without mental health issues.

- On fear of failure a dimension of academic stress scale the students with mental health issues experienced higher fear of failure, though the difference is less pronounced compared to the other dimensions.
- On interpersonal difficulties with teachers a dimension of academic stress scale the students with mental health issues faced significantly more interpersonal difficulties with teachers than those without mental health issues.
- On teaching methods a dimension of academic stress scale the mean score for students with mental health issues reported significantly greater difficulties with teaching methods compared to their peers.
- On inadequate study facilities a dimension of academic stress scale, the difference in perceived inadequacy of study facilities between the two groups was not statistically different.
- On total academic stress, the students with mental health issues experienced significantly greater total academic stress when compared to students without mental health issues.
- On social integration dimension of social well-being, students with mental health issues experienced lower social integration compared to their peers without mental health issues.
- On social acceptance dimension of social well-being, students with mental health issues feel significantly less socially accepted compared to those without mental health issues.
- On social contribution dimension of social well-being, students with mental health issues feel they contribute significantly less to their social environments than those without mental health issues.
- On social actualization dimension of social well-being, students with mental health issues have a significantly lower sense of social actualization, which refers to their ability to realize and achieve social goals.
- On social coherence dimension of social well-being, students with mental health issues perceived significantly lower social coherence, meaning they feel less connected to and understand their social environment.
- For the overall social well-being students with mental health issues reported significantly lower overall social well-being compared to those without mental health issues.
- On Resilience, students with mental health issues demonstrate considerably lower levels of resilience compared to those without mental health issues.

Limitations

- The sample size may not be large or diverse enough to generalize the findings across all tenth-standard

students, especially those from different socio-economic, cultural, or regional backgrounds.

- The study is cross-sectional, capturing data at a single point in time. It does not account for longitudinal changes or the progression of academic stress, social well-being, and resilience over time.
- The study does not explore the role of external factors such as parental support, peer relationships, school environment, or access to mental health resources, which can significantly influence academic stress, social well-being, and resilience.
- Grouping all students with scores indicating mental health issues into a single category may overlook nuances between different types of mental health challenges.
- The study primarily uses quantitative methods and does not include qualitative approaches like interviews or focus groups that could provide deeper insights into the lived experiences of students.
- Variables such as personality traits, family dynamics, or school policies were not measured but might have significantly impacted the outcomes.

Implications

- The findings from the present study underscore the significant impact of mental health issues on students' academic stress, particularly in dimensions such as personal inadequacy, interpersonal difficulties with teachers, and teaching methods. While students with mental health issues report higher levels of stress in these areas, fear of failure and study facilities did not show as strong a contrast. Addressing these issues through targeted interventions and support systems could help mitigate the academic stress experienced by this group of students.
- The findings of the present study demonstrates that mental health issues significantly impair various dimensions of social well-being in adolescents. The largest disparities were observed in social integration and social acceptance, which are foundational to building strong social relationships. The results highlight the need for interventions focusing on improving social skills, reducing stigma, and enhancing peer support systems for students with mental health challenges. Schools and communities must prioritize creating inclusive environments to foster better social well-being for these students.
- The present study contributes to the growing body of research that links mental health challenges to lower resilience in adolescents. It reinforces the need for comprehensive mental health support systems to help students develop resilience and cope with adversity. Targeted academic stress-reduction programs, including mindfulness-based stress reduction (MBSR) and cognitive restructuring, can alleviate personal inadequacy and fear of failure in students.

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