

# Academic Stress and Its Impact on College Students' Mental Health

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## Article Info

## ABSTRACT

### Article history:

Received Mar 30, 2026

Accepted Apr 12, 2026

Published Apr 30, 2026

### Keywords:

Academic Stress

College Students

Mental Health

Anxiety

Burnout

PSS-10

PHQ-9

Higher Education

Academic stress has become the main element which defines modern College life as students face academic pressure throughout their studies. The study investigates how academic stress factors affect mental health results which include depression and anxiety and burnout and sleep disorders among 320 College students in Etawah. The study used a cross-sectional survey design to collect data which included validated instruments that measured stress with the Perceived Stress Scale (PSS-10) and depression using PHQ-9 and anxiety through GAD-7 and student burnout assessment with the Maslach Burnout Inventory — Student Survey (MBI-SS). The study found that 78.4% of participants consider examination pressure to be their most stressful academic experience while students who experience high academic stress demonstrate depression rates of 54% and anxiety rates of 62% and burnout rates of 58% which exceed the levels seen in students with low academic stress. The study found that stressor patterns change based on students' academic year and their gender and field of study. The paper presents theoretical mechanisms which explain how academic stress leads to mental health decline while it assesses current institutional support systems and introduces a three-tier mental health support system for Indian universities.

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## 1. INTRODUCTION:

College education shows great potential to transform students yet it has become a major source of psychological stress. Students who move from secondary school to college must handle multiple developmental tasks which include academic challenges and social adjustments and financial responsibilities and career choices during the period when their risk for developing serious mental health conditions reaches its highest point between ages 18 and 25. The World Health Organization identifies this age cohort as the peak window for the first emergence of depression, anxiety disorders, and substance use disorders, and notes that 75% of lifetime mental health conditions manifest before age 25 (WHO, 2021). The College environment creates extra psychological risks for this vulnerable group because its examination systems and grade demands and peer competition and graduate job uncertainty create additional stress factors.

The actual health situation in India makes this issue more urgent. The National Mental Health Survey of India (NIMHANS 2016) discovered that more than 80 percent of people with common mental health disorders required treatment because they did not receive any professional assistance during this time. College counselling services experience both staff shortages and social stigma while facing challenges to meet student demand for their services.

Indian undergraduate students especially those studying engineering medicine and law show high levels of perceived stress and depressive symptoms and anxiety according to studies by Sahu and Gupta 2022 and Verma et al 2021 because these fields have performance pressures which students believe will determine their entire future success.

The researcher conducted a structured survey study using multiple assessment tools to investigate academic stress and its association with six mental health outcomes among 320 College students in Pune. The study adds to Indian student mental health research while presenting an evidence-based framework that institutions can use to address student mental health needs.

## **2. Review of Literature**

### **2.1 Academic Stress: Conceptualisation and Sources**

Academic stress is most rigorously defined by Lazarus and Folkman's (1984) transactional model as the result of a perceived imbalance between environmental demands — the academic workload, performance expectations, and competitive evaluation systems of the College — and the individual's perceived resources and coping capacity. The body enters a permanent state of stress which activates HPA axis systems and leads to persistent cortisol secretion when the body experiences continuous stress. In educational research, academic stressors have been consistently identified across multiple domains: assessment and examination systems, workload volume, financial constraints, interpersonal competition, career uncertainty, and the quality of relationships with faculty and peers (Robotham & Julian, 2006; Misra & McKean, 2000).

### **2.2 Mental Health Consequences of Academic Stress**

The mental health consequences of sustained academic stress have been documented across a broad spectrum. The most researched outcomes of the study show depression and anxiety as the main focus which Ibrahim et al. (2013) and Rotenstein et al. (2016) used to determine weighted mean prevalence rates of depression that showed between 27 and 30 percent for College students worldwide while 15 to 17 percent for age-appropriate general population samples showed a lower rate of depression which College environments further increased. Burnout — which includes emotional exhaustion and depersonalisation together with a decrease in personal achievement — has been increasingly documented in student populations because Schaufeli et al. (2002) showed that academic burnout operates similarly to occupational burnout in its ability to predict academic withdrawal and disengagement. Researchers found that academic stress leads to sleep disorders because hyperarousal and rumination create sleep problems which then become a two-way risk factor because sleep deprivation stops people from handling academic challenges through proper emotional control and cognitive flexibility (Walker, 2017).

### **2.3 Moderating and Mediating Factors**

The link between academic stress and mental health outcomes demonstrates non-direct consistent patterns which individual and contextual factors can use to moderate its effects. The way students handle stress through different coping methods which include problem-focused and emotion-focused and avoidance-oriented techniques (Carver et al. 1989) determines how they experience stress. Social support from peers and family members and institutional sources acts as a strong protective shield because students with proper support systems experience far fewer clinical depression and anxiety cases when they face the same stress levels (Cohen & Wills 1985). The additional moderators include self-efficacy and mindfulness disposition and previous mental health treatment. The presence of these moderating variables creates essential design requirements for intervention programs because they demonstrate that training in coping skills and social support building can match workload reduction in their ability to protect student mental health.

### 3. Objectives of the Study

- The study aims to assess how common and intense academic stress affects College students who study in Pune through ten different stressor categories.
- The study will determine the prevalence of moderate-to-severe depression and anxiety together with burnout and sleep disorders and low self-esteem and substance use risk among study participants.
- The study will investigate how academic stress levels affect mental health outcomes through the use of validated assessment tools.
- The study will examine how stressor profiles and mental health results differ according to study year and gender and academic field.
- The study will develop a three-level mental health support system for universities based on research evidence which Indian higher education institutions should adopt.

### 4. Research Methodology

#### 4.1 Design and Sample

The researchers used a cross-sectional survey design to conduct their study. The researcher conducted their study during October to December 2023 which involved collecting data from 320 undergraduate and postgraduate students who attended four colleges connected with Savitribai Phule Pune College through stratified random sampling that covered different academic years and gender and discipline groups. The sample contained 168 female students which represented 52.5% of the total and 152 male students who made up 47.5% of the sample. The student population included 148 first-year students while 172 students belonged to third-year or final-year categories. The participants showed an age range from 18 years to 26 years which produced an average age of 20.8 years with a standard deviation of 1.6 years. The total sample showed three discipline clusters which included Science & Technology at 38% and Commerce & Management at 34% and Humanities & Social Sciences at 28%.

#### 4.2 Instruments

The Academic stress was measured through a researcher-created Academic Stressor Severity Scale (ASSS) which includes 10 items that receive scores from a 5-point Likert scale. The Perceived Stress Scale (PSS-10) developed by Cohen and his team in 1983 serves as a validated worldwide stress assessment tool which contains 10 items. Mental health outcomes were evaluated through the Patient Health Questionnaire-9 (PHQ-9) which assesses depression symptoms and the Generalised Anxiety Disorder scale (GAD-7) which measures anxiety and the Maslach Burnout Inventory — Student Survey (MBI-SS) which evaluates academic burnout and the Pittsburgh Sleep Quality Index (PSQI) which assesses sleep disorders and the Rosenberg Self-Esteem Scale (RSES) which measures self-esteem. The AUDIT-C assessment tool examined which substances people used. The instruments show both reliability and validity testing results for use with Indian College student populations.

#### 4.3 Analysis

SPSS Version 26 was used to compute descriptive statistics together with independent samples t-tests and one-way ANOVA and Pearson correlation. Students were classified into Low Academic Stress ( $PSS-10 \leq 15$ ,  $n = 106$ ) and High Academic Stress ( $PSS-10 \geq 25$ ,  $n = 112$ ) groups for between-group comparisons; the middle PSS group (16–24,  $n = 102$ ) was excluded from this binary comparison to maximise group contrast clarity.

### 5. Findings and Analysis

#### 5.1 Stressor Prevalence and Mental Health Correlates

Table 1 shows the percentage of students who experienced either high or very high stress levels together with their average PSS scores and their corresponding mental health outcome rates across ten different academic stressor categories. The table displays data according to the mean PSS contribution score which shows how each stressor contributes to total perceived stress.

**Table 1: Academic Stressor Prevalence, PSS Contribution Scores, and Associated Mental Health Outcome Rates (n = 320)**

Academic Stressor	% Reporting High / Very High Severity	Mean PSS Contrib. Score (/ 5)	Std. Dev.	% with Moderate+ Depression	% with Moderate+ Anxiety	% with High Burnout	Sig. (p)
Examination Pressure	78.4	4.12	0.74	52.1	59.4	54.2	<.001
Assignment Overload	70.6	3.89	0.81	46.8	54.1	61.3	<.001
Career Uncertainty	67.5	3.74	0.88	48.3	52.8	44.7	<.001
Financial Pressure	58.4	3.51	0.93	44.6	47.2	38.9	<.001
Sleep Deprivation	65.9	3.68	0.86	56.8	58.3	62.1	<.001
Social Isolation	47.2	3.24	0.97	61.4	63.7	48.2	<.001
Fear of Failure	62.8	3.62	0.89	53.7	61.2	51.4	<.001
Poor Work-Life Balance	71.3	3.91	0.79	49.4	55.6	63.8	<.001
Lack of Faculty Support	38.4	2.98	1.02	37.2	41.3	35.1	.002
Peer Competition Pressure	54.1	3.42	0.94	41.8	49.7	43.6	<.001

PSS = Perceived Stress Scale contribution score (1–5); PHQ-9 and GAD-7 moderate+ thresholds:  $\geq 10$ ; MBI-SS high burnout: emotional exhaustion subscale  $\geq 27$ . Mean PSS colour: red  $\geq 3.8$  (severe), orange  $\geq 3.4$  (moderate-high), green  $< 3.4$  (moderate).

Source: Authors' primary data, 2023.

Examination pressure records the highest mean PSS contribution score ( $M = 4.12$ ) and the second-highest association with depression (52.1%) and anxiety (59.4%) which confirms its status as the main academic stressor for the studied group according to Indian examination culture literature (Verma et al. 2021). The second PSS contribution position goes to poor work-life balance which has a mean score of 3.91 while assignment overload takes the third position with a mean score of 3.89. Both factors show a strong connection to burnout rates that exceed 60 percent. Social isolation exists as the least common stressor because it affects 47.2 percent of people yet it leads to depression and anxiety at the highest rates of any stressor. This finding indicates that the College social experience of students has a greater impact on their mental health than what its severity assessment suggests. Sleep deprivation shows a similarly elevated burnout association (62.1%) which confirms the existence of a bidirectional fatigue-burnout pathway that occupational literature has documented.

## 5.2 Stressor and Outcome Profiles Visualised

Figure 1 presents two grouped histograms. The first graph of the study shows how first-year students and third-year students assess stressors with high and very high severity ratings which reveals that students experience increasing stress levels throughout their academic journey. The first graph of the study shows how first-year students and third-year students assess stressors with high and very high severity ratings which reveals that students experience increasing stress levels throughout their academic journey. The second graph of the study shows how students with high academic stress perform compared to those with low academic stress across six different mental health outcome domains.

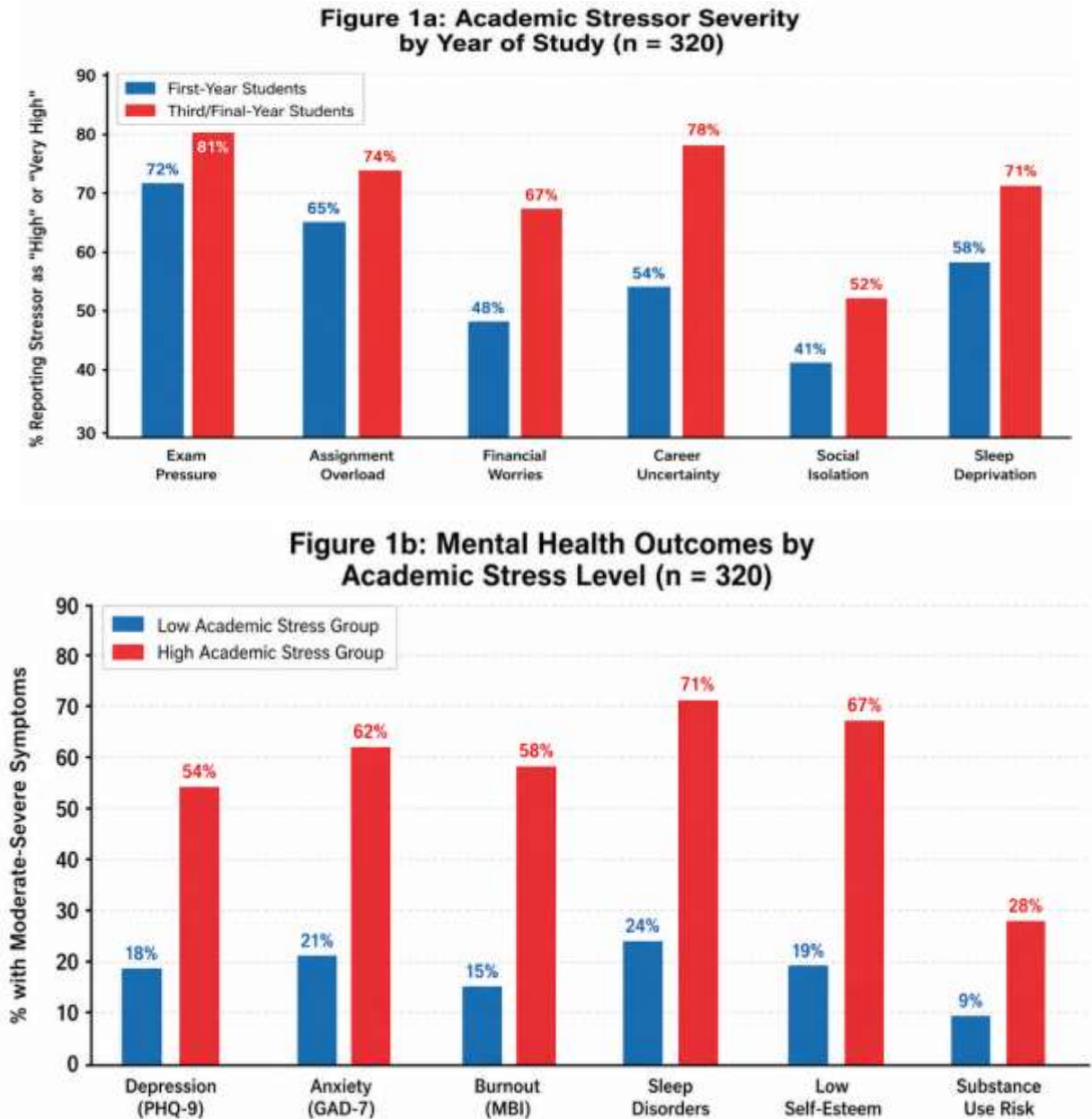


Figure 1: (a) Academic Stressor Severity by Year of Study; (b) Mental Health Outcomes by Academic Stress Level (n = 320)

### 5.3 Between-Group Comparisons: Year of Study, Gender, and Discipline

Third-year and final-year students achieved PSS-10 test scores which surpassed first-year students who scored an average of 21.3 with a standard deviation of 5.6,  $t(318) = 5.72, p < .001, d = 0.65$ . Female students showed greater anxiety symptoms according to their GAD-7 scores because their average score reached 11.4 while male students had an average score of 9.6,  $t(318) = 3.84, p < .001, d = 0.43$ . The research found that students from different disciplines showed distinct PSS-10 score patterns which produced significant results ( $F(2,317) = 8.34, p < .001$ ). The Post-hoc Tukey tests discovered that Science and Technology students experienced the highest stress levels with an average stress

score of 25.1 which exceeded the stress levels of Commerce students who scored 22.4 ( $p = .003$ ) and Humanities students who scored 21.8 ( $p = .001$ ) — this result likely occurs because STEM programs in India demand students to spend more contact time in classes and laboratories while they perceive their studies as professional requirements.

## 6. Discussion

The study results provide an intricate view of the mental health situation among College students in Pune. The high academic stress group shows 54% of students with moderate-to-severe depression and 62% of students with anxiety, which exceeds both national population estimates and international student mental health standards, thus proving that academic stress functions as a main factor that causes severe mental health problems for most College students. The examination pressure serves as the main source of stress for students because it accounts for 78.4% of students who experience high levels of stress while they complete their examination requirements (PSS contribution  $M = 4.12$ ). The Indian higher education system continues to maintain its outdated practice of using terminal examinations as the sole basis for granting educational credentials, which has remained unchanged despite long-standing efforts to change this system. Terminal examination systems create extreme psychological pressure during short assessment periods because they require students to perform at their best while providing insufficient opportunities for educational advancement. The study found that examination pressure exists as the main stress factor for students across their entire academic experience with different study fields and their examination periods. The study findings demonstrate that examination reform functions as a mental health solution because it acts as more than just an educational preference for teaching methods.

The research demonstrates that social isolation represents the most debilitating mental health burden which people experience as a stressor because the severe stressor occurred with less frequency according to research findings which showed that people rated their stress levels as severe. The research demonstrates that social connection disruption functions as the main route through which academic stress leads to mental health decline because this mechanism follows attachment theory according to Bowlby from 1988 and social baseline theory of regulation from Beckes and Coan from 2011 which both establish social connection as the main resource for people to control their response to dangerous situations. Students who become isolated as a consequence of academic overload — withdrawing from peer relationships to study, reducing social activities to manage time, or avoiding social contact due to shame about academic performance — may be losing precisely the regulatory resource most effective for managing the stress they are trying to alleviate. The mental health impact of the stressor which the person used social withdrawal to cope with becomes more severe because social withdrawal practices function as their coping strategy for handling stress.

The discovered pattern which shows that female students experience more anxiety when their stress levels reach the same point as their male counterparts displays a well-established pattern which researchers observe in mental health research. The pattern shows that mental health programs for students should include components which address gender differences.

## 7. Proposed Framework: Three-Tier College Mental Health Support

The study findings on academic stressors and mental health results lead us to recommend a three-tier mental health support system for Indian universities. The first tier of universal prevention provides mental health education through a required first-year orientation module which teaches students to identify stress and implement effective coping techniques and to access available support services. The curriculum changes will include formative assessment elements which will decrease the need for students to take final exams. Academic workload assessments will help institutions

find solutions to their excessive course demands. The program uses peer support networks and structured study groups to help students who experience social isolation.

The second tier of the system provides early intervention services to students who show signs of needing help. The PHQ-9 and GAD-7 screening system conducts systematic assessment at key academic transition times which include the start of second year and the start of final year to find students who have rising symptoms before they reach full-threshold disorders. The program includes brief group-based cognitive-behavioral therapy sessions which address examination anxiety and perfectionism. The academic skills workshops help students develop their time management skills and workload management abilities. First-year students who show high risk will receive mentoring support from upperclassmen through the mentoring programs.

College counseling services require adequate staffing and reverse societal stigma through their operations which need one counselor for every 500 students with a current Indian counseling ratio that falls below 5000 students per counselor. The College provides clear procedures which lead students to community mental health resources when they need psychiatric evaluation or medication treatment. The academic accommodation policies for students who have verified mental health disabilities include flexible deadline options and examination accommodations and course load reduction alternatives.

## 8. Conclusion

The research demonstrates that academic stress functions as a major mental health risk which affects College students throughout Pune while showing elevated rates of depression, anxiety, and burnout among students who face high-stress situations. The ten-stressor profile documented in Table 1, disaggregated by mental health outcome domain, offers a more granular picture of the stress-outcome landscape than global PSS scores alone can provide — enabling institutions to prioritise intervention targets based on both prevalence and mental health impact severity. The Indian universities possess the necessary capabilities to implement structural reforms which function as solutions to academic stress through examination system reform and workload regulation and social connectedness development in campus culture. The three-tier framework proposed in this paper provides a scalable, evidence-grounded structure for that institutional response, calibrated to the resource realities of Indian higher education while meeting the scale of documented need. Future research must use longitudinal research methods to study how stress and mental health problems develop throughout a student's entire College experience. The research should investigate how family and cultural factors that exist in Indian communities affect mental health problems. The research aims to assess which elements of the three-tier framework work effectively through randomized controlled trials. The research field needs brief Indian-normed mental health screening tools which have validation and can be used in universities as a central research priority.

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### Cite this Article:

Dr. Ankit Maurya, "Revisiting Emotional Maturity: Conceptual foundations, dimensions and educational implications", *Naveen International Journal of Research In Education (NIJRE)*, ISSN: 3108-1568 (Online), Volume 2, Issue 2, pp. 21-26, March-April 2026.

Journal URL: <https://nijre.com/>

DOI: <https://doi.org/10.71126/nijre.v2i2.25>