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Risk Factors, Challenges, and Evidence-Based Intervention Strategies for Mental Health and Well-Being among Students: A Systematic Review

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Abstract

The mental health and well-being of students in school, college and university is becoming a growing concern. Increased anxiety, depression, stress, burnout, and associated psychological issues have been noted in educational settings, which have been attributed to academic pressures, stressors, monetary concerns, family expectations, and digital influences. This review combines the latest evidence regarding the prevalence of mental health issues among students, the primary risk factors that influence vulnerability, access to care, and interventions that enhance student mental health in school settings. Special focus is paid to Indian and South Asian countries as they relate to wider global issues. The review reveals academic stress as a key factor leading to distress, with stigma, low mental health literacy, lack of institutional support and regional data gaps all as significant barriers to timely seeking of help. There is some evidence that the most effective responses are multi-level and integrated, involving support, programme provision and technology-based care at individual, school/campus-based, technology and policy levels. The review findings are that mental health issues among students are a priority for school education and public health, and that culturally responsive interventions, improved institutional systems, and more robust regional evidence are areas that should be expanded on in future research.

1. Introduction

Good mental health is an integral part of health and a significant factor in the way people think, feel, behave and live their lives. According to the World Health Organization (2022) mental health is defined as a state in which people can function effectively in their daily lives, have the ability to manage normal stress, work productively and contribute to their communities. Schools, colleges and universities are not only places of learning, but also places where youth develop their identity, relationships, self-regulation and future aspirations, making mental health of students particularly important. Children's and young people's mental health can impact their learning, social skills and future mental health outcomes (Abelson et al., 2022). There has been an increasing interest in student mental health in the recent literature, both globally and locally. Increased reports of anxiety, depression, stress, emotional distress, sleep issues, and burnout are common in the school and higher education populations (Lipson et al., 2022; Meda et al., 2022). The situation is particularly exacerbated in India and other South Asian countries due to extremely competitive examination systems, high parental expectations, job insecurity, and limited professional support (Meda et al., 2022; UNESCO, 2021). This review aims to summarise the key factors that are associated with student mental health issues, the factors that hinder effective access to support and the intervention strategies most commonly reported in recent literature. It seeks to offer a holistic perspective on student mental health within school, college and university context, with special focus on the impact of student mental health on India and South Asia in comparison with the global evidence.

2. Scope and Review Questions

This review is aimed at the school students, college students and university students in various geographical scenarios. It addresses the common mental health issues such as anxiety, depressive symptoms, stress, burnout, loneliness, sleep disturbances, substance use and suicidal ideation (Abelson et al., 2022; Meda et al., 2022; UNICEF, 2025). Both preventive and therapeutic strategies are discussed, ranging from counselling and mindfulness, yoga, social-emotional learning, peer support, digital interventions, to policy-level measures (UNESCO, 2021; World Health Organization, 2022). The review is informed by five questions: (1) What are the predominant trends of mental health issues for pupils at each stage of education? (2) What academic, personal, family, social and contextual factors are most likely to cause psychological distress? (3) What are the obstacles to care and support/access? (4) What interventions seem to be valuable in educational contexts and (5) What are some areas of research, policy and practice that are missing?

3. Background

Student mental health has become a significant issue in both high-income and low- and middle-income settings. Across the literature, rising distress appears to reflect multiple interacting pressures rather than a single cause. Academic competition, exam-related anxiety, social comparison, cyberbullying, financial strain, loneliness, and family conflict all contribute to a growing burden of emotional and psychological difficulties (Meda et al., 2022; Pidgeon et al., 2021).

The design includes some factors to consider in evaluating the risk, such as the use of systems of support. There are also differences in risk by educational level. Exam stress, bullying and family dependency are common issues for school students. College students are faced with issues of identity formation, financial pressures, competition from peers, and life transitions. The issues associated with academic performance, independence, job and future uncertainties are often heightened among university students (Abelson et al., 2022; UNICEF, 2025). COVID-19 also exacerbated these stressors as it increased isolation, impacted learning environments, and

decreased access to in-person support (Abelson et al., 2022; Lipson et al., 2022). This is more than just a personal concern. Adverse mental health has been linked to lower academic engagement, decreased life satisfaction, social withdrawal and poorer longer-term academic and occupational outcomes (Abelson et al., 2022; Meda et al., 2022). Therefore, the mental health of students needs to be viewed not only as a clinical concern, but also an educational and societal concern. Evaluate risk factors and barriers to care. Personal, academic, family and social factors all play a role in student mental health, many of which are interrelated (Meda et al., 2022).

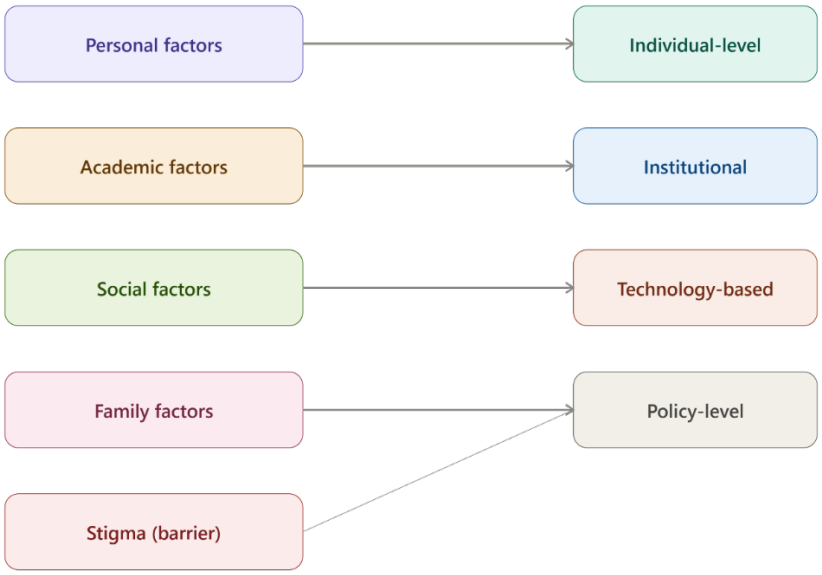

Fig. 1: Risk Factors and systems of support

Risk also varies across educational stages. School students often face examination pressure, bullying, and dependence on family systems. College students encounter identity formation, financial strain, peer competition, and adjustment challenges. University students often experience intensified concerns related to academic performance, independence, employment, and future uncertainty (Abelson et al., 2022; UNICEF, 2025). The COVID-19 pandemic further amplified these stressors by increasing isolation, disrupting learning environments, and reducing access to face-to-face support (Abelson et al., 2022; Lipson et al., 2022).

The significance of this issue extends beyond individual suffering. Poor mental health is associated with lower academic engagement, reduced life satisfaction, social withdrawal, and poorer longer-term educational and occupational outcomes (Abelson et al., 2022; Meda et al., 2022). For this reason, student mental health should be understood not only as a clinical issue but also as an educational and societal concern.

4. Risk Factors and Barriers to Care

Student mental health is shaped by the interaction of personal, academic, family, and social factors, many of which reinforce one another (Meda et al., 2022).

4.1 Personal factors

Factors that can contribute to personal vulnerability are negative self-perception, self-criticism, poor coping skills, low resilience and previous mental health issues. Transitions also are important as they relate to development. For adolescents, issues of identity and peer acceptance can be challenging, as well as for older students when they are under pressure to be independent,

work, or make large educational transitions (Abelson et al., 2022; Meda et al., 2022). In the literature, differences between the sexes are often documented. In some studies, female students have higher levels of anxiety, depression, and suicidal ideas. These patterns often go hand in hand with social pressure, issues with the body image, safety concerns, and gender-based discrimination (MindMitr, 2025).

4.2 Academic factors

One of the most universally documented causes of student mental health issues, particularly in India, is academic stress. The sense of pressure during exams, ongoing assessments, competitive entry processes, concerns about grades, and/or parental expectations regarding their grades can contribute to feelings of stress, heightening symptoms of anxiety, depression, and burnout (Abelson et al., 2022; Meda et al., 2022). Academic stress doesn't always stand alone, it can often go hand-in-hand with social and family pressures.

4.3 Family factors

Families can have a positive and/or negative impact. Academic performance and career success may be a significant worry for parents when they have high expectations of their children; especially when educational success is the key to social mobility. Vulnerability is also evident in financial stress, family conflict and a family history of mental health problems. On the other hand, supportive parenting that is warm, communicative and realistic has been shown to foster resilience (Meda et al., 2022).

4.4 Social factors and stigma

Peer relationships have a significant impact on student wellbeing. Bullying or cyberbullying, exclusion and social comparison can increase stress, anxiety, depression, low self-esteem and loneliness, while supportive friendships can buffer against these effects (Pidgeon et al., 2021; UNICEF, 2025). These dynamics can be exacerbated by the visibility, comparison and fear of judgment that can happen on social media (Pidgeon et al., 2021). One of the biggest obstacles to treatment is stigma. In moments when mental illness is taboo, mental health issues are typically perceived as a sign of weakness, shame, or failure. Stigma exists interpersonally and structurally; for example, although students may have access to services, they may still not use them due to fear of stigma, and the institutional commitment and mental health literacy to help-seeking may be low (Lipson et al., 2022; UNESCO, 2021).

5. Problem Areas in Meeting Student Mental Health Needs

Several practical barriers limit effective support even when the need is recognized.

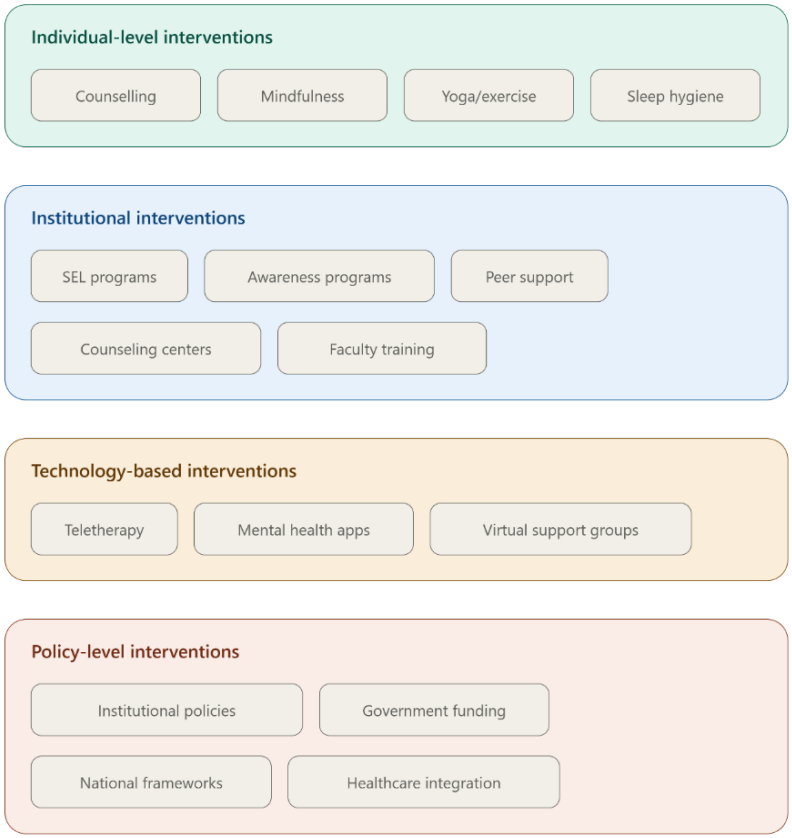

Figure-2: 4 tier intervention framework

First, students, families and educators have low mental health literacy. Students often do not recognize when stress is normal and when it is a problem, and teachers and other caregivers might not pick up on the signs of stress. This leads to delayed diagnosis, under-reporting, and lack of opportunities for early intervention (UNESCO, 2021; World Health Organization, 2022). Second, the counseling services are inadequate. Lack of adequate number of counselors, trained staff, funding, and referral system are common in many institutions. The impact of these shortages is particularly acute in rural, and under-resourced institutions (UNESCO, 2021). Thirdly, access is still high. Services can be: not located near, too costly, timed differently, or linguistically and culturally insensitive. While a digital option can provide better access, unequal Internet access, low awareness and the absence of culturally adapted tools can reduce the utility of the digital option (Meda et al., 2022; UNESCO, 2021). Fourth, institutional policies are usually not in place or are insufficient. In the absence of structures, budgets, referral systems, and accountability structures, mental health programs are not consistent and coordinated. Limited local data, especially in under-researched areas, hinders the ability to design interventions specific to the context (World Health Organization, 2022).

6. Multi-Level Intervention Framework

It is suggested in the literature that isolated interventions are not likely to be effective. Responses are more effective when they are multi-level, ongoing, and linked across individual, institutional, technological and policy domains (Abelson et al., 2022; UNESCO, 2021).

6.1 Individual-level interventions

On the personal level, students can access counselling services, psychotherapy, mindfulness training and meditation, yoga and exercise, and

sleep advice. Such strategies may be utilized to lower stress, regulate emotions, enhance coping skills, assist with focus and functioning throughout the day (Abelson et al., 2022).

6.2 Institutional interventions

At the institutional level, schools and higher education institutions can take steps to foster a more supportive environment via the implementation of Social-Emotional Learning programs, mental health awareness campaigns, peer support initiatives, easy access to counseling centers, and faculty training. These strategies support the normalisation of help-seeking, help in detecting distress and foster a culture of care (Lipson et al., 2022; UNESCO, 2021).

6.3 Technology-based interventions

Reach can be extended through the use of technology-based interventions, especially in areas where there is limited access to in-person services. Students may experience stigma or logistical challenges to accessing support which is offered through teletherapy, mental health apps, digital psychoeducation or virtual support groups. Digital interventions, however, need to be assessed for quality, privacy, accessibility and cultural relevance (Meda et al., 2022; MindMitr, 2025).

6.4 Policy-level interventions

Sustainable support is created through policy-level measures. This includes institutional mental health policies, additional mental health funding, national mental health policies, mental health education requirements, and increased educational system and public health service linkages (UNESCO, 2021; World Health Organization, 2022). Many good interventions are not lasting or are not fully implemented without policy support.

7. Discussion and Recommendations

The following are some common themes in this review. First, mental health issues are very common across all phases of education, and they are influenced by the complex interactions of academic, personal, family and social stressors (Abelson et al., 2022; Lipson et al., 2022; Meda et al., 2022). Second, academic stress and stigma are particularly significant factors in India and analogous situations (Meda et al., 2022; MindMitr, 2025). Third, while there are several interventions available, they are not equally accessible, due to low awareness, limited services, weak policies, and lacking information on them at regional level (UNESCO, 2021, World Health Organization, 2022). The results indicate a multi-level response approach to be practical. Pupils should be encouraged to develop coping strategies, to reach out for help at an early stage, to keep a healthy lifestyle and to avoid bad habits of social media usage. Some parents hesitate to communicate openly, to not put too much pressure on their children's studies and to not pass judgment on the warning signs. Counselling systems, mental health literacy programmes, peer support, early identification systems, and training of the faculty should be implemented in educational institutions. In this, policymakers can play a supporting role in providing funding, establishing standards, conducting regional research, providing digital infrastructure and coordinating the education and health systems (UNESCO, 2021; World Health Organization, 2022). There are also significant gaps in the literature. There is a significant amount of evidence available, but most of it is cross sectional in nature and it is difficult to interpret causation. Few studies that follow children over time, few studies that measure the long-term outcomes of interventions, and no good evidence from under-researched and rural areas. There is also a need for more research on culturally adapted and gender-responsive interventions (Abelson et al., 2022; Meda et al., 2022).

8. Conclusion

Mental health is a critical public health and educational problem. Students' well-being and academic performance are negatively impacted by a range of pressures and stigma across their

school, college, and university journeys, including the pressure to do well in their studies, the pressure from parents, financial pressure, social pressures and stigma (Abelson et al., 2022; Meda et al., 2022). The literature searched here indicates that a single intervention is not enough. Rather, coordinated, culturally responsive and in-depth action at individual, institutional, technological and policy levels is needed for effective support (UNESCO, 2021; World Health Organization, 2022). Student mental health care can't be solved solely through counseling. It calls for systems to minimize stigma, build awareness, improve access to support, train educators, create better local data and integrate mental health into schools' core business. Further investigation needs to be conducted on longitudinal evidence, regional variation and practical models which could be adapted to various student groups.

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