Executive Summary

Academic burden for school students has become a serious public health issue worldwide since it contributes to poor mental health, suicidal ideation and attempts, substance dependence and other harmful behavior among younger people. Although, latest worldwide evidence clearly highlights the problems of parental pressure for better academic performance leading to academic burden, it affects Indian young student population badly like China because of a number of factors like limited number of good academic institutions compared to total child population in India, unemployment scenario, over expectations of the parents, middle class cultural values attached to education, lack of understanding among parents and teachers about child development, their potential, individual differences and coping mechanism, lack of flexibility in the age old education system and so on. Not much is known about the nature and extent of academic stress experienced by the Indian adolescents and its impact on mental health. Therefore, the primary objective of the study was to find out the nature and extent of academic stress and to examine the relationships between academic stress and some important psychological disorders (depression and anxiety). The potential moderating effects of social support and self-esteem were also explored in the present study in addition to possible gender differences in these relationships. The study also attempted to understand the perception of teachers and parents about students' academic stress and other related issues.

A group of 400 adolescent students, 206 males and 194 females, were selected from five higher secondary schools who were studying in Grade X and XII. Grade X and XII students were covered in the study since they were going to appear in the final board examination at the end of year. Multi-stage sampling technique was followed for selection of the study subjects. The mean age of the students was 16.08 and a standard deviation (SD) of 0.98. In addition, a group of 125 secondary and higher secondary school teachers (43 male and 82 female) and 139 parents (68 fathers and 71 mothers) were covered in the study following convenience sampling technique. Eight study tools,
two structured questionnaires, one semi-structured questionnaire and five standardized psychological tests viz., Survey of Academic Stress (Bjorkman, 2007), Child and Adolescent Social Support Scale (Malecki, Demaray, & Elliott, 2000), Anxiety Scale (Nguyen, 2004), Depression Scale, developed by The Centre for Epidemiological Studies Depression Scale (CES-D) (Lenore S. Radloff, 1977), and Rosenberg Self-esteem Scale (RSES) (Rosenberg, 1965) were used after local adaptation for achieving the objectives of the study and data were collected following self-administration method. Participation in the study was fully voluntary and written informed consent was taken from all the study subjects. Internal consistency of the psychological tests and sub-tests, as measured by Cronbach’s alpha, indicates high internal consistency of most of the tests and sub-tests which ranges from .75 to .93. Therefore, it might be stated that all the tests and even sub-tests of Survey of Academic Stress and Social Support are highly reliable in the Indian sample.

More than four-fifth (82%, 328/400) students reported academic stress while about one-third (35%, 140/400) reported high or very high levels of academic stress as revealed by the Structured Questionnaire. Students with low academic grade significantly experienced more academic stress or even higher stress compared to students with high academic grade. A little over half of the students (53%) felt that their parents had pressurized them for better academic performance. The proportion of parental pressure was significantly higher among low grade students (Table 3). The vast majority of the students (96.3%, 385/400) have had private tutors and 42% (168/400) had four or more tutors. Among those who ever had a private tutor (n=385), 132 (34.3%) reported having pressure from their tutor(s) and 114 (29.6%) thought there was no need to have private tutors. Having four or more tutors was significantly associated with a higher percentage of feeling high or very high academic stress (41.7% vs. 30.2%) and having high or very high levels of exam anxiety (46.4% vs. 30.2%, Fisher’s $p = .001$) compared to those who had none or less than 4 tutors (Fisher’s $p = .02$). Three-quarter (74.3%) students reported having anxiety related to examinations while 37.0% students reported high and very high levels of anxiety. The presence of stress and anxiety among male and female
across Grade X and XII standard students were found to be similar. The overall proportion of having anxiety was similar across all demographic and socio-economic strata. Extra-curricular activities were found to be very popular as about two-third of the students (72.3%) were involved in games, sports, cultural programs and so on. Extra-curricular activities were not found to be as mediating factors for academic stress (p>.05), but it was found to be beneficial for mediating examination anxiety (p<.01) as revealed in the present study.

Prevalence of depression among adolescents was 60%. Females (64.43%) suffered from more depression compared to males (55.83%) although it was not statistically significant. So far as comparison of depression among Grade X and XII students is concerned, it has been observed that Grade XII students (61.96%) suffered from more depression than that of Grade X students (58.33%) because of more academic stress compared to their counterparts. Further analysis of data with respect to depression categories as suggested by CDC Depression Scale revealed that more than one-fourth of the students (27%, 180/400), irrespective of gender and grade were suffering from severe depression (score 26+) while 14.5% and 19% were suffering from moderate (21-25 score) and mild depression (16–20 score) respectively.

There are four types of academic stress viz., struggling stress, overwhelmed stress, external stress and internal stress as revealed by the Survey of Academic Stress Scale. Struggling stress was found to have the strongest association (positive) with both depression and anxiety scores, irrespective of gender, grade and demographic variables. In this regard, social support and self-esteem were found to be mediating factors of depression and anxiety. Struggling stress affects self-esteem of the students. In other words, students with high levels of struggling stress are likely to have low self-esteem. Less classmate support leads to development of academic stress and depression among students. High overwhelmed stress and external stress were also found to have significant association between depression independent of students’ backgrounds and the level of social support and self-esteem. It also leads to development of anxiety.
among students. Interestingly, internal stress had no effect either on depression or on anxiety. Self-esteem and classmate support were observed to be strongly associated with decreased risks for depression and anxiety, regardless of students' academic stress level and their background characteristics. High teacher support was independently associated with an elevated risk of anxiety. Female gender was also significantly related to higher scores of anxiety.

The study revealed strong relationships between academic stress, depression as well as anxiety for both male and female adolescents. High self-esteem was closely related to decreased risk of depression and anxiety, in both male and female students, regardless of their social and family backgrounds. The effects of social support on mental health were complicated. Parental support seems to have positive effect on mental health in both male and female students. High parental support is related to a reduced risk of depression in females, and has a significant moderating effect on the relationship between academic stress and depression in males. High classmate support is significantly associated with a lower risk of anxiety in both sexes and a reduced risk of depression in males. High teacher support is likely to have negative effects on mental health in both male and female students. In females, it is related to an increased risk for anxiety, and in males, it has a deteriorating effect on the relationship between academic stress and depression. There was no moderation effect of self-esteem.

The present study attempted to understand the perception of teachers and parents about students’ academic stress and other welfare related issues. Findings revealed that more than half of the teachers (55.8% male and 54.9% female) felt that today’s students are not brought up in child friendly environment while an overwhelming number of teachers stated that students face some social problems (88.4% male and 96.3% female) which affects their mental health and causes stress (90.7% male and 92.7% female). However, majority of them (79.1% male and 78% female teachers), irrespective of gender, denied the fact that teaching method followed in schools could cause academic stress.
As per the New Education System in India, Grade X examination (popularly known as secondary examination) is optional. Vast majority of the teachers felt that this system will not be beneficial for students. So far as motivation of the students is concerned, introducing innovative teaching methods like project work, field visit, using audio-visual aids in the schools has been suggested by more than 95% of the teachers. This apart, they suggested reward system in the schools in addition to taking classes, seriously by the teachers and punctuality. Reduction in the load of home work was also suggested by more than two-fifth teachers. Although corporal punishment has gone down, it is still practiced by some of the teachers' especially male teachers in Kolkata.

Unusual behavior among students in school has been observed by about two-third of the teachers. This issue requires special attention of school authorities and there is a need for recruitment of proportionate number of psychologists or student counselor in every school. An overwhelming number of the teachers felt the need for reproductive health education for students in schools.

About one-third of the fathers (29.4%) and one-tenth of the mothers (9.9%) frankly admitted that they could not provide quality care and guidance to their children and in this regard significant difference was observed between fathers and mothers (p<.05). More than four-fifth of the parents stated that they should be friendly with their children so that children feel comfortable to share their personal issues with them. More than one-fifth fathers (27.9%) and one-fourth mothers (16.9%) applied corporal punishment as they believed it is necessary to discipline them and/or for better academic performance.

About half of the fathers (50%) and three-fifth of the mothers (60.6%) stated that they are not happy about their children’s academic performance. At the same time, the same percentage of fathers (50%) and two-fifth of the mothers (38%) stated that their child feels stressed because of academic pressure. Without any hesitation, half of the fathers
(50%) and more than one-fifth of mothers (22.5%) stated that they feel embarrassed for moderate and/or poor academic performance of their child. However, more than four-fifth (80.9% fathers and 87.3% mothers) of the parents were happy about the general behavior and lifestyle of their child. In order to cope with academic stress majority of the parents advised their children for exercise and meditation in addition to spending little more time with friends and so on.

**Conclusion**

In fine, it might be stated that academic stress is a serious issue which affects a large number of secondary (82.4%, 178/216) and higher secondary (81.5%, 150/184) students in Kolkata, India, irrespective of gender and grade. More than two-third (35%, 140/400) experience high or very high levels of academic stress. More than half of the students (53%) experience parental pressure for better academic performance. The proportion of parental pressure was found to be significantly higher among low grade students. About three-fourth (74.3%) reported having examination anxiety. The vast majority of the students had private tutors (96.3%) and 42% had four or more private tutors which was significantly associated with academic stress and examination anxiety. Two-third of the students (72.3%) was involved in extra-curricular activities. Extra-curricular activities was not found to be as mediating factors for academic stress (p>.05), but it was found to be beneficial for mediating examination anxiety (p<.01) as revealed in the present study.

The study revealed strong relationships between academic stress and depression and anxiety for both male and female adolescents. High self-esteem was closely related to decrease in the risk of depression and anxiety, in both male and female students, regardless of their social and family backgrounds. Social support especially from parents and classmates were found to be beneficial in reducing depression and anxiety among students. High parental support has been found to have significant moderating effect on the relationship between academic stress and depression in males while high
classmate support was also significantly associated with a lower risk of anxiety in both sexes and a reduced risk of depression in males. It seemed to be more important in male students. On the contrary, high teacher support was likely to have negative effects on mental health in both male and female students. In females, it was related to an increased risk for anxiety, and in males, it had a deteriorating effect on the relationship between academic stress and depression.

More than 85% of the teachers stated that present day students face some problems which affect their mental health and also cause stress. New system of school education in India i.e., making Grade X final examination optional will not be beneficial for the students was remarked by majority of the teachers. Introducing innovative teaching methods could be beneficial to motivate students in studies was suggested by majority of the teachers. More than two-third of the teachers did notice unusual behavior in some of their students in schools.

A small percentage of teachers, did apply corporal punishment to discipline their students as well as for better academic performance. Majority of the teachers stated that introduction of reproductive and sexual health education in school will help students to remain anxiety free and concentrate in studies.

About one-third of the fathers (29.4%) and one-tenth of the mothers (9.9%) failed to provide quality care and guidance to their children was revealed by the study. A good number of parents applied corporal punishment for disciplining their children and/or for better academic performance. About half of the fathers and two-fifth of the mothers thought that their children are stressed because of academic pressure. Half of the fathers (50%) and more than one-fifth of mothers (22.5%) stated that they felt embarrassed for moderate and/or poor academic performance of their child. In order to cope with academic stress, parents generally suggested exercise and meditations.
Recommendations

This study provides some insights about the nature and extent of academic stress and its impact on mental health. Findings of the present study suggest the need for school-based intervention programs for addressing academic stress issues involving students, their parents, and teachers since parental pressure was found to have strong association with perceived academic stress and teachers' support was the cause of anxiety especially among female students. Students need special orientation on life skill education for dealing with stressful situations in life in addition to guidance for systematic study through self-monitoring so that they can overcome examination anxiety. Extracurricular activities, which is given much importance in schools under the Central Board School Council (CBSC), should be adopted by the private schools with equal importance as extracurricular activities have been found to be beneficial for healthy mental and physical development of the students and for mediating examination anxiety. The importance of healthy peer relationships, especially classmate support, should be adequately emphasized since classmate support was found to be positive in overcoming depression and anxiety. Specific recommendations for different stakeholders have been provided at the end of Chapter V along with a comprehensive model for addressing students' mental, physical, and social health at school level. Since the reliability of the international scales used in the present study was found to be very high, future researchers in the field of students' mental health can use the same study tools in different geographical locations in India.

Implications for Policy and Practice

Latest evidence clearly indicates that mental health problems among children and adolescents are increasing globally including India. Unfortunately, mental health support services did not receive proper attention in the health policies of the Government of India. Although in most of the government hospitals there is a psychiatry unit, the unit is run by only a psychiatrist, and the method of diagnosis of
mental disorder is not scientific. Ideally, any Psychiatry Unit of any hospital should have a team of professionals like psychiatrist, psychologist, and social worker. Of late, some of the State Governments in India started realizing the important role of psychologists and in some of the hospitals they recruited one or two psychologists. Again the psychologists experience discrimination in the hands of other health professionals i.e., their role is undermined to a great extent. Recruitment of a social worker in a psychiatry unit is still a distant dream in India. Therefore, there is a need for orientation of medical professionals and health policy makers to understand the issue from the right perspective and taking up needful policies and programs. In addition, general practitioners and other primary care givers need to be educated to better engage young people, to recognize mental and substance use disorders, and to deliver simple treatments like supportive counseling, cognitive behavior therapy, and where appropriate, psychiatric drugs (Sanci et al., 2005).

Mental health support services are totally absent in the educational institutions. Number of reported figures about increasing suicidal rate among students and other media information about various problems among students prompted some of the State Governments to think of recruiting student counselors for dealing with mental health needs of the students. In some of the private schools one or two psychologists are recruited for this purpose, but they experience burnout soon because of workload. In some parts of India, some of the NGOs extend mental health related services to some schools. Under the given situation, there is an urgent need for the Central Government especially the Ministry of Health and Family Welfare to come out with a policy and common program for addressing mental health of the students’ population since they constitute about one-third of the population of India. There should be a provision in the government policy and program for mandatory recruitment of proportionate number of school psychologists and/or student counselors with psychology background in each government and non-government schools. Finally, all the programs in the educational institutions should be student-friendly and student’s representative should be a part of program implementation committee.
Another strategy would be to educate the community to improve knowledge of the onset of phase of mental and substance use disorders including depression and anxiety related to academic stress in children and adolescents and how to seek help locally if not available in a respective school (Jorm et al., 1997; Wright et al., 2005; Wright et al., 2006).

Although, the Ministry of Social Justice and Empowerment, Government of India has alcohol and drug abuse prevention, treatment and rehabilitation related programmes are implemented through NGOs at the community level, there is no specific educational institution-based program for creating awareness among students about alcohol and/or drug abuse. However, for prevention of HIV/AIDS, National AIDS Control Organization (NACO) has come out with a good program called ‘Red Ribbon’. At the same time, National Service Scheme under the Ministry of Youth Affairs and Sports, Government of India has been implemented in all the educational institutions officially, which aims to create awareness about various emerging social and health issues including awareness about alcoholism and drug abuse. These programmes should be strengthened and implemented in truest sense and monitored periodically to give maximum benefit to the student population in India.

So far as community-based mental health support services in a resource constraint country like India is concerned, the realistic option is to integrate the mental-health services programmes into general youth health and welfare programmes, in particular those being developed to cater to specific youth issues, such as education and reproductive and sexual health (Patel et al., 2007). Youth health and welfare programmes are less likely to be stigmatized and more accessible to young people as they have the advantage of providing a range of youth friendly services under one roof. Currently one such program in the name of ‘Anyashya Clinic’ (Adolescent Centre) is running in all the districts of West Bengal, India. In other words, it is known as Adolescent Counseling Centre. This programme is specially meant for addressing the health issues of the rural adolescents. The number of adolescents coming with various
psychological, physical and sexual problems in the ‘Anyashya Clinic’ is increasing day-by-day. This program could be further strengthened with additional manpower especially with mental health professionals.

**Challenges**

In order to address academic stress issue of the student population and its negative consequences, a number of steps have been suggested at the end of Chapter V as course corrective measures including new policy for educational institutions for creating student friendly environment. However, there are some challenges as stated earlier pertaining to demographic characteristics of India, educational system, infrastructure, cultural beliefs and practices, parenting styles and economy of the country. Although its a billion dollar question as to how to overcome the same challenges within a short span of time, government should address the same in the national policy and attempt to implement the same soon. In the long run, new policies will benefit the system. Major challenges are as follows:

- Huge student population in India (about one-third of total Indian population). Therefore ensuring admission of children in schools itself is a problem. On and above, social discrimination in case of admission of underprivileged children is a big challenge.

- Lack of primary and secondary schools in the rural areas compared to total rural children population in India is another reason for which a large number of them do not get the opportunity for primary education. In addition, poor transportation system and infrastructure, poor teaching staff and their frequent absenteeism in the schools are the factors for which a large number of children dropout of school within two to three years of enrolment in the primary education.

- Parenting style and over expectation of parents become a cause of academic stress for a large number of children.

- Cultural beliefs and practices pertaining to mental health is the main cause in case of large of children remaining unattended from mental health support services.
• Traditional method of disciplining students, applying corporal punishment and passing negative remarks about poor performance instead of encouragement. Comparison of performance of a mediocre student with the best performer, resulting into academic stress.

• Lack of understanding among parents about child aptitude, individual differences and denying child interest while selecting future stream of study. Instead of child interest, prospect of job market is given priority for selecting stream for future study results into de-motivation among students.

• Unemployment scenario in India which creates panic among parents and thereby they place high expectation before their wards resulting into academic stress.

• Lack of flexibility in Indian education system and age-old curricula become a cause of stress and anxiety among students.

In addition, following are some other challenges in addressing mental health issues of the students in India:

• The scarcity of mental health specialists like psychiatrists, psychologists or trained student counselor in an Indian society is a major challenge to meet the mental health needs of the population especially students.

• Lack of community awareness about mental disorders in India is another challenge. It is quite obvious since about one-fourth of the population in India is still illiterate as per census 2011. As a result, mental health problems of children and adolescents whether academic stress and related problems like depression, suicidal ideation and examination anxiety remain unattended.

• Last but not the least is social stigma attached with mental health problems which discourages parents to come forward and seek mental health support services.