

**LIFE SKILLS EDUCATION AND MENTAL HEALTH AMONG
HIGH SCHOOL STUDENTS IN WEST KHASI HILLS,
MEGHALAYA.**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF DOCTOR OF
PHILOSOPHY**

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Ph.D. REGISTRATION NO.: MZU/Ph.D/1427 of 29.07.2019



**DEPARTMENT OF SOCIAL WORK
SCHOOL OF SOCIAL SCIENCES
DECEMBER 2025**

**LIFE SKILLS EDUCATION AND MENTAL HEALTH AMONG HIGH
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**In partial fulfillment of the requirement of the Degree of Doctor of Philosophy
in Social Work of Mizoram University, Aizawl.**

MIZORAM UNIVERSITY

December 2025

CERTIFICATE

This is to certify that the thesis, **Life Skills Education and Mental Health among High school students in West Khasi Hills, Meghalaya** submitted by **Ms. Ainamlin Dkhar** for the award of Doctor of Philosophy in Social Work is carried out under my guidance and incorporates the scholar's bonafide research and this has not been submitted for award of any degree in this or any other University or Institute of learning.

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I **Ainamlin Dkhar**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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ACKNOWLEDGEMENT

Praise, honour, and glory are to the Mighty One for His grace and merciful fulfilment of His purpose for me throughout the entire process of accomplishing this significant event in my life. I am deeply grateful to all those whose support and encouragement have been instrumental as I journeyed through the completion of my Ph.D. thesis.

A journey is always easier when you travel together. This thesis is the result of the unwavering support and guidance of my supervisor, Dr. Grace Lalhlupuii Sailo. Words are not enough to express my appreciation and respect for her endless encouragement, understanding, and tireless guidance. I am deeply indebted to her for her valuable and insightful feedback on my work, for dedicating her precious time to reading and offering thoughtful suggestions, and for her patience and understanding throughout the research process.

I extend my appreciation to Prof. Kanagaraj Easwaran, Head of the Department, whose assistance and advice greatly contributed to the completion of this research and all the faculty and staff of the Department of Social Work, Mizoram University, for providing a stimulating and supportive academic environment.

I would like to express my sincere gratitude to the management of St. Edmund's College, Shillong, for their continuous support and encouragement throughout the course of this thesis.

My heartfelt thanks go to all my colleagues in the Department of Social Work (Postgraduate), St. Edmund's College, Shillong (Ms. Ritu, Ms. Wanda, Sir Allan, Sir Martius, and Sir George) for their support, motivation, and encouragement during the research process. I also extend my gratitude to all my colleagues and friends in St. Edmund's college who have been a constant source of support.

To my wonderful and lovely friends (Hazel, Christy, Anil and Sir Baldwin) and to all my friends who supported me in one way or another during this journey, I am deeply grateful. Your unwavering help, moral support, insightful discussions,

constructive feedback, and motivation were invaluable, especially during the most challenging moments of this research.

I am fortunate to acknowledge the support of my fellow scholars, both seniors and juniors, who continuously encouraged and motivated me to complete this work. My heartfelt thanks extend to all the scholars of Kaumthluang Hostel, especially my dear friend Rachel and her friends, for the friendship, love, and laughter. Your companionship made my two-month stay an unforgettable and cherished experience.

I am deeply grateful to my family for their unyielding support, understanding, and patience throughout this long journey. To my mother, my wonderful siblings, my two incredible brothers-in-law, my nieces and nephews, and all my relatives especially Bahduh, Meban and Hep, your love, support and your belief in me was a constant source of motivation.

Finally, my deepest gratitude goes to all the schools that graciously permitted me to conduct my data collection. I am truly thankful for their support, cooperation, understanding, and willingness to adjust their schedules for the sake of my research. My sincere appreciation extends to all the teachers who participated in the FGDs, generously sharing their time and insights, which greatly contributed to the empirical foundation of this study. A heartfelt thanks to all the high school students for their cooperation and patience throughout the process. This thesis would not have been possible without the collective support and encouragement of these individuals, and for that, I am genuinely grateful.

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LIST OF ABBREVIATION USED

AIDS	Acquired Immune Deficiency Syndrome
ADSS	Anxiety, Depression and Stress Scale
AEP	Adolescent Education Program
CBSE	Central Board of Secondary Education
DSM	Diagnostic and Statistical Manual of Mental Disorder
FGD	Focus Group Discussion
GAS	General Adaptation Syndrome
HIV	Human Immunodeficiency Viruses
IASLE	Indian Association of Life Skills Education
ICD-10	International Statistical Classification of Diseases and Related Health Problems
LSE	Life Skills Education
LEAP	Life Skills, Employability, Aspiration and Purpose
MHRD	Ministry of Human Resource Development
NCERT	National Council of Educational Research and Training
NCFTE	National Curriculum Framework for Teacher Education
NDTV	New Delhi Television
NEF	National Curriculum Framework
NEIGRIHMS	North Eastern Indira Gandhi Regional Institute of Health and Medical Science
NIMHANS	National Institute of Mental Health and Neurosciences
RGNIYD	Rajiv Gandhi National Institute of Youth Development
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization
ZPD	Zone of Proximal Development

CHAPTER I

INTRODUCTION

This study is an attempt to understand the level of life skills and mental health (Anxiety, Depression and Stress) of high school students in Nongstoin, West Khasi Hills, Meghalaya as well as to understand the teacher's insight and understanding regarding mental health and mental health problems, the current practices and challenges of schools in imparting life skills education and mental health services to the school students. This chapter will provide a brief description of the background, related concepts, statement of problems, objectives, hypotheses, and chapter scheme of the study.

1.1 Concept of Life Skills

“Life Skills are living skills or abilities for adaptive & positive behaviour that enable individuals to deal effectively with demands & challenges of everyday life” (WHO 1997).

A skill has historically been a highly ambiguous concept that refers to mechanical expertise and technical proficiency, as well as technical knowledge of means and methods of accomplishing a job, for example, repairing a bicycle, making a motorbike, or making furniture. A broader interpretation has been given to this term in education. There are skills-related objectives, knowledge-related objectives, understanding-related objectives, and attitude-related objectives within each curriculum framework.

While these objectives appear to belong to separate categories, they actually overlap. There has, however, been a tendency in the educational field to overuse the term skill. A number of contextual adjectives have been used to refer to this term indiscriminately, including mechanical skills, intellectual skills, emotional skills, perception skills, creativity skills, language skills, scientific skills, mathematical skills, laboratory skills, basic skills, personal skills, and interpersonal skills. Using these varied terms, skills are denoted to be a little more than 'abilities' alone. Skills

are a set of abilities that can be used to achieve superior performance on a continuous basis.

A more accurate definition of skills would be that they are capabilities that enable individuals to translate information and knowledge into particular behaviours and perform effectively in action-based situations. It is important to note that these skills have been acquired over the course of their educational and professional careers. There are some skills that are very simple, such as holding a pen, and others that are very complex, such as those of a cricket player. Walking, for example, appears to be a natural development, while other abilities (such as speaking) are not developed automatically, but rather through interaction with the environment. Life skills such as critical thinking, interpersonal communication, and negotiation are primarily acquired through experience, in the same way that soccer players develop their dribbling and driving skills through practice. Thus, experiential learning involves the ability to comprehend and observe how the skills are applied effectively in a particular context.

There is a widespread belief that life skills are the result of life skills-based education, which is a process of interactive learning that emphasizes the acquisition of knowledge, attitudes, and life skills. An educational program developed as a prevention strategy against multiple types of substance abuse is said to have inspired the development of this approach. The term life skills have become increasingly popular in recent years, especially in the context of health and reproductive health as well as HIV/AIDS (WHO, 1997 & UNICEF, 1998).

In accordance with Bandura's Social Learning Theory (Bandura, 1977), individuals gain self-efficacy as a result of acquiring new skills and knowledge. It is possible for a person to learn through experience, interactive learning activities, as well as training in skills that will enhance his or her confidence. An individual may also be able to develop this skill by observing and modelling other people's behaviour. Taking part in any of these activities provides an opportunity to process, structure, and accumulate life experiences.

A life skill is defined by Powell (1995) as coping skills that are related to human development, such as the ability to perform tasks according to age and gender in the following areas of human development such as psychological, physical, sexual, vocational, cognitive, moral, social, and emotional development.

Hamburg (1990) defined life skills as "the basic skills necessary for survival, social interaction, and success in a complex society". In order to survive in the world, individuals must possess skills such as communication, interpersonal negotiation, self-regulation, and decision-making. A person's ability to handle any particular situation requires specific skills such as creative thinking, problem solving, decision-making, etc. Having life skills enables an individual to cope with the challenges of life and lead a happier and more fulfilling life.

Life skills were conceptualized as psychological competencies by the World Health Organization when it introduced life skills-based education. In terms of psychological competence, this refers to an individual's ability to maintain a state of mental well-being and to demonstrate this through adaptive and positive behaviour when interacting with other individuals and with their cultures and environments (WHO, 1997). According to the World Health Organization, life skills are the abilities that enable individuals to cope effectively with the challenges and demands of everyday life. Individuals who possess life skills are capable of coping effectively with the stresses and pressures of everyday life and are equipped with the skills to handle challenging situations when they arise. Therefore, they are able to enhance their coping skills and develop their personal and social abilities. A person's life skills differ from their other significant skills, such as literacy, numeracy, technical, and livelihood skills, as they are psychological competencies.

In this sense, life skills refer to those abilities and skills that ensure a person's mental wellbeing, facilitate their cohesive development, and allow them to function effectively in society as a whole. Through the development of these skills, we are able to accomplish our daily tasks efficiently and effectively, as well as contribute to our community in a meaningful manner. It is therefore a behaviour change or

behaviour development approach that emphasizes a balance between knowledge, attitude, values, and skills.

Life skills encompass both psychosocial and interpersonal skills that assist individuals in making informed decisions, solving problems, thinking critically and creatively, communicating effectively, building healthy relationships, empathizing with others, and managing their lives. Generally, life skills can be divided into three broad categories that complement, enhance, and reinforce one another:

Figure. 1.1 Charts showing the different Life Skills



Sources: CBSE. (2013). Life skills: Teacher's Manual-VIII

While there are many types of life skills and their nature varies across cultures and settings, this study will focus on the 10 Core Life Skills given by the World Health Organisation (WHO, 1997):

1. **Self-Awareness:** This concept is defined as the awareness of one's own self (self-consciousness). In this process, one recognizes one's self, one's character, one's strengths and weaknesses, as well as one's desires and dislikes. Through this process, an adolescent learns to value himself/herself and can build the confidence he/she needs to face life boldly. Moreover, it allows one to identify one's weaknesses, as well as negative personality characteristics, and, as a result, improve one's performance. It is generally believed that individuals who are aware of themselves lead more fulfilling lives. The ability to understand and recognize one's own feelings when under pressure or stress will assist you in managing life more confidently in the long run, which will ultimately be beneficial to you. The terms self-image, self-concept, and self-esteem are all used as synonyms for self-awareness. (Subasree & Nair, 2014; UNESCO, 2001; Wadkhar, 2016; WHO, 1997).
2. **Empathy:** Empathic behaviour refers to understanding and accepting people who are different from oneself in many ways. The ability to empathize means to be able to accept people in distress without feeling arousal, as if we were in the same situation ourselves. It is important to understand a person's feelings as well as to provide them with emotional support. Furthermore, empathy contributes to the development of nurturing behaviour toward individuals who require assistance, care, or tolerance. Adolescents are capable of understanding and accepting others who are different from themselves in this way. (Subasree & Nair, 2014; Wadkhar, 2016; WHO, 1997).
3. **Effective communication:** An effective communication strategy is essential to the establishment and maintenance of good social and business relationships. Communication involves conveying ideas, facts, feelings, thoughts, and values to others. It refers to the ability of an individual to express themselves both verbally and in a manner that is appropriate to their culture and situation. The ability to communicate clearly through non-verbal and verbal means is one of the key characteristics of an adolescent. Furthermore, it teaches the adolescent how to request advice and assistance from others in times of need (Subasree & Nair, 2014; UNESCO, 2001; WHO, 1997).

4. **Interpersonal Relationship:** In order to establish and maintain social relationships, interpersonal relationships are essential skills. Interpersonal skills are the ability to establish and maintain positive relationships with other individuals and to disengage from unconstructive relationships in a manner that is minimally disruptive to both parties. Among the most important forms of human intelligence is the ability to relate to others. Often referred to as a people skill, interpersonal relationship skills encompass warmth, empathy, support, and collaboration qualities that contribute to the richness and fulfilment of human life. These skills enable adolescents to build and maintain healthy social connections, fostering a positive attitude toward others. Additionally, they support the development of the ability to end relationships in a respectful and constructive manner, promoting emotional maturity and resilience. (Subasree & Nair, 2014; UNESCO, 2001; WHO, 1997).
5. **Creative Thinking:** A creative mind is capable of generating innovative ideas and bringing them to life. It involves the development of original ideas and the production of these ideas. An individual's creativity can be described as their ability to develop new ideas, approaches, or actions. An individual's creativity can be characterized as the ability to produce work that is both original and unexpected as well as adequate (useful or meeting the objectives). In this way, it is possible for adolescents to respond to challenges in a flexible manner to different aspects of life. In this manner, he or she is able to explore a variety of alternative options and evaluate their consequences. Having this skill makes solving problems and making decisions easier (Subasree & Nair, 2014; UNESCO, 2001; WHO, 1997).
6. **Critical Thinking:** In accordance with the definition of critical thinking, it encompasses logical reasoning, comparisons, and classifications. Critical thinking is the process through which an individual enhances the quality of their thinking by intentionally and skilfully managing the underlying structures of thought, while applying intellectual standards to ensure clarity, accuracy, relevance, and logic ultimately leading to more effective and informed outcomes. In the adolescent years, this skill allows the adolescent to

analyse information and experiences objectively. In addition, it is helpful to recognize that attitudes and behaviour are influenced by factors such as family values, peer pressure, and media exposure (Subasree & Nair, 2014; UNESCO, 2001; WHO, 1997).

7. **Decision Making:** In many situations in life, decision making refers to the ability to select the best option from a variety of options. Decision-making refers to the ability to evaluate the pros and cons of various alternatives and to make a reasoned choice, while confidently accepting responsibility for the outcomes of that decision. Additionally, it assists adolescents in making constructive decisions regarding their lives, such as choosing a career or a life partner, determining the type and quantity of food they consume, etc. It emphasizes the importance of evaluating the different options and their potential effects prior to making a decision (Rao & Dinakar, 2016; Subasree & Nair, 2014; UNESCO, 2001; WHO, 1997).
8. **Problem Solving:** A problem-solving skill enables us to deal constructively with everyday problems that we encounter. In the event of a conflict, one may be able to resolve the conflict through the use of this skill. By doing so, the individual is able to escape the uncomfortable situation and accomplish the desired result without resorting to anger, coercion, defiance, aggressive behaviour, or force. Problem solving refers to the process of creating opportunities for positive action, according to scientific theory. As a result of this, adolescents are capable of solving problems through the use of creative and critical thinking (Subasree & Nair, 2014; UNESCO, 2001; WHO, 1997).
9. **Coping with Emotions:** An individual who is able to cope with their emotions is better able to understand their own feelings as well as the feelings of others. By developing this skill, individuals come to understand that experiencing strong emotions is a normal part of life, and that emotions themselves are neither inherently positive nor negative. Accepting one's feelings is the first step toward gaining greater emotional awareness and control. Individuals become capable of expressing their feelings in a healthy, positive, and safe manner when they develop life skills. In order for adolescents to gain a better understanding of emotions, they must recognize

them in themselves and in others, realize how they affect their behaviour, and respond appropriately to them. The term uncontrollable emotions refer to feelings such as grief and anger that cannot be controlled (Subasree & Nair, 2014; UNESCO, 2001; WHO, 1997).

10. **Coping with stress:** The key to coping with stress is to recognize its sources, understand its effects, and relax in a way that does not exacerbate the situation. When an adolescent has demonstrated this skill, he or she is able to deal with both positive and negative stressful situations, handle accompanying emotions, and seek out solutions that are most beneficial to them. By developing this skill, an adolescent is able to identify stress sources and its consequences, as well as to discuss methods of controlling and overcoming stress. (UNESCO, 2001; WHO, 1997).

An individual who masters these 10 core life skills will be able to interact effectively with others, enhance their logical and reasoning abilities, and gain a greater understanding of themselves and others as well as cope effectively with emotions, stress, and pressure (Prajapati, Sharma & Sharma, 2017). The correlation between all of these skills is strong and they reinforce one another. Together, they provide the foundation for our psychosocial competence, enhance self-esteem and self-efficacy, and contribute to the development of our holistic capabilities.

1.2 Life Skills Education (LSE)

Having Life Skills is essential for anyone who wishes to live a fulfilling life. In light of the fact that young people of this age group are more susceptible to behavioural health concerns, these programs can be used in schools for children and adolescents of all ages. It is therefore necessary to provide Life Skills programs for the purpose of promoting well-being and health, rather than focusing solely on intervention for at-risk individuals.

In the context of adolescents, life skills education is often linked to adolescence education, which is intended to increase adolescent awareness of health issues and health hazards such as HIV/AIDS, sexual orientation, and provide the

guidance necessary for adolescents to cope with these issues. As viewed from this perspective, life skills education is intended to develop competencies that will enable adolescents to cope more effectively with biological, psychological, and social constraints. It is through life skills education that adolescents are able to translate their knowledge, attitudes, and values into reality. Teaching life skills is a response to a cultural need to address a problem pertinent to the target group and the surrounding environment (WHO, 1999). A life skills education is essential for every individual since it facilitates the realization of their potential and equips them with the ability to deal with life's challenges (Rao & Dinakar, 2016).

The World Health Organization (2001a) stresses the importance of life skills education in meeting the psychological and social needs of young people and assisting them in their development and growth into well-adjusted adults. It is important to understand this concept in order to formulate effective responses to issues related to the behaviour and health of children and adolescents. This is one of the most important components of a comprehensive approach to health education and promotion. Educating the new generation through life skills education will result in a positive and holistic approach to education, which will benefit future generations as well.

Today, children live in an environment that is extremely complex. They are exposed to a variety of communication channels, such as television and the internet. It has been shown that social media can exert a significant influence, especially on children and adolescents, often outweighing the influence of parents and family members in certain circumstances. Children and adolescents can be significantly affected by their interactions with friends and peers, as well as by media advertisements. Parents' influence on forming moral and social values and the traditional school curriculum are increasingly ineffective in providing young people with the skills they need for success in the real world.

Life skills education aims to improve a person's ability to cope with the challenges and demands of everyday living. All students, whether in or out of school, should have the opportunity to acquire life skills, since these skills play a vital role in

promoting health in its broadest sense, including physical, mental, and social well-being. It is important to begin life skills education at home and reinforce it in school in order to improve the individual's life skills. Lifestyle has a significant impact on a person's health, as convincing evidence supports this claim. Numerous factors contribute to serious health problems and premature death, including inactivity, a high-fat, high-cholesterol diet, tobacco use, alcohol abuse, and drug abuse. It is common for these conditions to be rooted in habits that are acquired at a very young age, including during adolescence. WHO has provided technical assistance to member countries in the area of life skills education since 1993 through close collaboration with UN agencies such as UNICEF, UNESCO, and UNFPA.

According to the World Health Organization (1993), life skills education is a comprehensive and developmental approach that helps children and adolescents deal with daily challenges, growing up, and a variety of risk situations. Through the implementation of a long-term curriculum spanning multiple years of education, numerous diverse needs and problems can be addressed, all of which are based on the same pedagogical approach: life skills learning and application. The importance of life skills education in promoting health cannot be overstated. In spite of the fact that it does not constitute a panacea for all problems, it is a vital component of addressing the needs of young people in a wide range of situations, including drug abuse, violence, HIV/AIDS, and other concerns, such as peace, safety, and human rights. According to the World Health Organization (1993), schools should provide life skills programs for students in order to develop skills that will lead to healthier life choices and promote physical, social, and psychological health. A life skills approach focuses on providing young people with opportunities to acquire skills that will allow them to avoid being manipulated by others. A primary objective of the program is to assist young people with recognizing the influence of coercive pressures and organized campaigns, such as tobacco advertising, on them, so that they can avoid engaging in unhealthy behaviours. The goal of a life skills approach is to empower individuals to be able to control their behaviour and make informed decisions that will lead to positive behaviours and values.

Ouane (2002) asserts that "Life Skill development is the result of a constructive process of information, impressions, encounters and experiences, both individual and social, that are a part of every individual's daily life and work, as well as the rapid changes that occur throughout a lifetime".

Life Skills Development is a life-long process that enables an individual to grow and mature, build confidence in their decisions based on accurate information and thought, as well as discover sources of strength both within and outside of themselves. It is undeniable that all cultures and societies have invested in educating and empowering their younger generations in order to enable them to lead fulfilling and responsible lives from time immemorial. A notable example is the *Panchatantra* stories from India, which convey timeless moral lessons and practical wisdom that contribute to the development of essential life skills across all age groups. Life Skills Education can be effectively delivered to young adolescents through a collaborative approach involving teachers, peer educators, parents, counsellors, psychologists, health professionals, and social workers.

Imparting Life Skills Education (LSE)

While providing Life Skills Education presents several challenges, it is ultimately a highly rewarding endeavour. Schools have a critical role to play in delivering Life Skills Education, especially as traditional teaching methods alone are no longer adequate to meet the evolving developmental needs of students. Therefore, schools are an ideal setting for providing Life Skills Education. Incorporating Life Skills into other school subjects or introducing it as a separate subject is possible. Students engaged in Life Skills Education should actively participate in a dynamic and interactive teaching-learning process. Emphasis should be placed on experiential learning, a method that involves learning through reflection on doing as life skills are best developed through real-life practice rather than through abstract or purely theoretical instruction. It is important to note that participatory and interactive teaching learning techniques are the key components of this type of education (CBSE, 2013).

In accordance with Greene (2003a), teachers should be able to imagine, reflect, and act according to an increasing sense of responsibility. Rather than preparing Life Skills lessons solely for the purpose of promoting psychosocial competence and mental health, teachers should prepare and plan them as part of a comprehensive and sequential program to accomplish these objectives.

As Albert Bandura once said, *"When people mentally rehearse or actually perform modelled response patterns, they are less likely to forget them than if they neither think about nor practice them"*. Therefore, educators and facilitators can effectively teach Life Skills by incorporating real-life activities, worksheets, assignments, simulations, role plays, drama, brainstorming sessions, scenario analyses, relaxation techniques, games, and other interactive and participatory methods. These experiential approaches engage students meaningfully and allow them to apply life skills in practical contexts. Through such activities, young adolescents develop the competencies necessary to manage their own lives, build healthy relationships, and make informed decisions about their well-being.

Girotra (2013) laid down three keys' stages in training individuals on Life Skills:

1. **Life Skills:** In the first stage, the learner is introduced to various sets of life skills and their concepts at the beginning of a program to provide a basic understanding of them.
2. **Application of Life Skills:** In the second stage of the course, the learner focuses on the application of life skills. During this course, learners will be introduced to personal and social issues so that they may apply similar skills to them. The application of knowledge to the appropriate situation and at the appropriate time is the key to making it useful.
3. **Significance of Life Skills:** In the third stage of the learning process, the learner is explained why life skills are important and how they can be applied. The application of life skills becomes part of the daily routine of the individual as a result of strengthening their convictions.

Importance of Life Skills Education

CBSE (2013) indicates that numerous research studies demonstrate that Life Skills Education has the following benefits:

- The promotion of positive attitudes and behaviours among young adolescents
- Enhancing communication skills
- Making healthy decisions a priority
- Preventing negative and high-risk behaviour
- Increasing social interaction
- The teaching of anger management
- Improving self-esteem and
- self-confidence
- Increasing academic performance.

Through the development and implementation of a well-designed and well-executed Life Skills Program, young adolescents can become more responsible, healthier, and resilient throughout adolescence and into adulthood.

To design an appropriate Life Skills program, the trainer should assess the local culture, lifestyle, and needs (The World Bank, 2013). Selecting the right trainer is also crucial, since the success of a life skills program is not solely determined by its content and target audience, but also by its trainer's effectiveness. Training can include skills such as decision making, community living, personal awareness, and management, depending on the context (The World Bank, 2013).

As part of a narrative systematic review, Nasheed, Abdullah, Krauss, and Ahmed examined the effectiveness, gaps, and priorities of life skills education for adolescents between the ages of 10 and 19. In the analysis, structured programs offered in schools are not the only method of teaching life skills, although other methods such as health education (reproductive health) and at-risk behaviours may also be utilized. The CRC stipulates that education must include life skills, which were linked to life skills in 1989 (UNICEF Azerbaijan, 2019). Moreover, UNICEF

Azerbaijan has developed a Basic Life Skills Curriculum to prepare adolescents and youth for success in school, in the workplace, and in their communities by emphasizing the importance of developing emotional, social, and intellectual skills (UNICEF Azerbaijan, 2021). A number of developed countries, including the United States and the United Kingdom, have life skills programs that reflect their concerns. This program teaches participants refusal skills, helps them develop personal goals, and changes their attitudes toward substance abuse. Developing countries such as India, Iran, and Mexico emphasize communication skills, assertiveness, self-esteem, and decision-making to change attitudes regarding sexual behaviour.

The impact of Life Skill Training on individuals from rural schools has been demonstrated in an experimental study conducted in Kerala, India. It was designed to evaluate the effects of life skills education on 57 adolescents aged 14 to 18 (30 samples in the experimental group and 27 samples in the experiment-delayed group). The purpose of this study is to assess respondents' knowledge of life skills and examine how life skills education influences their knowledge. Both a socio-demographic sheet and a knowledge level analysis of life skills have been developed as separate questionnaires, both of which were recommended for standardization. According to this study, life skills education significantly improved adolescents' knowledge level, with the experimental group experiencing a significant increase in knowledge of life skills in the post-test, while the control group experienced a stagnation in knowledge (Parvathy & Pillai, 2015). A young person can acquire life skills by being aware of the situational requirements and structuring their experiences according to positive development (Jones & Lavalley, 2009).

1.3 Adolescence Stage

As UNICEF (2011) explained in its SOWC 2011 main report, that adolescence is an opportunity for children, and that we can assist them in navigating risks and vulnerabilities, as well as set them on a path to fulfilling their potential by fostering their development during their first decade of life.

Based on the above statement, it is apparent that adolescence, the second decade of life, is one of the most crucial stages in the development of a person.

Children attending school undergo a period of change in their physical, physiological, psychological, emotional, and personality states, as well as in their patterns of social interaction and relationships. In all dimensions of development, adolescence is a period during which rapid changes occur, requiring constant adjustment to the ever-changing stages of development. There is often a tendency for the change in behaviour to be accompanied by difficulties and potential problems (Chauhan 1999). Because of these factors, individuals are generally experiencing more stress, emotional and behavioural problems, and relationship difficulties, all of which adversely affect their psychological well-being. The complexity of our social and economic development as well as technological advancements has led to many adjustment problems. In this period, children are going through a period of difficult transitions in their educational and personal lives. It is during this period of life that social, environmental, and cultural factors have a significant impact on the development of a child. As Hurlock (2000) points out in *Developmental Psychology*, adolescence has often been regarded as a period of storms and stress caused by physical and hormonal changes. Additionally, it is noted that most of them experience emotional instability periodically. This is a logical consequence of the need to adjust to new behaviours and social expectations from time to time.

The concept of adolescence refers to the process of emerging or achieving an identity. The Planning Commission of the Government of India, in its Report of the Working Group on Adolescents for the Tenth Five Year Plan, describes adolescence as a critical phase marked by rapid physical growth and development, as well as significant physiological, psychological, and social changes. This period is also characterized by the onset of sexual maturity, experimentation, the emergence of adult cognitive processes, and the gradual transition from childhood socioeconomic dependence to relative independence. The definition of adolescence includes the special attributes recognized by the World Health Organization. UNFPA for UN System in India (2003), in its report 'Adolescent in India: A Profile, considered the growth, development, and changes during this stage of life and opined that it was also a time of identity crisis, by quoting the great psychologist Erickson (1975) who suggested that adolescence is a vigorous journey between childhood and adulthood,

where one must let go of childhood and reach for adulthood and theorized adolescence as a stage of life during which inner-identity is to be achieved and called it a period of 'identity crisis'. Adolescence is, according to him, a natural period of uprooting in an individual's life. The NCERT defines adolescence as a period in a person's life during which the body undergoes changes that lead to reproductive maturity.

Age group of Adolescence

As part of its report titled "Adolescent in India: A Profile (2003)", the UNFPA for the UN System in India referred to traditional texts in order to describe adolescence. In the traditional Indian text 'Dharmashastra', which specifies the codes of conduct for each stage of development, the terms Kumara and Brahamchari refer to the periods of celibacy and apprenticeship, respectively. As defined in Rasamanjari by Bhanu Dutta, Madhya and Pragalbha correspond to the adolescent and mature phases, respectively, and Madhya refers to male adolescence. In contemporary Adolescent Psychology, 10 to 12 years are classified as Early Adolescence, 13 to 15 years as puberty or Mid Adolescence, and 16 to 19 years as Late Adolescence. According to NCERT (1999), there are three main stages of adolescence with a slightly different classification as stated by UNFPA (2003) as follows:

Early adolescence (9-13 years) – This period is characterized by an increase in growth and the development of secondary sexual characteristics.

Mid adolescence (14-15 years) – This stage is characterized by the development of an individual identity that is distinct from that of the parents, as well as the development of new relationships with peers and peers of the opposite gender.

Late adolescence (16-19 years) – This is the stage in which adolescents have developed physical characteristics (similar to adults), have developed a distinct identity, and have formed well-formed opinions and beliefs.

A wide range of mental health problems affect adolescent school-going children, interfering with their normal development and daily activities, resulting in lower educational achievement, substance abuse, violence, depression, anxiety, and

suicide, among others. There are a number of problems associated with the poor mental health of the young generation. According to a study conducted by NIMHANS Bangalore in 2010, the burden of mental health and behavioural disorders in India ranges from 9.5 to 102 per 1000 residents (Reddy B et.al. 2013).

In most cases, children with emotional or behavioural disorders do not receive adequate support from their families or from their schools when it comes to recognizing mental health problems. It can be attributed either to ignorance or to fear and hostility towards mental illness. There is a tendency to view mental health as a negative illness, and as a consequence, mental health promotion is given a lower priority. In schools and classrooms, students are given a high priority in terms of their academic and intellectual development, while their emotional and psychological development is given little attention. Most often, children with emotional and behavioural problems or low academic achievement are referred to as troubled children, delinquents, slow learners, etc., rather than as having a mental health condition that can be diagnosed and treated.

In India, there is a general lack of awareness about mental health and its associated problems. If the problem does not become serious enough to require medical treatment, they will not be concerned. Identifying these problems at the earliest possible stage is essential for appropriate interventions to be implemented.

1.4 Life Skills and Adolescents

A key point made by Mangrulkar et al. (2001) is that a life skills approach allows adolescents to develop both the competencies necessary for human development and the positive behaviours that facilitate their successful handling of everyday challenges. As adolescence progresses, the development of life skills becomes more active. Adolescents are capable of assessing situations, assessing different aspects of the situation, challenging others' recommendations, developing a range of skills, making a decision, and subsequently determining the skill to be performed. A fundamental aspect of adolescence is the development of skills that will indicate their individuality and provide them with the ability to stand on their own.

An adolescent's life becomes more complicated when he or she is faced with multiple situations. Puberty, sexuality and gender issues, emotional turmoil, completing basic schooling and making decisions about future educational or career choices, taking responsibility for one's own actions, and other critical issues are dealt with during this time. Therefore, it is important to provide today's youth with the skills and methods required to manage life's challenges and demands. In this regard, the importance of life skills development becomes increasingly evident during adolescence. To help adolescents develop the necessary skills, it is our responsibility to incorporate scientific methods into the curriculum.

The educational system in our country does not adequately meet the needs of this group as a result of a number of socio-political and cultural factors. Presently, the educational system places an emphasis on the acquisition of subject competency while neglecting the development of values and the emotional development of the individual. Life values and attitudes are often overlooked during the educational process.

1.5 Theoretical Foundations of Life Skills Education

Generally, life skills encompass two perspectives: personal fulfilment and empowerment, and social responsibility toward the achievement of a shared goal (Nair, Subasree & Ranjan, 2010). The life skills approach is based on a number of theoretical frameworks. Among them are:

Social Learning Theory: Following Bandura's research, he concluded that children learn how to behave through both instruction (i.e., what their parents, teachers, and other authorities and role models tell them) and observation (i.e., what they observe adults and peers doing). In turn, the consequences of their actions and the responses of others to those actions reinforce or modify their behaviour. It is through observation and social interaction that children learn how to behave rather than solely through verbal instructions. Similarly, Ladd and Mize (1983) advocated teaching skills through a combination of instruction, rehearsal, and feedback rather than solely through instruction. Additionally, Bandura noted that self-efficacy, described as "belief in one's ability to perform appropriate behaviour," is imperative

to the process of learning and maintaining behaviour, particularly when social pressure is present to behave differently. Consequently, the development of skills involves not only outward behaviour, but also internal characteristics (such as self-efficacy) that contribute to their development (Bandura, 1977a). Based on the Social Learning Theory, life skills and social skills programs can be developed in two fundamental ways. The first is the importance of providing children with methods or skills to cope with internal aspects of their social lives, such as stress management, self-control, and decision-making. Secondly, in order for life skills and social skills programs to be effective, they must replicate the natural processes by which children learn behaviour. Therefore, most life and social skills programs should include components such as observation, role-playing, and peer education in addition to plain instruction.

Problem-Behaviour Theory: According to Jessor (1992), adolescents' behaviour (including risk behaviour) is the result of complex interactions between them and their environment. Psychosocial variables are classified into three categories in Problem Behaviour Theory: (1) the personality system; (2) the perceived environmental system; and (3) the behavioural system. As part of the personality system, beliefs, expectations, attitudes, values, and orientations toward oneself and society are included. An individual's perception of the environment is influenced by the attitudes of his or her friends and parents toward the behaviour that he or she engages in. Furthermore, the behavioural system is generally described in the same manner as Bandura, as being a set of socially unacceptable behaviours (the use of alcohol, tobacco, and other drugs, sexual behaviour by persons under a certain age, delinquency, etc.). As with all psychosocial systems, there are variables contributing to or controlling problem behaviour. The findings of Jessor, Donovan, and Costa (1991) suggest that the strength of these variables is related to proneness, or the likelihood of engaging in problematic behaviour. For younger children, weaker instigators and stronger controls can help reduce their "overall proneness to problem behaviour" (that is, the probability that they will engage in unhealthy or problem behaviours). Jessor's early work contributed to the development of life skills approaches that encompassed strategies from all three systems. In recent years,

Jessor (1992) and the Problem-behaviour theorists have described two other systems of influence, which include the social environment (which includes factors such as poverty and family structure) as well as biology/genetics (which includes variables such as a family history of alcoholism and high intelligence). While biological genetic systems are useful for identifying children who are predisposed to particular risk behaviours (such as alcoholism), their use in prevention remains limited. There is a social environment domain that identifies other variables (such as poor school performance) that are associated with risk behaviour (such as the use of alcohol and other drugs). There is a possibility that changes in these variables will have an impact on others, regardless of whether they are causally related. Thus, developing skills such as values clarification (to improve one's understanding of one's own values and beliefs) and critical thinking (to recognize and analyse the values of the social environment) can have a significant impact on behaviour, and may be more effective if it is coordinated with other programs that influence other variables, such as poverty reduction programs, clinical health services, or school dropout prevention programs.

Social Influence Theory: Social influence approaches are based on Bandura's (1977 a) work and McGuire's (1964, 1968) psychological inoculation theory. It is recognized that children and adolescents will be subjected to pressures to engage in risky behaviours, such as smoking. As Evans (1998) points out, social pressures include peer pressure, models of smoking-parenting, and media messages portraying attractive smokers. Through social influence programs, children learn about the pressures they face and how they can resist them (much like vaccination builds resistance to diseases before they are exposed to them). Studies have shown that programs that provide information about the consequences of risky behaviours (such as smoking), or use fear to prevent children from committing these behaviours are ineffective.

Cognitive Problem Solving: According to Shure and Spivack (1980), this competence-building model of primary prevention aims to reduce and prevent negative inhibitions and impulsive behaviours in children from an early age. In recent research, it has been shown that children who demonstrate positive social

behaviours have differences in their interpersonal thinking skills compared to children who display early high-risk behaviours (such as antisocial behaviour, inability to handle frustration, and poor peer relationships). Among the defining skills are the ability to come up with alternative solutions to interpersonal problems and, secondly, the ability to conceptualize the consequences of differing behaviours. The relationship between problem-solving skills and social adjustment was found not only in preschoolers and kindergarteners, but also in adolescents and adults as well. In order to address the behavioural predictors early in life in order to prevent later and more serious problems, an intervention based on this research, ICPS (also called “I Can Problem Solve”), develops interpersonal cognitive problem-solving skills starting in preschool. Among the methods used to teach these skills are solving hypothetical dilemmas, thinking aloud, playing role-playing games, and providing feedback on performance. Furthermore, research conducted by proponents of the ICPS has shown that children who receive ICPS training are better able to cope with typical everyday problems. Having learned to consider more solutions and consequences, they are better able to handle frustration, more patient, and less aggressive when they are not able to achieve their goals immediately. Therefore, life skills programs should emphasize problem-solving, especially in social or interpersonal situations and at an early age.

Multiple Intelligences: In 1993, Howard Gardner published a book entitled "Frames of Mind" challenging the prevailing belief that human intelligence is an uncomplicated set of cognitive and symbol-utilizing skills, recognizing primarily only verbal and linguistic abilities as well as mathematical and logical abilities. Based on the wide range of human thinking capacities, Gardner proposed the existence of eight types of human intelligence. This list includes linguistic, logical/mathematical, musical, spatial, bodily/kinesthetic, naturalist, interpersonal, and intrapersonal intelligences. According to this theory, every human being is born with eight intelligences, but they are developed differently by each individual, and each individual uses his or her intelligences differently when developing skills or resolving problems. The theory of multiple intelligences has important implications for educational systems and for incorporating a life skills approach to prevention and

promotion. The inclusion of other intelligences beyond the traditional verbal and mathematical skills implies that educators should educate to a broader range of abilities. Furthermore, in order to engage students with a variety of learning styles, a variety of classroom instruction methods must be used. It implies the use of participatory, active learning techniques that stimulate children and young people to utilize their musical, spatial, naturalistic, and other intelligences at the same time. According to other researchers, there are two types of "personal" intelligences: interpersonal intelligence, which refers to an individual's ability to interpret and discern the feelings and intentions of other individuals, and intrapersonal intelligence, which refers to an individual's ability to comprehend their own feelings and motivations. Daniel Goleman (1997) popularized the concept of emotional intelligence with his book *Emotional Intelligence*, which argues that managing one's emotions is just as important for success as intellectual abilities. This idea has been the basis of several studies related to social and emotional learning, including Weissberg et al (1998) and Hawkins et al (1992).

Resilience and Risk Theory: Resilience and risk theory seeks to explain why some individuals are better able to cope with stress and adversity than others. Resilience theory suggests that both internal and external factors contribute to an individual's ability to cope with social stressors such as poverty, anxiety, and abuse. It is more likely that a child who has strong protective factors will be able to resist the unhealthy behaviours that are often associated with these stressors. Luthar and Zigler (1991) and Rutter (1987) state that internal protective factors include self-esteem and locus of control, whereas external factors include positive role models and health care. According to Bernard (1991), young people who are resilient possess social competence, problem-solving skills, autonomy, and a sense of purpose. Meyer and Farrell (1998) note that these young people are exposed to social risks as well as possessing protective qualities, including caring and supportive relationships, high expectations, and opportunities for youth involvement. In order to address these etiologic determinants, prevention programs need to focus on a wide range of factors. It is important to understand a child's relationship to his or her environment before developing a comprehensive prevention approach. This approach involves strategies

that promote resilience and minimize risk, which include not only the young person, but also the family, the community, as well as health care providers and other service providers (often through a "full-service" model). It is important to note that resilience and risk theory provides an important foundation for a life skills approach: Social-cognitive skills, social competence, and problem-solving skills serve as mediators between positive and negative behaviours. Consequently, life skills programs designed to prevent or promote specific problem behaviours (such as high-risk sexual activity or social rejection) do not simply address the behaviours directly, but rather promote specific positive behaviours (such as healthy peer relationships and positive adjustment to school). Rather, it is a matter of developing the competencies or skills that have been demonstrated to mediate these behaviours.

It is evident that risk factors are not always correlated with behavioural outcomes. According to Greenberg et al (1999), recent findings in behavioural epidemiology indicate that mental health problems, social problems, and health-risk behaviours are often associated with one another in adolescents. It is evident in Hawkins et al study (1992), which found that programs that teach social and emotional skills had positive effects on multiple domains, including reducing aggression among boys, reducing suspensions and expulsions, reducing drug use and delinquency, improving academic test scores, and increasing positive attachments to school and family members. Therefore, effective life skills programs address multiple behaviours and have a positive effect on them. Most health promotion and prevention programs cannot address many of the risk factors that threaten adolescent health and well-being (e.g., poverty, mental illness in a family member, racial injustice). It has been demonstrated that life skills programs can affect underlying factors that influence health and well-being.

Constructivist Psychology Theory: Constructionist psychology emphasizes the vital role of social interaction in shaping individual development, particularly higher mental functions. Cognitive growth in children occurs through active engagement with others and their environment, meaning that knowledge is not constructed in isolation but co-created through social experiences. Both Piaget (1972) and Vygotsky

(1978) highlight the importance of cognitive conflict arising from interactions, especially with more knowledgeable peers, which challenges existing understandings and promotes learning. Vygotsky's concept of the Zone of Proximal Development (ZPD) further explains that learning precedes development and occurs most effectively when a child is supported by adults or capable peers. This theory underscores that learning is inherently cultural and contextual. From a constructivist perspective, the learning environment including collaborative and peer-based interactions plays a critical role in a child's cognitive and social development. Applied to life skills education, constructivist psychology supports three key principles: the importance of peer collaboration in skill-building, the integration of cultural context into curriculum content, and the recognition that skill development is shaped by both individual factors and the surrounding environment, such as peer groups and learning settings.

1.6 Life Skills Education in India

A number of initiatives have been taken in India to provide life skills education to young people, which is an essential component of all major educational initiatives.

The National Curriculum Framework (2000) states that education should prepare students for the challenges of life. Several of the skills that students will need for this are closely related to the life skills that will allow them to overcome challenges such as drug addiction, violence, teenage pregnancy, AIDS, and other threats. In the National Curriculum Framework (NCF) (2005), learning experiences are emphasized that emphasize inquiry-based learning, career-related knowledge, and life skills. In order to assist adolescent girls and boys in the process of maturing, it is essential that they be given the opportunity to acquire knowledge and acquire life skills related to their reproductive and sexual health. The ability to cope with the demands and challenges of everyday life requires the development of critical thinking skills, interpersonal communication skills, negotiation skills, problem-solving skills, and self-management skills.

In India, the Department of School Education and Literacy under the Ministry of Human Resources and Development (MHRD) is responsible for administering the Adolescent Education Program (AEP). This program is designed to empower adolescents in dealing with risky situations, to prevent new HIV infections, to reduce the risk of HIV infection, to prevent substance abuse, and to influence positive behaviour. Participants in the AEP learn life skills that will enable them to protect themselves from risks and cope with them on a daily basis. In accordance with the National Curriculum Framework (2005), Adolescence Education (AE) is characterized by fostering independence of thought and action, sensitivity to the feelings and well-being of others, flexibility in dealing with new situations, willingness to participate in democratic processes, and a desire to contribute to the economic and social development of adolescents. The National Centre for Education Framework (2005), recommends that AEP should be integrated into school education rather than being practiced separately.

The Central Board of Secondary Education (CBSE) has recognized the importance of life skills education and made it an integral part of the curriculum from classes VI to X through Continuous and Comprehensive Evaluation (CCE). The Board has developed life skills manuals for teachers based on WHO's ten core life skills (Singh & Menon, 2016).

Based on the National Curriculum Framework for Teacher Education (NCFTE) (2009), education involves the development of the whole person from a cognitive, physical, emotional, social, moral, and spiritual standpoint. Students can achieve this only if their teacher education curriculum provides them with appropriate and critical opportunities for self-analysis, self-evaluation, adaptation, flexibility, creativity, and innovation. The ability to think, reflect, assimilate, and articulate new ideas; the ability to work in teams; the ability to be self-critical; the ability to examine disciplinary knowledge and social realities; the ability to relate the subject matter to the social milieu of learners; and the ability to develop critical thinking skills.

The Indian Association of Life Skills Education (IASLE) was founded in 2010 with the purpose of igniting minds, unleashing the power of individuals and empowering them to achieve their life goals. The promotion of life skills has been conducted throughout India in order to attain this goal. It is the mission of this association to collaborate, connect, and contribute to the development of individuals and nations through the provision of life skills training and education. According to the Indian Association of Life Skills Education, more than 10,000 participants have participated in seven international conferences and 25 training of trainers (Indian Association of Life Skills Education, n.d.).

In order to meet the evolving requirements of the 21st century, the National Education Policy (NEP) 2020 represents a transformative shift in India's educational landscape. The policy places a great emphasis on integrating life skills education into its broad and ambitious reforms, acknowledging its crucial role in promoting holistic development and equipping students to cope with the complexities of modern life. As the world becomes increasingly interconnected and rapidly changing, life skills encompassing a variety of cognitive, emotional, and social competencies are becoming increasingly important for both personal growth and professional success.

The new NEP key aspects focus on:

Integration into Curriculum: NEP 2020 emphasizes the seamless integration of life skills education throughout all stages of learning, from early childhood education through higher education. Instead of treating life skills as a separate or optional subject, the policy considers them to be an integral part of the core curriculum. With this approach, critical competencies such as communication, problem-solving, emotional intelligence, and adaptability are consistently developed within the context of students' academic learning, which makes education more relevant, holistic, and future-oriented.

Pedagogical Approach: In the NEP 2020, pedagogy will be shifted away from rote learning toward experiential and activity-based learning methods that actively foster life skills. As part of this learner-centered approach, classroom activities, projects,

group discussions, and real-life problem-solving activities are utilized to promote critical thinking, collaboration, creativity, and emotional intelligence. This policy aims to enhance teaching and learning by engaging students in meaningful, hands-on experiences that prepare them for the challenges they will face in the real world.

Teacher Training: NEP 2020 places a strong emphasis on providing teachers with targeted training and resources so that they can effectively deliver life skills education. According to the policy, teachers should have access to continuous professional development programs designed to enhance their abilities to integrate life skills into their everyday teaching practices. The training will include learner-centric pedagogies, classroom facilitation techniques, and strategies for fostering socio-emotional and cognitive development, enabling educators to nurture their students' well-rounded development with confidence.

Assessment and Recognition: In the NEP 2020, it is advocated that comprehensive assessment frameworks be developed that go beyond traditional academic evaluations and encompass the measurement of life skills as well. These frameworks are intended to measure the growth of students in areas such as communication, problem-solving, leadership, and emotional intelligence. Additionally, the policy promotes the recognition and certification of life skills proficiency, which enables these competencies to be valued along with academic achievements and to serve as visible indicators of a student's overall development.

Emphasis on Holistic Development: An integral aspect of the NEP is its commitment to holistic education, which seeks to balance intellectual development with the development of social, emotional, and ethical competencies. By embedding life skills into all aspects of the curriculum and school culture, the policy aims to foster well-rounded individuals who are not only academically capable but also empathetic, resilient, and ethically grounded qualities essential to meaningful participation in society and success in life.

While the NEP 2020 represents a significant step towards incorporating life skills education into India's educational landscape, successful implementation

requires addressing multiple challenges and leveraging best practices from around the world. By integrating policy intent with practical strategies and fostering stakeholder collaboration, India can successfully cultivate a generation capable of lifelong learning and success. In contrast to traditional content-heavy and rote-learning approaches, the NEP 2020 represents a holistic and multidisciplinary approach to education. It is the aim of NEP 2020 to integrate life skills education into academics in order to develop not only academic expertise, but also critical leadership skills in students. In order for this policy to be successful, it will need to be implemented effectively at the ground level, in order to translate the envisioned changes into tangible results (Bora, 2022).

In order to achieve the goals of NEP 2020, life skills education must be implemented effectively, including through effective teacher training, thoughtful curriculum design, and an equitable allocation of resources. Educators should be thoroughly equipped with the skills and methodologies needed to embed life skills in daily instruction, while curricula should be designed so that these competencies are integrated across subjects and levels. In order to ensure that all students have access to meaningful life skills education, regardless of their socioeconomic background, adequate resources and support systems are essential. To achieve NEP 2020's objectives and overcome challenges, continuous monitoring, evaluation, and adaptability will be key. It will ultimately take collaboration among government bodies, educational institutions, teachers, parents, and communities to realize the policy's vision of a holistic, inclusive, and future-ready education system.

1.7 Life Skills Education in Meghalaya

The Department of Sports and Youth Affairs launched LEAP (Life Skills, Employability, Aspirations & Purpose) Meghalaya in 2017 as part of the Chief Minister's Career Guidance and Counselling Scheme. As part of this program, youth are prepared for life and work through a number of modules, including Confidence Building, Life Skills, Soft Skills, Employability, and Career Readiness. This is the first program of its kind offered in Meghalaya (The Northeast Today, 2017a; The Northeast Today, 2017b).

Under a scheme titled "Soft Skills Coaching for Tribal Youth", funded by the Ministry of Tribal Affairs, the Government of Meghalaya launched Aspire Meghalaya in 2019. Using soft skills programs and talent identification interventions, it sought to unleash the potential, talent, and confidence of the youth of Meghalaya. The aim of this program is to prepare young people for life and work through inspirational life coaching and work-life readiness training (Aspire Meghalaya, 2022; Singh, 2020).

An individual can only contribute effectively to society if he or she recognizes and maximizes his or her potential, is healthy, confident, educated, and equipped with information skills. As a means of achieving this, schools should introduce a life skills program, which is the most effective way to improve self-esteem, self-confidence, and self-efficacy for students, as well as improving their overall wellness by teaching them effective coping mechanisms for life's stresses.

Contributions of Different Agencies to Life Skills Education in Meghalaya

Non-Governmental Organisations (NGOs): In Meghalaya, NGOs play an important role in bringing life skills education closer to children and young people, especially those in remote and underserved areas. Many local organisations including Faith Foundation and Bethany Society develop programmes that are rooted in the culture and realities of Khasi and Garo communities. Their activities combine child protection, gender equality, psychosocial support and practical life skills such as communication, decision-making and problem-solving. These NGOs not only work directly with students, but also train teachers and collaborate with schools and child-welfare agencies to ensure that learning and support continue beyond a single session. In many places where formal life-skills education is limited, NGOs help bridge the gap between what the curriculum offers and what communities actually need (Faith Foundation, n.d.; Bethany Society, n.d.; Social Welfare Department, Government of Meghalaya, 2022).

Faith-Based Organisations: Churches and faith-based groups have long been part of Meghalaya's educational landscape. Through the schools, vocational centres and community programmes they run, young people are exposed to values that naturally build life skills such as empathy, leadership and social responsibility. Many of these groups also partner with NGOs and colleges to strengthen teachers' capacity, promote child protection and conduct awareness programmes. These efforts indirectly support the growth of life-skills learning, especially in settings where families place strong trust in faith-driven institutions (Martin Luther Christian University, n.d.; Social Welfare Department, Government of Meghalaya, 2022).

Private Sector (CSR and Corporate Partnerships): The private sector contributes through Corporate Social Responsibility (CSR) projects and skill-development partnerships. In recent years, several companies have invested in improving school infrastructure, setting up digital or STEAM learning spaces, and supporting teacher development. Many vocational and training programmes funded by CSR include life-skills components like teamwork, communication and creative problem-solving, helping young people become more confident and employable. These collaborations often introduce new ideas, resources and technologies that complement the government's efforts and expand access to quality life-skills learning (The CSR Journal, 2025; Meghalaya State Skill Development Society, 2025; Bharti Foundation, n.d.).

Community-led Initiatives and Traditional Institutions: Community groups are at the heart of Meghalaya's social life, and their contribution to life-skills education is unique and invaluable. Village councils, women's self-help groups, youth clubs and traditional institutions such as *dorbar shnong* and *dorbar kynthei* organise mentorship activities, peer-learning sessions, storytelling, cultural teachings and livelihood trainings. Through these, young people learn skills like negotiation, conflict resolution, cooperation and civic responsibility in ways that feel natural and culturally connected. Because these initiatives are community-driven, they encourage parental involvement and help ensure that life skills are practiced not just in

classrooms but in everyday life (Social Welfare Department, Government of Meghalaya, 2022).

1.8 Life Skills Education and Mental Health of School-Going Students

Life Skills Education (LSE) plays a powerful role in supporting the mental health of students. When children learn skills such as self-awareness, emotional regulation, problem-solving, communication and coping strategies, they become better equipped to handle academic pressures, relationship issues and the many changes that come with growing up. These skills help build resilience and lower the chances of anxiety, depression, behavioural issues and low self-esteem (World Health Organization, 2020).

Research shows that LSE helps children understand their emotions and express them in healthier ways, which reduces emotional distress and improves their overall well-being (UNICEF, 2021). When students learn to communicate clearly, resolve conflicts peacefully and stand up for themselves, they build stronger friendships and feel less isolated—factors that strongly influence good mental health (Kumar & Fonseca, 2020). At the same time, LSE strengthens decision-making and critical-thinking skills, enabling students to make safer choices and avoid harmful behaviours such as substance use, bullying and self-harm (Singh & Kaur, 2019).

Schools that integrate LSE into everyday teaching create classrooms where students feel valued and supported. This sense of belonging increases confidence and improves emotional safety—both essential for mental well-being (Jorm, 2020). When LSE is combined with mental-health awareness activities, it helps reduce stigma and encourages students to seek help early when they are struggling (WHO, 2020; UNICEF, 2021).

In essence, Life Skills Education is far more than just an academic addition—it is a preventive mental-health tool. By strengthening resilience, improving relationships and teaching healthy coping strategies, LSE lays the foundation for students to grow into emotionally strong and confident individuals.

1.9 Understanding Mental Health

Globalization, often referred to as "global village", has paradoxically led to an interconnectedness of societies that paradoxically coincides with a decline in shared human values and emotional wellbeing. We live in a society that is increasingly driven by consumerism, individualism, materialism, and hedonism, placing a tremendous emphasis on wealth and personal gain. As a result, relationships have become more impersonal, and people often experience feelings of alienation, envy, and emotional separation. In response to this change, a culture of comparison and competition has emerged, in which individuals are constantly striving to accumulate material possessions in order to enhance their own lifestyles as well as to secure the futures of their families. We have created a fast-paced, money-centered lifestyle that leaves little room for mindfulness, rest, or emotional connection due to the relentless pursuit of wealth and status. Consequently, many individuals experience high levels of anxiety, stress, frustration, and psychological distress, illustrating a profound imbalance between material success and mental wellbeing.

As a fundamental component of an individual's overall wellbeing, mental health governs the thought processes that shape ideas, guide behaviour, and influence personal and social functioning. The mind plays a crucial role in how individuals adjust to their surroundings and cope with life's challenges by serving as the command centre for communication, decision-making, and interpersonal relationships. Moreover, mental health is not a static state; it fluctuates over time and across situations, moving along a continuum ranging from positive well-being and optimism to distress and dysfunction. It is important to distinguish between mental health and mental illness. The term mental health refers to a state of emotional and psychological balance, whereas mental disorders involve persistent and disruptive symptoms that impair social functioning and are typically beyond the individual's control. An understanding of this distinction facilitates the promotion of mental health as a dynamic, manageable aspect of human development, rather than as simply the absence of illness.

Historical perspective of Mental Health problem

Ancient Indian Concept of Mental Health: The concept of mental health in India is deeply rooted in its ancient philosophical and spiritual traditions, contrary to the commonly held belief that it is a modern construct introduced by Western thought. It is evident from historical texts such as the Vedas and other ancient scriptures that mental health was not only understood but actively promoted and treated. Dr. Shiv Gautam highlighted in his 1999 address at the 51st Annual Conference of the Indian Psychiatric Society that several dimensions of mental wellness were perceived long before Western civilization. Scholars like Gautam (1999), S.S. Chauhan (1999), and K. Rangaswami (2013) emphasize that the mind is viewed as a functional aspect of the Atman (soul), which consists of mind, vitality, and matter. In the Rig Veda and Jajur Veda, mental health is associated with pure thought, which can be enhanced by mantras, thereby influencing instincts and behaviour. Similarly, the Rig Veda discusses the speed of the mind, the pursuit of mental happiness, and methods to improve medha (intelligence), whereas the Atharva Veda discusses the healing power of the mind and the concept of mental personality based on the three gunas - Sattva, Rajas, and Tamas. A balance between these gunas is considered to be essential for mental health, while an imbalance can lead to mental disorders. According to the Upanishads, meditation and spiritual practices have the capacity to enhance mental capacity and integrate one's personality. Additionally, Indian Ayurveda is in agreement with these Vedic views, as represented by ancient physicians such as Charaka and Susruta, reinforcing the idea that mental health is an integral component of overall health. Therefore, ancient Indian thought presents a holistic understanding of mental well-being that remains relevant even in contemporary discussions concerning mental health.

Ancient Western Concept of Mental Health: Since prehistoric times, mental health problems have been recognized and documented throughout human history. According to Butcher et al. (2011), Stone Age cave dwellers performed trephination, which involves drilling holes into the skull in an attempt to treat mental disorders characterized by symptoms such as headaches and convulsions. The Chinese, Egyptians, Hebrews, and Greeks believed that abnormal behaviour was the result of

possession by demons or gods in ancient civilizations. With Hippocrates (460–377 B.C.), he rejected supernatural explanations and asserted that the brain is the centre of intellectual activity; he believed that mental disorders are the result of brain pathology and natural causes. According to him, mental health issues can be classified into three types: mania, melancholia, and phrenitis (brain fever). Plato (429-347 B.C.) stressed that psychological phenomena were rooted in internal states and natural appetites, and he recognized the role of individual differences and socio-cultural influences on mental functioning, although he still held that some disorders were divinely influenced. The tradition of naturalistic understanding continued through the works of Greek and Roman thinkers like Aristotle and Galen, and spread to Islamic countries where, in AD 792, the first mental hospital was opened in Baghdad. While Europe during the Middle Ages experienced a return to superstition and ritualistic practices in the treatment of mental illness, the United States did not. It was not until the Renaissance that figures such as Swiss physician Paracelsus (1490-1541) began to challenge these superstitions, asserting that mental illness was caused by internal psychic forces. It is evident from this historical evolution that a long-standing struggle has been underway to understand mental health, moving gradually from mystical beliefs to more scientific and humanistic approaches.

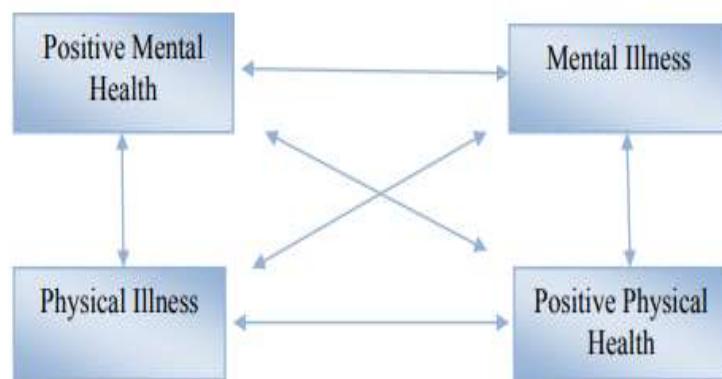
Health and Mental Health

WHO (2014) has stated in its Factsheets that Mental Health is an integral and essential part of health. In its constitution, the World Health Organization defines Health as "a state of complete physical, mental, and social well-being and not simply the absence of disease or infirmity" (WHO 1948). WHO stated again in 1986 that "Health is a resource for everyday living, not an end in itself.". In addition to physical capabilities, health emphasizes social and individual resources. So, health does not mean only absence of disease, but it comprises of a healthy body, healthy mind, productive work abilities and a healthy social relationship.

It is clear from the above definition and discussion that the positive aspect of mental health has been stressed in the definition of health and that health is without mental health, confirming the old saying - A sound mind in a sound body, which

signifies a holistic approach to health. Dr. Brock Chisholm, the first Director-General of the World Health Organization, established the connection between mental and physical health. According to his famous statement, "true physical health cannot exist without mental health" (WHO 2013).

Figure 1.2 Holistic approach to Health



Source: Sinha, M.P. (2015), Mental health of school children

The following definitions illustrate some of the different approaches to conceptualizing and defining mental health:

The WHO Expert Committee stated in 1950 that "mental health refers to an individual's ability to maintain satisfying relationships with others and contribute constructively to changes in their social and physical environment. Additionally, it implies the ability to satisfy his/her own potentially conflicting instinctive drives harmoniously and balanced by reaching an integrated synthesis rather than denial of satisfaction to specific instinctive tendencies in order to ensure that others are not hindered".

The World Health Organization (2001) defines Mental Health as a state of well-being that is characterized by individuals realizing that they are capable of coping with normal stresses of life, working productively and fruitfully, and contributing meaningfully to their communities. A large part of our ability to think,

emote, interact with each other, earn a living, and enjoy life is determined by our mental health and well-being. As a result, mental health is concerned with maintaining successful mental activities, such as maintaining relationships, maintaining productive daily activities, and maintaining the ability to cope with stress and change. In a nutshell, mental health refers to how an individual deals with life's challenges in terms of their thoughts, feelings, and actions. Knopf et al. (2004) cite the 1999 Surgeon General's Report on Mental Health, which defines Mental Health as a successful performance of mental function that results in productive activities, fulfilling relationships with others, and the ability to cope with adversity and change. According to the World Health Organization (WHO), "Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of intellectual and emotional potential" (WHO 2001). Thus, mental health is a balanced development of an individual's personality and emotional attitudes, which enables him to live harmoniously with the society in which he resides (Arumugam et al. 2013), as mental health is an integral part of ensuring a person's overall well-being, society's well-being, and country's overall well-being.

In the opinion of Allport (1955), a healthy personality is primarily concerned with the needs of normal and mature adults rather than those of neurotics. He believed that healthy individuals did not possess unconscious conflicts, whereas neurotic adults possessed these conflicts.

The concept of mental health refers to a psychological condition characterized by peace of mind, harmony, and contentment. It consists of an absence of symptoms that weaken and disturb the mind and body of the individual (Schneiders, 1964). The concept of 'positive psychology' is formulated by Maslow (1970), who believes that individuals who have fulfilled their potential to the greatest extent will also lead us to rid ourselves of negative thought patterns. He has always been interested in studying the best side of human nature, the healthiest side, and the most mature side.

Similarly, Sortorives (1983) explained that “mental health refers to a state of harmony between a person and their surroundings, a state of coexistence between an individual and his/her surroundings, as well as the physical environment”.

The state of one's mental health is determined by the extent to which he has met his social, emotional, and physical needs. However, if he is forced to deal with a situation for which he lacks adequate coping strategies, he will become mentally exhausted. It is generally understood that mentally strained individuals exhibit a definite set of symptoms that represent their particular illness. As a result, mental health should not be confused with mental illness; rather, it refers to the mental state of an individual prior to the onset of illness (Kumar, 1992).

Park (1995) has stated that mental health is a balance between individual development and the emotional attitudes that enable people to live well with others.

As defined by Singh (2000), mental health refers to an individual's ability to form and nurture relationships with relevant others, discern meaningful work, and continue to develop one's understanding of oneself and others as well as meaningfully contributing to the well-being of the community to which one belongs while maintaining one's identity. In addition to maintaining one's identity and independence, one must also be capable of focusing and paying attention to a variety of situations.

Health is viewed as an appositive state of well-being as opposed to simply the absence of disease. People who are in a state of emotional, physical, and social well-being are able to fulfil their life responsibilities, function efficiently and effectively in daily life, and are satisfied with their interpersonal relationships and themselves as individuals. A person's behaviour can provide insight into his or her mental health. It is, however, difficult to determine a person's mental health because a person's behaviour may be interpreted differently by others according to their values and beliefs. Thus, mental health is a state of being emotionally, psychologically, and socially healthy as demonstrated by fulfilling relationships, effective behaviour, a positive self-perception, and emotional stability (Videbeck, 2001).

Bhargava (2005a, 2005b) suggests that holistic health encompasses the physical, mental, and emotional as well as social and cultural aspects. The health of modern men has been adversely affected by a variety of psychological problems, such as materialism, corruption, money-mindedness, selfishness, unmindfulness, sleepiness, snatching tendency, and possessiveness. This implies that psychological intervention is extremely necessary in order to correct the psychology of the so-called polluted modern man, who runs aimlessly without any direction or purpose. In turn, it is imperative that positive psychological constructs play a significant role in keeping modern men healthy, whose minds and hearts need to remain empty rather than occupied with thinking and acting in response to new circumstances. As a result of a review of several studies conducted by Bhargava and Aurora (2006), they concluded that psychological well-being contributed significantly to the quality and excellence of total human health. Therefore, physical or mental health requires an all-round psychological well-being, since it is a function of reality and capability, and of an individual's ability to cope with challenges and problems.

Generally, mental health refers to the proper and balanced development of intellect, creativity, reasoning, emotionality, mindfulness, initiative, and the maintenance of social relationships that are mutually beneficial. It is essential for a person to be capable of dealing with day-to-day problems without losing patience, to be able to provide solutions and relaxation with self-confidence, assertiveness, and enthusiasm, to realize the difficulties and sufferings, and to be playful, enjoying when necessary. There are a number of factors that contribute to shaping a healthy mentality in a man. These include personal resources, social support, integrated personality structures, quality of emotional life, family harmony, a proper understanding of the community, and cultural harmony, among others (Bhargava, 2006).

Tripathi et al. (2006) argue that Indian perceptions can significantly contribute to the state of mental health in the modern world. In the Indian wisdom literature, the paradigms of egolessness, Sthitapragya and anasakti, Maitri, Karuna, Mudita and Upeksha complement and supplement holistic views on mental health.

Alternatively, mental health is a state of being able to live a fulfilling life and enjoy its pleasures.

It is undoubtedly one of the most important goals of human existence to achieve our well-being. Well-being is generally defined as the harmonious functioning of both psychological and physical aspects of an individual, such as the subjective experience of contentment, happiness, and satisfaction. In our definition of well-being, we include physical, biological, psychological, mental, and social factors. A variety of biological indicators determine well-being, including health status, health awareness, utilization of health care practices, and health maintenance behaviours. In addition to mental health and cognitive functioning, psychosocial indicators include positive emotions, adjustment, satisfaction with life experiences, feeling content and happy, feeling accomplished, self-confidence, self-regulation and coping skills, liveliness, and sociability (Khan 2006).

By the aforementioned discussion, it is understood that Mental Health is an ability within, which allows a person to maintain stability in any critical circumstances and overcome life's challenges.

Indicators of Mental Health

Mental health is comprised of many components that are influenced by a variety of factors that interact continuously. Thus, an individual's mental health may be dynamic or ever-changing. The following are indicators of mental health, as described by Johnson (1997):

1. Individuals are autonomous, independent, and capable of working cooperatively and interdependently with others. Although he may take into account other people's decisions and behaviours, he will not be influenced by them.
2. There is a commitment to growth and maximization of potential on the part of the individual.
3. The ability to cope with life's challenges with hope and a positive attitude, even when the future is uncertain.

4. Individuals must have a sense of self-esteem and be aware of their limitations as well as their abilities.
5. The individual has the ability to deal with and influence the environment in a constructive manner.
6. Having an orientation toward reality, and acting accordingly, is important, but fantasy should be avoided.
7. A person is capable of handling stress, can cope with life stresses and feelings of anxiety or grief, can obtain support from family and friends in order to cope with a crisis, and knows that the stress will not last a long time.

According to Bhatnagar (2000), the following are some important indicators of mental health:

1. The ability to accept oneself and others completely.
2. Possess a sense of spontaneity, creativity, and freshness, as well as a sense of humour.
3. Positivity, healthy reactions, ability to comprehend problems, ability to make decisions, and ability to find solutions.
4. A sense of personal autonomy, authenticity, and accountability
5. The ability to maintain a healthy interpersonal relationship, as well as the ability to adapt to change and live a healthy lifestyle.
6. Positivity, awareness of one's abilities, and maximization of those abilities.
7. A high level of emotional maturity, sensitivity, empathy, and the ability to manage emotions effectively.
8. Realization of inner peace and harmony with others.
9. Demonstrated ability to contribute in a creative and constructive manner to the improvement of the physical environment and the social environment.

Singh (2002) describes the following characteristics as those of a mentally healthy individual:

1. The development of emotional intelligence, creativity, intellect, and spirituality

2. The establishment and maintenance of mutually beneficial social relationships
3. A person's ability to cope with problems and challenges without losing patience, to respond to them with full strength, and to draw lessons from them.
4. The ability to exhibit self-confidence, assertiveness, empathy, and sensitivity to other people's suffering.
5. Participate in activities that promote joyous use of loneliness, as well as play and enjoyment.
6. The enjoyment of moments that are amusing, joyful, wonderful, and astounding.

According to Bhargava and Bhargava (2002), the following indicators indicate sound mental health:

1. Embracing one's own and others' differences.
2. The ability to critically analyse one's extended self is an essential skill. His success depends on being aware of his positive aspects, accepting his limitations, and feeling comfortable and at ease within himself. Additionally, he should be capable of setting reasonable goals and making his own decisions.
3. In order to manage oneself, one must analyse one's self-concept, self-esteem, and self-actualization.
4. The role he plays as a member of society requires a healthy interpersonal relationship that fosters harmony between the members. Further, he should be aware of the potential of others, understand his social responsibilities, and solve the problems of his community.
5. A person should plan his life according to the skills and abilities he possesses, and he should be systematic while considering the realities of his surroundings during the process of planning his life.
6. Individuals must be able to deal with the demands of daily life and take responsibility for his actions.

7. Individuals should be able to adapt to problems relating to any stage of their lives and attempt to solve them in the most efficient manner possible.
8. It is imperative to contribute creatively and constructively to bring about the necessary changes in the physical, social, and cultural contexts to create an environment that is lively.
9. To make immediate decisions, one must have a clear vision in every area of life, think positively, and be innovative.
10. Ideally, a person should be radical, flexible, and willing to change with the times.
11. There is a need to remember the existence of the Almighty, who is referred to as 'Iswar'. All actions or thoughts you take or think should be in harmony with the power of the entire world, rather than being oriented solely towards their consequences. This will lead to peace and happiness for the rest of one's life.
12. A person who is emotionally balanced will feel emotionally secure if he or she develops a sense of humour, a sense of delight, and an enthusiasm for effectively managing emotions.
13. In order to remain in compliance with prevailing values and norms, a person must adjust to the requirements of reality. When performing any action, it is important to keep three things in mind: time, place, and person.
14. An individual is able to distinguish between right and wrong, good and bad. It is essential that he be able to disregard fear of the unknown and speculative thinking in order to be in good mental health. It is imperative that he be able to develop an integrated personality and maintain consistency in his behaviour.
15. It is necessary to establish a satisfactory level of satisfaction in one's life that takes into account all the realities of one's life in order to be satisfied with one's life. In order to overcome weaknesses, it is best to evaluate them rather than criticize others for their shortcomings.

Factors influencing Mental Health

Throughout our lives, we are influenced by a number of individual, social, and structural factors that affect our mental health. We are influenced by these factors in ways that either protect or undermine our mental health, which can affect our position on the mental health continuum. A number of psychological and biological factors can contribute to the development of mental health problems, including emotional skills, substance abuse, and genetics. In addition, people are more likely to suffer from mental disorders if they are exposed to unfavourable social, economic, geopolitical, and environmental conditions. Poverty, violence, inequality, and environmental degradation are some of these circumstances.

There are risks at every stage of life, but those that occur during developmentally sensitive periods, such as early childhood, are particularly damaging. Children's health is undermined by a number of factors, such as harsh parenting and physical punishment. A major risk factor for mental health disorders is bullying. We are strengthened in our resilience by a variety of protective factors that occur throughout our lives. The reasons for these improvements can be attributed to a variety of factors, including our individual social and emotional skills as well as our positive social interactions, quality education, decent employment, safe neighbourhoods, and a sense of community.

It is important to note that society has a variety of mental health risks and protective factors. There may be significant risks associated with local threats for an individual, a family and a community. Global threats include economic downturns, disease outbreaks, humanitarian emergencies, forced displacement, and the escalating climate crisis, all of which pose a threat to the wellbeing of entire populations. For each risk factor and protective factor separately, there is only a limited predictive power. Most people will not develop a mental health condition despite the presence of a risk factor, and many people will develop a mental health condition despite the absence of a known risk factor. Nevertheless, there is no doubt that interacting determinants of mental health can either enhance or undermine mental well-being. (WHO, June, 2022).

A wide variety of factors influence mental health, such as personality characteristics, family kinship, caste, friend circle, neighbourhood, work organizations, associations, clubs, community, culture, and religion. According to Pradhan et al. (2006), the following factors influence mental health:

Individual factors: This includes the person's biological make-up, their sense of harmony in their lives, their vitality, their ability to find meaning in their lives, their emotional resilience and hardiness, their spirituality, and their sense of self.

Interpersonal factors: Effective communication, the ability to assist others, intimacy, and the ability to maintain a sense of belonging as well as family and social support are all essential.

Social-cultural factors: Communicate effectively, have access to adequate resources, are intolerable to violence, are organized socially, understand time, and have a sense of control over their environment.

Self Esteem: Self-esteem plays an important role in determining mental health. An individual with a high sense of self-esteem experiences less stress and strain and is better able to manage his or her responsibilities.

Internal locus of control: It is associated with mental health. A person takes responsibility for his or her actions and believes that he or she is in control of his or her fate. Therefore, they are managed by themselves rather than by external factors.

Emotional intelligence: Positively correlates with general health, healthy coping styles, empathy, and happiness, while negatively correlated with alexithymia, neuroticism, stressful events, and mood fluctuations.

1.10 Mental Health Problems

A mental disorder is characterized by clinically significant disturbances in cognition, emotion regulation, or behaviour. This condition is usually characterized by a significant impairment in one or more important areas of function. There are

many different types of mental disorders. Mental disorders may also refer to mental health conditions. The term refers to mental disorders, psychosocial disabilities, and (other) mental states that cause significant distress, impairment of functioning, or a potential for self-harm (WHO, 2022).

According to the DSM-V, a mental disorder is defined as a syndrome that manifests clinically significant disturbances in an individual's cognition, emotion regulation, or behaviour that reflect dysfunctions within the psychological, biological, or developmental processes underlying mental functioning. A mental disorder is generally characterized by significant distress or impairment in social, occupational, or other important activities. It is not a mental disorder when a person responds to a common stressor or loss in an expected or culturally acceptable manner, such as the death of a loved one. It is important to emphasize that socially deviant behaviour (e.g., politics, religion, or sexuality) and conflicts that are primarily between the individual and society are not mental disorders unless the deviation or conflict is a result of an individual's dysfunction, as described above.

It can be seen from the above description that Mental Health problems have a negative impact on a child's cognition, thought, emotion, perception, signalling, and behaviour, which are associated with distress and impaired functioning. As children and adolescents grow, they face a variety of challenges within themselves, in their homes, at school, and in society at large. In the event that they are unable to cope with the situation, their mental health will be affected. Studies have indicated that 25 - 30% of school-going children suffer from emotional and behavioural problems (Sinha et al., 2015). The majority of these children exhibit anxiety, unrealistic fears, panic, repetition of the same work, depression, hyperactivity, attention deficit, undisciplined behaviour, antisocial behaviour, substance abuse, suicidal tendencies, poor academic performance, and other behavioural problems resulting from mental health issues. However, these symptoms usually last only a short time and do not have a significant effect on their later lives.

Approximately 970 million people worldwide suffer from a mental disorder in 2019, with anxiety and depression having the highest prevalence. In 2020, anxiety

and depression rates increased significantly due to the COVID-19 pandemic. It is estimated that anxiety disorders and major depressive disorders have increased by 26% and 28%, respectively, in just one year. Even though there are effective prevention and treatment options available, most people with mental disorders lack access to effective treatment. Furthermore, many people suffer from stigma, discrimination, and violations of their human rights (WHO, 2022).

Classification of Mental Health Problems

The use of classification is extremely important for developing a clear understanding and improving communication, whether it is for substances, elements, plants, trees, species, people, planets, etc. In the context of Mental Health problems, classification is particularly important since it facilitates the formation of a clear definition, generalization, and identification of similarities and differences among the problems in order to facilitate appropriate intervention. In his book *Abnormal Psychology*, Butcher (2011) defines classification as the process of identifying meaningful sub variations of maladaptive behaviour. A classification of some kind is an essential first step in bringing order to our discussions concerning abnormal behaviour's nature, causes, and treatments.

In the period prior to the middle of the twentieth century, mental disorders were generally classified into neurosis and psychosis based on the ICD-9. Currently, most countries use classification systems based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association and the International Classification of Diseases (ICD). As outlined in DSM-5 and ICD-10, mental health problems can be classified as follows:

Classification According to DSM – V (published in 2013)

- **Neurodevelopmental Disorders:** e.g., intellectual disabilities, communication disorders, autism spectrum disorders, attention deficit/hyperactivity disorders, specific learning disorder, motor disorder.
- **Schizophrenia Spectrum & Other Psychotic Disorders:** e.g., schizotypal (personality) disorder, delusional disorder, schizophrenia.
- **Bipolar and related Disorders:** e.g., bipolar I disorder, bipolar II disorder.

- **Depressive Disorders:** e.g., disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder (Dysthymia).
- **Anxiety Disorders:** e.g., Separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder.
- **Obsessive-Compulsive and Related Disorders:** e.g., obsessive-compulsive disorder, body dysmorphic disorder.
- **Trauma and stressor Related Disorders:** e.g., reactive attachment disorder, post-traumatic stress disorder, acute stress disorder, adjustment disorder.
- **Dissociative Disorders:** dissociative identity disorder, dissociative amnesia.
- **Somatic Symptom and Related Disorders:** e.g., somatic symptom disorder, illness anxiety disorder.
- **Feeding and Eating Disorders:** e.g., pica, anorexia nervosa, bulimia nervosa, binge- eating disorder.
- **Elimination Disorders:** e.g., enuresis, encopresis.
- **Sleep-Wake Disorders:** e.g., insomnia disorder.
- **Sexual Dysfunctions:** e.g., delayed ejaculation, erectile disorder, female sexual interest/arousal disorder.
- **Gender Dysphoria**
- **Disruptive, Impulse Central and Conduct Disorders:** oppositional defiance disorder, conduct disorder, antisocial personality disorder, pyromania, kleptomania
- **Substance Related and Addictive Disorders:** alcohol related, caffeine related, inhalant use disorder, tobacco related disorder.
- **Neuro-cognitive Disorders:** e.g., delirium, major or minor neuro-cognitive disorder due to Alzheimer's disease.
- **Personality Disorders:** e.g., paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, histrionic personality disorder, narcissistic personality disorder, 19 avoidant personality disorder, dependent personality disorder, obsessive-compulsive disorder.

- **Paraphilic Disorders:** e.g., voyeuristic disorder, sexual masochism disorder, sexual sadism disorder.
- **Other Mental Disorders**

Classification According to ICD-10 (Published in 1990)

- **Organic, including symptomatic, mental disorders:** e.g., dementia in Alzheimer's disease, delirium.
- **Mental and behavioural disorders due to psychoactive substance use:** e.g., harmful use of alcohol, opioid dependence syndrome.
- **Schizophrenia, schizotypal and delusional disorders:** e.g., paranoid schizophrenia, delusional disorders, acute and transient psychotic disorders.
- **Mood [affective] disorders:** e.g., bipolar affective disorder, depressive episode.
- **Neurotic, stress-related and somatoform disorders:** e.g., generalized anxiety disorders, obsessive-compulsive disorders.
- **Behavioural syndromes associated with physiological disturbances and physical factors:** e.g., eating disorders, non-organic sleep disorders.
- **Disorders of adult personality and behaviour:** e.g., paranoid personality disorder, transsexualism.
- **Mental retardation:** e.g., mild mental retardation.
- **Disorders of psychological development:** e.g., specific reading disorders, childhood autism.
- **Behavioural and emotional disorders with onset usually occurring in childhood and adolescence:** e.g., hyperkinetic disorders, conduct disorders, tic disorders.
- Unspecified mental disorder

Meaningful Classification of Mental Health Problems of School Going Students

Until the 20th century, little attention was paid to the specific characteristics of maladaptive patterns and emotional disturbances in children (Butcher et al., 2011). During childhood and adolescence, a number of emotional and behavioural patterns

are common. During the course of growth and development, these patterns differ at different stages of life, which include childhood, adolescence, adulthood, and later stages. Behavioural patterns that appear normal at one age or stage of life may become abnormal at a later age or stage. Therefore, the ICD-10 has recorded the following mental health problems or disorders for children and adolescents:

A. Disorders of Psychological Development:

- Specific Developmental Disorders of Speech and Language.
- Specific Developmental Disorders of Scholastic Skills
- Specific Developmental Disorders of Motor Functions
- Mixed Specific Developmental Disorders.
- Pervasive Developmental Disorders – (e.g., childhood autism, atypical autism, other childhood disintegrative disorder, overactive disorder associated with mental retardation and stereotyped movements, Asperger's syndrome, other pervasive developmental disorders).
- Other Disorders of Psychological Development.
- Unspecified Disorder of Psychological Development.

B. Behavioural and emotional disorders with onset usually occurring in childhood and adolescence:

- **Hyperkinetic Disorders:** (e.g., disturbance of activity and attention, hyperkinetic conduct disorder, other hyperkinetic disorders, hyperkinetic disorder, unspecified).
- **Conduct Disorders:** (e.g., conduct disorder confined to the family context, unsocialized conduct disorder, socialized conduct disorder, oppositional defiant disorder, other conduct disorders, conduct disorder, unspecified).
- **Mixed Disorders of Conduct and Emotions:** (e.g., depressive conduct disorder, other mixed disorders of conduct and emotions).
- **Emotional Disorders with Onset Specific to Childhood:** (e.g., separation anxiety disorder of childhood, phobic anxiety disorder of childhood, social anxiety disorder of childhood, sibling rivalry disorder, other childhood emotional disorders).

- **Disorders of Social Functioning with Onset Specific to Childhood and Adolescence:** (e.g., elective mutism, reactive attachment disorder of childhood, disinhibited attachment disorder of childhood, other childhood disorders of social functioning).
- **Tic disorders:** (e.g., transient tic disorder, chronic motor or vocal tic disorder, combined vocal and multiple motor tic disorder [de la Tourette's syndrome], other tic disorders).
- **Other Behavioural and Emotional Disorders with Onset Usually Occurring in childhood and adolescence:** (e.g., nonorganic enuresis, nonorganic encopresis, feeding disorder of infancy and childhood, pica of infancy and childhood stereotyped movement disorders, stuttering [stammering], cluttering, other specified behavioural and emotional disorders with onset usually occurring in childhood and adolescence).

Department of Education, UK (2015) in 'Mental Health and Behaviour in Schools, Departmental Advice for School staff' classified Mental Health Problems in the following way:

- **Emotional Disorders:** e.g., phobia, anxiety states and depression.
- **Conduct Disorders:** e.g., stealing, defiance, fire setting, aggression and antisocial behaviour.
- **Hyperkinetic Disorders:** e.g., disturbance of activities and attention.
- **Developmental Disorders:** e.g., delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders.
- **Attachment Disorders:** Children who are markedly distressed or socially impaired as result of an extremely abnormal pattern of attachment to parents or major care givers.
- Other Mental Problems include eating disorder, habit disorders, post-traumatic stress syndromes, somatic disorders & psychotic disorders e.g., schizophrenia and manic-depressive disorder.

In children and adolescents attending schools it is observed that they generally suffer from emotional problems, behavioural problems or both together i.e., two major domains of dysfunction namely internalizing behaviour and externalizing behaviour (Achenback et al. 1978), which Ahmad et al (2007) termed behavioural disorders as externalizing behaviour and emotional disorders as internalizing behaviours.

From the above classifications, Mental Health Problems can be broadly classified in the following way.

1. Psychological and developmental disorder
2. Emotional Problems
3. Behavioural problems

According to WHO (2001) in its report, globally, 10-20% of adolescent and child populations have at least one mental disorder or behavioural disorder and the following studies were identified on the prevalence of mental disorders in children and adolescents in different countries.

Table 1.1 Mental disorders of Adolescents across different countries

Country	Age Group	Prevalence %
Ethiopia	1 – 15 years	17.7
Germany	12 – 15 years	20.7
India	1 – 16 years	12.8
Japan	12 – 15 years	15.0
Spain	8, 11, 15 years	21.7
Switzerland	1 – 15 years	22.5
USA	1 – 15 years	21.0

Source: World Health Report 2001 (WHO)

1.11 Adolescence and Anxiety, Depression and Stress

This study examines the mental health problems of high school students primarily through the lens of emotional difficulties, specifically anxiety, depression, and stress. Students in secondary school today face a multitude of mental health challenges that may adversely affect their academic performance and overall well-being. According to Sharma (2017), stress, depression, and anxiety are among the most pressing mental health concerns of the modern age. Below is a detailed description of these three major emotional problems commonly experienced by secondary school students.

Anxiety: There are 301 million people who suffer from anxiety disorders in 2019, including 58 million children and adolescents. It is important to note that anxiety disorders are characterized by excessive fear and worry as well as a variety of behavioural disturbances. There is a significant impairment in function or distress when symptoms are severe enough to cause significant distress. Anxiety disorders can be divided into several types, including generalized anxiety disorders, panic disorders, social anxiety disorders, separation anxiety disorders (characterized by excessive fear and anxiety about separation from those with whom the individual has a deep emotional bond), among others. A social anxiety disorder is characterized by excessive worry and fear in social situations. Psychological treatments are available, and medication may also be considered depending on the age and severity of the condition (WHO, 2022).

There is a possibility that anxiety disorders may be caused by environmental factors, brain chemistry, substance abuse, or a combination of these factors. Generally, it is triggered by certain circumstances or stress in an individual's daily life. In most cases, anxiety is caused by external factors, but it is possible for students to create anxiety for themselves by engaging in negative self-talk. Among the problems, academic anxiety accounts for the majority, followed by anxiety regarding the future (Atieq, 2016). A number of factors can contribute to severe academic anxiety, including poor study habits, poor educational environments, and high parental expectations. It has been explored by Kai-wen (2010) as to why adolescents

are under such a great deal of academic pressure. It was concluded that the examination system, the burden of homework, and the attitudes of parents and teachers contributed to academic stress. A variety of factors contribute to adolescents' anxiety about their studies, including exams, stress, depression, relationship difficulties, parental separations, loneliness, low self-esteem, poor time management, trauma experiences, alcohol and drug abuse, sex and sexuality issues, and disturbed home and school environments. (Goel et.al., 2007, Mangano et al., 2012, Bhargab, 2016).

Depression: The problem of depression is one of the most common mental health problems that affects everyone. It is one of the most prevalent mental health problems among adolescents. The number of people living with depression in 2019 reached 280 million, including 23 million children and adolescents. There is a significant difference between depression and mood fluctuations as well as short-lived emotional reactions to everyday challenges. An episode of depression is characterized by sadness, irritability, or an absence of pleasure or interest in activities for the majority of the day, nearly every day, for a period of two weeks or longer. Other symptoms may include poor concentration, excessive guilt or low self-esteem, hopelessness, thoughts of suicide or dying, disturbed sleep, changes in appetite or weight, and a feeling of extreme fatigue or low energy. Suicide is an increased risk for those who suffer from depression. Psychological treatments are, however, available, and medication may also be considered depending on the severity and age of the condition (WHO, 2022).

The risk of depression may be increased as a result of life events such as the breakdown of relationships, physical illness, and drug or alcohol abuse. People suffering from depression suffered from mental anguish and were unable to perform even the most basic of daily tasks. Each year, the World Health Organization celebrates World Health Day and takes action to raise awareness regarding any particular health-related issue. World Health Organization has chosen depression for the theme of the year 2017, and states that reduced concentration at work, a busy curriculum, a compulsion to study, and family pressure can all lead to depression. As

per a mental health survey published by the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore in October 2016, approximately one in twenty Indians or 5% of the population suffers from depression.

Stress: The term "stress" refers to a state of mental tension or worry arising from a difficult situation. In our daily lives, humans are exposed to challenges and threats that cause them to experience stress. Almost everyone experiences some form of stress at some point in their lives (WHO, 2023). However, the way we respond to stress has a significant impact on our overall health and well-being. The effects of stress can be felt both physically and mentally. Having a little bit of stress helps us accomplish our daily tasks, and there is no harm in it. A high level of stress can adversely affect the physical and mental well-being of a person. Learning how to cope with stress can help us feel less overwhelmed as well as support our mental and physical health. Stress causes us to be unable to relax, which can lead to feelings of anxiety and irritability. When we are under stress, it may be difficult to concentrate. An individual may suffer from headaches, abdominal pain, or difficulty sleeping as a consequence of this condition. Appetite may be affected either negatively or positively. Chronic stress can exacerbate pre-existing health conditions and contribute to an increased use of alcohol, tobacco, and other harmful substances. Stress can also worsen mental health conditions, such as anxiety and depression, which may require medical attention. As a result of persistent symptoms of stress, mental health conditions can develop, which may affect our daily functioning, including at work and at school (WHO, 2023). Stress has different effects on different individuals. There are different ways in which individuals cope with stress and exhibit different symptoms of stress. A person is likely to feel stressed when confronted with challenging situations such as career interviews, school exams, unrealistic workloads, insecure jobs, or conflicts with family, friends, or colleagues. The level of stress decreases over time for many people as the situation improves or as they develop the ability to cope emotionally with the situation. There is a high incidence of stress when there is a major economic crisis, a disease outbreak, a natural disaster, a war, or a violent event in the community. Generally, most people are able to handle stress well and cope with it. In the event that we are experiencing

difficulties coping with stress, we should seek the assistance of a trusted healthcare professional or another trusted member of our community.

There is a very high probability that most people in today's society will experience symptoms of stress, anxiety, or depression at some point during their lives. However, most people operate on an automatic pilot basis. The tendency to respond automatically to events, people, and stress occurs when we live on automatic pilot. Due to the rapid advancements in technology and the pace of modern life, many of us feel that we are unable to meet all of the demands that are placed on us. These demands are derived from a variety of sources, such as home, relationships, money, work, health, self-esteem, etc., which may result in anxiety, depression, or stress.

The overuse of the word's anxiety, depression, and stress has led to people misinterpreting these terms and not addressing them appropriately. Anxiety, depression, or stress may also result in a disorder if left untreated for a long period of time, just as chronic cough can indicate an infection or disease in the body if left untreated. In spite of the existence of psychiatric interview schedules, a method must be found to assess anxiety, depression, and stress in the general population, particularly in marginalized groups.

1.12 Theoretical Foundation of Anxiety, Depression and Stress

Psychodynamic theory of anxiety and depression: A significant focus of psychodynamic theory has been on the underlying conflicts that manifest as anxiety and depression symptoms. Sigmund Freud believed that anxiety served as a defence mechanism against repressed and unconscious impulses. It has also been suggested by many psychoanalysts that depressed individuals harbour unconscious negative feelings toward those they love, resulting in anger that is directed inward. As described by Freud, this defensive mechanism is used to cope with feelings that are socially unacceptable. Despite the fact that these assumptions are based on psychodynamic principles, little empirical evidence supports them.

Behaviour theory: According to behavioural theorists, anxiety and depression are a function of learned behaviours, such as modelling and classical conditioning, that contribute to the development of symptoms. In addition, it has been established that stressful life events contribute to the aetiology of depression. According to the behavioural model, the environment plays a significant role in the development of psychopathology.

Helplessness theory of depression: The learned helplessness theory of depression was developed by Seligman (1965) and influenced the cognitive perspective. As a result of repeated traumas or stressful experiences, individuals who perceive their circumstances as uncontrollable develop a sense of helplessness, which leads to depression. Based on this reformulated theory, individuals attribute negative life events to global, stable, and internal factors. Additionally, these individuals are said to exhibit a negative attribution style that contributes to their depression. This reformulated theory proposes that a subtype of depression referred to as learned helplessness can be attributed to the interaction between multiple factors that lead to cognitive dysfunction and stress. There has been evidence that stressful life events can trigger anxiety and depression, suggesting that psychological vulnerability may be a contributing factor to many disorders (Mehta, 2000).

Theories of stress

It is important to note that there are two types of theories focusing on the specific relationship between external demands (stressors) and bodily processes (stress). The approach to systemic stresses consists of approaches based on physiology and psychobiology (Selye, 1982), while the approach to psychological stresses consists of approaches based on cognitive psychology (Lazarus 1989, 1991, 2000, Folkman 1984).

Systemic Stress - Selye's Theory: Stress has gained a great deal of popularity in science and mass media as a result of the work of endocrinologist Hans Selye. In animal studies, it has been demonstrated that a variety of stimuli (e.g., heat, cold, toxic agents) applied intensely and long enough can produce common effects, i.e.,

effects that are independent of either stimulus event (Odeh et al., 2015). Aside from this, each stimulus produces a particular effect on the body, such as vasodilation in the case of heat, and vasoconstriction in the case of cold. Selye asserted that these non-specifically induced changes constitute the stereotypical, or specific, response pattern to systemic stress. According to Selye (1982) and Kate Ryan (2013), stress is a syndrome that encompasses all non-specific changes that occur within a biological system.

The 'General Adaptation Syndrome' (GAS) is characterized by three stages of stereotypical responses

- a) An alarm reaction consists of an initial shock phase and a counter shock phase. There is an increase in adrenaline discharge, autonomic excitability, and gastrointestinal ulceration during the shock phase. In the counter shock phase, adrenocortical activity increases and defensive processes begin to take place. When noxious stimulation persists, the organism becomes resistant.
- b) Resistance occurs when the alarm reaction symptoms disappear, indicating that the organism has adapted to the stressor. However, it is important to note that while resistance to noxious stimulation increases, resistance to other types of stress decreases.
- c) Eventually, resistance gives way to exhaustion due to persistent aversive stimulation. When the organism has reached the point where its capacity to adapt to the stressor has been exhausted, the symptoms of stage (a) will reappear, but (c) resistance will no longer be possible. Continual stimulation results in irreversible tissue damage and death of the organism.

During the final stage of fatigue, a person's ability to resist a stressor has been depleted as a result of repeated exposure to a stressor or multiple stressors. It can lead to depression, illness, and even death. In spite of the fact that Selye's GAS theory laid important foundations for stress research, it has a number of limitations that have led to much criticism. The primary disadvantage of this theory is that it suggests a universal stress response, which does not address the issue of individual variability, and it also suggests that changes in physiology are the same regardless of

the nature of the stressor. Due to these limitations, Selye's theory has lost much of its credibility. (Kate Ryan, 2013, Kai-wen, 2010, Teh, 2015, Abolarin, 2010).

There is a wide variety of ways in which people perceive stress, and it can mean different things to different people. An individual may experience anxiety or anger when events or circumstances cause tension, pressure, or negative emotions (Shincy and Nirmala, 2016). Furthermore, some people define stress as an adaptive response to existing situations, including physiological changes (an increase in heart rate and muscle tension), as well as emotional and behavioural changes (Crosnoe et al., 2004). A child's home and school environments play an important role in the development of his or her social environment, and there is a unique juxtaposition between them during the early years of the child's life (Shincy and Nirmala, 2016). An individual's behaviour is largely determined by the environment in which he or she lives (Bruce, 1987; D. M., 1993 & Clifford T. Morgan et al., 2011).

Psychological Stress - The Lazarus Theory: Lazarus Theory was developed by the social personality psychologist Richard Lazarus and is considered to be one of the most influential theories on stress. To this day, Lazarus and his colleagues' Cognitive Transactional Model of stress (Lazarus and Folkman, 1980) remains one of the most influential theories of stress. Among the factors resulting in stress are the individual's characteristics and appraisals, the event environment, and the internal and external responses available to the individual (Lazarus, R.S., 1993). In Lazarus' view, individuals respond to stress when they perceive an event as stressful. Lazarus argues that the interpretation of stressful events is more significant than the events themselves when it comes to determining how we perceive stress. An example would be a student who perceives an upcoming exam as stressful that is more likely to experience stress than a student who views the exam as a chance to succeed. This difference can be attributed to the way in which the students are assessing the situation in this case.

According to the Lazarus cognitive transactional model of stress, there are two types of appraisals: primary and secondary appraisals. It is the first step in the appraisal process to determine whether or not an event is stressful. An event can be

classified as either positive, irrelevant, or stressful in this regard. Following the determination that the events are stressful, it is important to determine whether the stressor poses a threat to the individual's health or well-being. The term "harm/loss" refers to damage or loss that has already occurred, such as illness or injury. Threats refer to the expectation that future harm will be inflicted. In conclusion, challenge refers to the ability of an individual to cope with challenges, and one in three teenagers suffers from chronic stress (Hanne Jakobsen, 2013). A secondary appraisal follows the initial appraisal. In a secondary appraisal, the individual forms an impression of their ability to cope with or control the stressor. This has a significant impact on stress levels. An individual's stress levels are reduced when they feel that they are capable of successfully handling a given situation. A person's stress levels increase if he or she doubts his or her ability to handle a situation. A number of researchers, including Selye, Lazarus, and Folkman, contributed to the development of the concept of stress, which has since been the subject of extensive scientific research. Among the areas of stress which have recently attracted a great deal of attention and have gained a great deal of scientific research is student stress (Kate et al. 2013; Mohit dixit, 2015).

The experience of harm or loss has already caused some damage to the individual. A variety of damages can be caused, including the injury or loss of valuable individuals, valuable objects, self-esteem, or social standing. When overwhelmed by feelings of helplessness, a person surrenders to the situation rather than attempt to control it. A number of major types of stressors have been examined. An event in one's life that requires immediate behaviour changes (e.g., becoming a parent) is considered a life event. A second type of stressor is chronic strain, which is characterized by recurrent demands requiring long-term changes and adaptations (e.g., disabilities). Lastly, daily hassles can be defined as mini-events that require small behavioural changes throughout the day (for example, traffic jams). In spite of the fact that stress is not necessarily harmful in and of itself (Lazarus, 1993), all three types of stressors have been found to negatively affect physical and psychological functioning. Chronic stress may have the greatest detrimental effects on physical and mental health, based on his analysis of the relationship between stress and chronic

illness. No matter what form stress takes, it can prove to be a challenge for any individual. It is important to recognize that the outcomes for individuals are influenced by a variety of factors, including the number and type of stressors in their lives, and the effectiveness of the coping strategies that they use (DuBois et al., 2002).

Stress is a psychological or physical strain that, if not dealt with properly, may result in anxiety, tension, fatigue, and depression. The prolonged effects of stress can result in serious long-term health conditions, such as depression, anxiety, and arthritis (Lovibond et al., 1995; Kate Ryan, 2013). Adolescents are constantly confronted with problems, challenges, and obstacles that lead to stressful situations in their daily lives. Depending on the individual's coping strategies, stress can be experienced in a variety of ways. The word stress has been part of the everyday vocabulary since the 1930s, but it was not until the late 1970s and early 1980s that it became widely used (Mann, 1985; Laldas, 2014; Kate Ryan, 2013) that it became widely accepted.

In school students, anxiety is a physical response that signals the need for attention to a particular problem. In general, anxiety refers to a state of emotional and behavioural distress caused by the stimulation of the sympathetic nervous system. It has been reported that anxiety disorders are on the rise among students (Archie et al., 2012). Persistent anxiety may negatively affect students' performance.

Adults often tell young people that their teenage years are the best years of their lives. Rosa (2012) shows a group of high school students actively participating in sports or dance events, as well as a couple holding hands or enjoying sodas at a local restaurant. There is more to the story than meets the eye. Young people often experience life as a tug of war filled with mixed messages and conflicting demands from their parents, teachers, coaches, employers, friends, and themselves. When growing up, it is challenging to find a balance between independence and reliance on others. Young people who are ill-equipped to cope, communicate, and solve problems can suffer from serious depression due to a stressful environment (Wayne et al., 2006).

1.13 Status of Mental Health Among High School Students: India

Approximately 41% of the Indian population is under the age of 18 (Kumar, Nayar, & Bhat, 2020). Teenagers are confronted with a number of issues during this stage of their lives for which they do not have any prior experience. They also possess very little knowledge and information about these issues. Despite believing that they possess sufficient knowledge and experience to comprehend the entirety of the world, they fail to comprehend the outside world and become confused by its complexities. Approximately 1.236 billion Indians live in the world (UNICEF, India, 2013) and every third person in this population is between the ages of 10 and 24. Approximately one in five Indians ages 10 to 19 are juveniles (Census of India, 2011). UNICEF reports that India has the largest young population in the world, with over 434 million people (UNICEF, India, 2013). According to Reuters (2016), the number of working people will reach approximately 250 million by 2030. Making a significant contribution to a country's growth and development is an asset of great value. All progress can be achieved if the policy area prioritizes children's and adolescents' health (Hossain & Purohit, 2019). It has also resulted in an increase in mental health problems.

The focus on infant immunization, nutrition, and mortality has resulted in an overall improvement in physical health in India, yet little attention has been paid to the mental health of school-going adolescents and children (MHFW & GOI, 2005). It is estimated that more than 50 million Indian children, including school students, suffer from mental illness, and the number will rise even further once adolescent populations are taken into account (Shastri, 2009).

As part of the National Adolescent Health Strategy, mental health concerns are listed as one of the six primary strategies, specifically Rashtriya Kishor Swasthya Karyakram (MHFW & GOI, 2015). Despite the fact that the programme was designed for participants between the ages of 10 and 19, peer educators selected participants only between the ages of 15 and 19. As a result, it is less likely that children between the ages of 0 and 10 will have access to counselling services. The program was designed to raise awareness as well as provide psychological or clinical

support to those who needed it. Even though the programme was designed to address the overall issue of adolescent health, it appeared insufficient to address the problems associated with the mental health of children and adolescents in India (Hossain & Purohit, 2019).

There are approximately 89 million adolescent boys and 77 million adolescent girls suffering from mental illness worldwide in 2019 (UNICEF, 2021). According to estimates, approximately 5,000 adolescents aged 15 to 19 committed suicide each day in 2020, which is the equivalent of 1.5 million deaths between the ages of 10 and 24. The suicide rate for adolescents increased from third to second in just two years, demonstrating that they were suffering from psychological difficulties (WHO, 2018; WHO, 2022b).

According to the National Crime Records Bureau, there were 11,396 cases of child suicide in India in 2020, an average of 31 suicides per day (New Delhi Television [NDTV], 2021). As a result of these data, it is possible to conclude that suicides have increased in 2014, since the NCRB reported 10,950 suicides among children under the age of 18 in 2014. Family problems, love affairs, and illness were the leading causes of suicide among young people under the age of 18 (NDTV, 2021). According to the Centres for Disease Control and Prevention, mental illness contributes to 46% of suicides. This figure may be underestimated since undiagnosed and untreated mental disorders were not included (Akkas & Corr, 2022). Therefore, these causal factors must be addressed in order to prevent suicides from increasing in the future.

1.14 Status of Mental Health Among High School Students: Meghalaya

The prevalence of mental disorders is higher among young people aged 16-24 than at any other age group, according to Dr Kasi Sehkar, Head of Department, Department of Psychiatric Social Work, NIMHANS, Bangalore. In the past 25 years, the number of children and young people suffering from mental health conditions has increased by more than double, as has the prevalence of depression and anxiety among teenagers. According to a 2016 survey for parent zone, 93 percent of teachers

reported that mental illnesses are on the rise among children and teenagers, and 90 percent reported that these illnesses are becoming more severe. (The Northeast Today, 2017).

Meghalaya, one of the states in the North Eastern region, has reported significantly higher numbers of illnesses than the national average. Sarif & Vandana (2020) found that the state lacks mental health services and professionals. In addition, the state is not immune from mental health problems, and stakeholders have not taken much action to raise awareness and provide support to the community (Lim, 2012).

Dr. Sandy Syiem, Founder and Director of San-Ker, in Meghalaya, reports that the National Mental Health Survey indicates that 30,000 people in the state require urgent specialized mental health care. In Meghalaya, there are only two hospitals that offer mental health treatment, and these two hospitals together provide 200 beds for mental health treatment. Furthermore, Dr. Syiem stressed that psychiatrists were urgently needed in the state, stating that there were only three psychiatrists in Shillong, three psychiatrists in three other district headquarters, and three psychiatrists at NEIGRIHMS, while 10 psychiatrists were employed by private hospitals. Dr Syiem cautioned further that if left untreated or inadequately treated, mental illness may undermine productivity and development. Additionally, he advocated the recognition of mental health as a critical aspect of development (The Northeast Today, 2017; The Shillong Times, 2017).

1.15 Statement of the Problem

Schools play a pivotal role in the lives of adolescents, as they spend a significant portion of their developmental years within the educational environment. The concept of education extends beyond academics to encompass holistic development, including emotional, social, and psychological well-being. As such, schools are critical settings for mental health promotion and the delivery of life skills education, particularly because adolescents often encounter emotional and academic stressors during this stage of life. Adolescents may experience mental, emotional,

and behavioural problems that can be deeply distressing and, in severe cases, life-threatening. These issues not only affect the individual but also have broader implications for the family, school, community, and society at large.

Adolescence is the most vulnerable period to develop various Mental Health related problems. Half of all mental illness begins by the age of 14 and three quarters by mid-20s (WHO 2004). It is quite evident from studies that adolescents with Mental Health problems tend to have poor outcome in adulthood and later life. Promotion of Mental Health is an essential and integral part of overall development along with academic and intellectual developments. Despite their apparent need, young people have the lowest rates of access to mental health care services, basically because of poor awareness and help-seeking, structural and cultural flaws within the existing health care systems, and the failure of society to recognize the importance of this issue and invest in youth mental health (McGorry, et al. 2014).

To cope with the increasing pace and change of modern life, life stressors, psychological problems, painful experiences, students need new life skills such as the ability to deal with stress and frustration and understand about themselves. But despite understanding it is the need of the hour to impart life skills education to support students, school are lacking in providing services such as inculcating life skills education to the school curriculum, school-based mental health systems are emerging very slowly, due to many factors. Partnerships between education system and mental health are yet to developed; a common language and set of shared values between school teachers and staff and mental health practitioners are yet to be established in recognized manner.

The aim of this study is to assess the life skills and mental health (Anxiety, Depression, and Stress) of high school students, while also understanding the insights of school teachers regarding mental health issues, existing school practices in life skills education and mental health services, and the barriers that prevent effective implementation of these programs. Gaining this information is crucial to highlight the importance of life skills and mental health awareness for high school students, empowering them to manage day-to-day stressors and enhance their mental well-

being. Additionally, the findings aim to influence policy, planning, and the development of mental health care services, ensuring better preventive measures and support systems in schools.

1.16 Significance of the Study

Nongstoin town in West Khasi Hills District is one of the small towns in Meghalaya, and its educational and mental health systems might face unique challenges, such as limited access to resources, lack of awareness, and cultural stigmas around mental health. Life skills, such as communication, problem-solving, decision-making, and stress management, are essential for students to cope with challenges and develop resilience. High school is a critical stage where adolescents face academic pressure, identity development, and social challenges. Mental health issues like anxiety, depression, and stress are increasingly common among adolescents in the present days irrespective of rural or urban settings. By examining the relationship between life skills education and mental health outcomes, the study can shed light on how teaching these skills can mitigate mental health problems. It can also help identify gaps in existing mental health support systems within schools in Meghalaya. Life skills education empowers them to navigate these transitions effectively. The study could advocate for the integration of structured life skills training into school curricula, especially in underserved regions. The study can provide insights into the specific needs of students in this area and highlight regional disparities in education and mental health support. By highlighting the role of life skills in improving mental health, the study emphasizes the importance of preparing students not just academically but holistically for future challenges. Improved mental health and life skills can lead to better academic performance, stronger social relationships, and a higher quality of life for students. Findings can also inform and influence policymakers, educators, and mental health professionals about effective strategies to promote life skills education and mental well-being. It could recommend for government and non-governmental organizations to enhance the quality of education and mental health services in the region. Lastly the study can fill gaps in literature, particularly in the Indian and Northeastern context, where there is often

limited research on mental health and education in rural settings. It can serve as a foundation for further research on similar topics in Meghalaya and other regions with comparable challenges. In essence, this research study has the potential to make a profound impact on educational practices, mental health awareness, and the overall well-being of high school students in West Khasi Hills, Meghalaya.

1.17 Objectives of the Study

The objectives of the present study are:

- 1 To find out the level of life skills of High School students in Nongstoin, West Khasi Hills District, Meghalaya.
- 2 To study the level of Mental Health of High School students (Anxiety, Depression and Stress) in Nongstoin, West Khasi Hills District of Meghalaya
- 3 To find out the difference in the life skills and Mental Health among High school students in Nongstoin, Meghalaya across gender.
- 4 To examine the relationship between life skills and Mental health in relations to the High school students.
- 5 To examine the insight and understanding of the school teachers about mental health and mental health problems of High School students in Nongstoin, West Khasi Hills District, Meghalaya.
- 6 To explore the current practices of schools to promote the mental health of High School students and to understand the barriers that prevents the school in imparting life skills education and Mental health services.

1.18 Hypotheses

The hypotheses of the study are as follows:

1. There is no significant difference in overall life skills between male and female high school students.
2. There is no significant difference in anxiety, depression, and stress levels between male and female high school students.

3. There is a significant relationship between the overall life skills of high school students in Meghalaya and their levels of anxiety, depression and stress.
4. There is a strong overall correlation between life skills and mental health among high school students.

1.19 Chapter Scheme

The report writing of the present study is organized into seven (7) chapters each having its own essence and significance to portray.

The first Chapter includes the introduction and background of the study. This covers the theoretical background, conceptual understanding of the terms and all the sufficient information pertaining to the nature of the study that needs to be conveyed in order to introduce the topic of the study.

Chapter two highlights the review of background literature and previous studies with regard to the various variables and methods used in this study. The finding of previous research studies provides the baseline to proceed with the research work. It also enables to identify research gaps in relation to earlier studies.

The third Chapter describes the methodology used. This served as the backbone for the entire research. This chapter depicts the method of study, designs of the study, description of the setting, and the sampling techniques adopted. The chapter also highlights the tools used for data collection and the statistical techniques applied.

Chapter four presents the demographic profile of the High school students' respondents which also includes the respondent's family parent's educational qualification, parent's occupation, family income and the family assets.

Chapter five present the analysis of the quantitative data which has been classified into two main segments, Life skills of the high school students and the Mental Health of the High School students. Statistical tests were applied to disclose the quantitative nature of data. The analysis and interpretation of the present data is also effectively presented in compliance with the methodology adopted.

Chapter six describe the qualitative analysis of the study, where the Focus Group Discussion were analysed using Thematic Analysis.

The last Chapter illustrates the prominent and relevant findings of both quantitative and qualitative analysis pertaining to this research. The implication of this study, in relation to social work interventions and scope for future studies are also discussed in this chapter.

This chapter has presented the conceptual background and related concepts regarding the study. The next chapter presents the review of related studies on life skills, mental health problems of school going adolescents, barriers in accessing mental health services, life skills education and positive mental health etc.

CHAPTER II

REVIEW OF LITERATURE

An introduction to the study was provided in the previous chapter by discussing the related concepts regarding life skills, life skills education, theoretical foundations for life skills education, mental health and mental health problems of school-age adolescents, followed by statements of the problem, objectives of the study, hypotheses and chapter plans. The purpose of this chapter is to provide an overview of related studies in the areas of life skills and the prevalence of mental health problems in India, particularly among high school students.

Literature reviews are an essential component of any research endeavor. This process involves collecting literature in the field of research that the researcher is interested in but has limited experience in, assessing and comparing these literatures to gain a better understanding of the field (Panneerselvam, 2013). The analysis of past data, sources, and results is essential for identifying gaps in the literature and suggesting future research areas, as well as gaining a deeper understanding of the subject matter. It is necessary to use books, journals, and the Internet in order to consider the research to be comprehensive. Before conducting research, it is imperative to become familiar with the literature in the area of interest (Majhi & Khatua, 2013).

The study examined a variety of studies related to life skills, relevance of life skills training, mental health problems and its prevalent among high school students, anxiety, depression and stress among high school students, positive mental health and life skills, and the barriers to accessing mental health care. In order to provide an overview of what research has been conducted over the years, the reviews have been arranged chronologically, and the reviews are grouped according to different themes.

2.1 Studies on Life Skills

Assessment of life skills has become an essential area of research to understand the competencies and capacities of individuals in managing personal, social, and academic challenges. Life skills assessment studies aim to evaluate the

effectiveness of structured interventions in enhancing emotional regulation, problem-solving, decision-making, and interpersonal skills among adolescents and students. Researchers have employed various quantitative and qualitative tools to measure life skills, examining their relationship with self-esteem, coping strategies, and psychological well-being. These studies provide critical insights into students' strengths and deficits, guiding the design of targeted life skills programs and interventions to promote holistic development.

Augustine (2010) highlights various strategies for imparting knowledge and raising awareness about issues relevant to adolescents in her study 'Life Skills as an Innovative Teaching Method'. She advocates for the integration of life skills education into the formal school curriculum, emphasizing that it should not be treated as a non-curricular or supplementary activity.

Nair (2010) discusses the history, origin, and development of the subject of life skills education in his essay "Life Skills Education - Origin and Development of the Concept". Life skills training effectively addresses critical issues faced by adolescents, including reproductive and sexual health, HIV/AIDS awareness, substance abuse prevention, and the promotion of responsible sexual behavior. As a result, life skills education has gained widespread recognition and has been actively promoted across the globe, particularly in India, as a means of empowering young people to make informed and responsible life choices. In all of these conferences, Nair points out that the world's leaders placed a high priority on education in order to build citizen competence and creativity.

According to **Nair & Paul (2010)**, in their study, "Life Skills Education and Inclusive Growth" examined the relationship between life skills education and inclusive growth. It is observed that life skills are developed through the constructive processing of information, impressions, encounters, and experiences both individual and social that arise in the course of daily life and work, as well as through adapting to rapid life changes. Based on this understanding, it was concluded that skill-based education cannot be effective without meaningful interaction among participants, as such engagement is essential for internalizing and applying life skills in real-life

contexts. It is dependent on the interaction of groups of people to be effective. In order for this approach to be successful, all three components, life skills, content, and method, should be present. As a means of developing or changing behavior, it is necessary to balance the three components of knowledge, attitude, values, and skills.

According to **Rani (2010)**, the study 'Integrating Culture-Specific Inputs from Bhagavat Gita into Life Skills Education' re-examines the Bhagavad Gita through the lens of core life skills. Rani argues that the Gita extensively addresses both creative and critical thinking, illustrating how originality and disciplined reasoning are cultivated in its teachings. Her conceptual analysis further explores interpersonal relationship skills, self-awareness, empathy, coping with emotions, and stress management as they emerge from Gita's guidance on duty, detachment, compassion, and equanimity. She concludes that a life skills curriculum inspired by the Bhagavad Gita should pursue two overarching goals: individual perfection understood as self-mastery, ethical integrity, and inner balance and social efficiency understood as effective, compassionate engagement within one's community.

Using the Life Skills Inventory-College Form, **Mofrad et al. (2013)** assessed the life skills of 500 students in Malaysia. Based on the results, most students rated interpersonal relationships as their highest priority, followed by identity development/purpose in life, while maintaining physical fitness and health ranked lowest. It has been observed that there is a significant difference between males and females only in terms of physical fitness, and it is assumed that males are more physically active than females and therefore exercise more.

Nongrum (2013) conducted an assessment of the level of life skills among secondary school students in Meghalaya. The study sample consisted of 40 students who were specifically selected for an interview schedule. According to the findings, urban students are more independent when making decisions, especially when it comes to career choices, whereas rural respondents had greater freedom when it came to selecting friends. Additionally, the study indicates that boys are more independent in their decision-making and are better at applying critical thinking

skills than girls. Moreover, it is evident that most respondents are aware of the different life skills, but their application is limited.

Jayachandran (2014) investigated the level of awareness of life skills among physically challenged adolescents in Thiruvananthapuram District. An awareness test was developed and administered to the students based on the core life skills. Statistical techniques such as mean, standard deviation, t-tests, and F-tests were used to analyze the data. As a result of the study, it was found that the majority of physically challenged adolescents had an average awareness of life skills. In terms of life skill awareness, there was no significant difference between male and female adolescents.

Lokeswari and Anurudh (2017) conducted a comparative study to assess life skills and self-esteem among eighth-grade adolescents attending government schools in both rural and urban areas of Tirupati. The primary objective was to evaluate the levels of life skill competencies and self-esteem in this cohort, with the aim of identifying potential differences between rural and urban contexts and informing targeted educational or psychosocial interventions. A simple random sampling technique was used to select 120 children (60 girls and 60 boys). A life skills scale (Vranda, 2007) was used to measure life skills, while the Rosenberg self-esteem scale (1965) was used to measure self-esteem. Based on the frequency distribution and two-tailed test of significance, the data were obtained and analyzed. Based on the results, there is a significant correlation between the life skills scores of the sample respondents and their self-esteem scores.

In a study by **Rawat and Singh (2018)**, the purpose was to determine the level of ten core life skills among senior secondary students, as well as their relationship and effect with different phenomena, including gender, location, and institution type, among senior secondary students. Based on the findings of the investigation, it has been determined that very few students studying at secondary level possess high levels of the essential ten core life skills, while the majority possess average or low levels of life skills. The study's findings indicated that there

were no statistically significant differences in life skills competencies between male and female senior secondary students.

Mathew & Jose (2018) conducted a descriptive study to assess the life skills of higher secondary school students in Neyyattinkara Taluk. A total of 200 students from higher secondary schools were included in the study, and data collection tools included a two-part questionnaire. The first part of the assessment included personal and family information related to socio-demographic characteristics, while the second part included a Life Skills Assessment Test. Based on the Life Skill Assessment Test, the study found that 14% of respondents possessed a high level of life skills, 73% possessed an average level of life skills, and 13% possessed a low level of life skills. Additionally, the study found no significant differences in levels of life skills based on gender, educational qualification of parents, occupation of parents, and family income. Based on locality, there is a significant difference in the level of life skills. The mean scores of urban students were higher than those of rural students.

Nasheed et al. (2018) reviewed various studies related to life skills for adolescents between the ages of 10 and 19. A review of the literature reveals that life skills education is not only provided through school-structured programs, but through sports, health programs (sexual and reproductive health), and at-risk behavior programs as well. In developed countries such as the United States, the UK, and others, it reflects the country's concerns. As part of the program, refusal skills, goal setting, and attitudinal changes are used to promote positive behaviors related to smoking, alcohol, and drugs. Its primary focus is on communication skills, assertiveness skills, self-esteem, decision making, and a changing attitude towards sexual behavior in developing countries such as India, Iran, and Mexico.

Singh (2019) conducted a study with 70 elementary students in Haryana, India, which consisted of 44 boys and 26 girls to assess their level of life skills. The results indicated that most of the students scored very low or low. The study also found no statistically significant difference in life skills levels between male and female students.

Rani and Neeraj (2020) investigated life skills among senior secondary students in the Sonapat district by selecting a random sample of 100 students from both government and private schools. They employed the Life Skills Scale developed by M. N. Vranda (2009) to measure multiple dimensions of life skills. Data analysis included computing means, standard deviations, and conducting independent-samples t-tests to examine gender differences. The results revealed a statistically significant difference between male and female students: female students obtained higher mean scores than male students across all dimensions of life skills, including decision making, problem solving, empathy, self-awareness, communication skills, interpersonal relationships, coping with emotions, coping with stress, creativity, and critical thinking.

Meenu and Rani (2021) investigated life skills among 150 secondary school students and found that female adolescents demonstrated significantly better cognitive and interpersonal life skills compared to their male counterparts. The study also reported a statistically significant gender difference in overall life skills, with female students scoring higher than male students across the assessed dimensions.

According to **Monika & Ronak (2022)**, in their study, 100 secondary school students in the Haryana district of Sonipat were compared for their life skills using random sampling procedures, including 50 students from government schools and 50 students from private schools. The data were collected using the Life skills tool developed by Nair and Ranjan (2014). According to the findings, there is no significant difference between private and public schools in terms of life skills.

Dey et al. (2022) conducted an evaluative study of life skill education among secondary school adolescents in Bihar, Chhattisgarh, and Madhya Pradesh. Using a pretested questionnaire, they gathered data from students aged 14 to 18 (mean age = 16.46 ± 1.04 years) and classified life skills levels as low, medium, or high. Their analysis employing t-tests, one-way ANOVAs, and Chi-square tests revealed that 52% of adolescents demonstrated a medium level of life skills, 25.7% a high level, and 22% a low level. The study further reported a statistically significant gender difference, with female students showing higher life skills scores than males.

Additionally, socioeconomic disparities were observed: the impact of life skills training varied between upper-middle-class and lower-middle-class adolescents, indicating inequalities in access or outcomes of life skills education. These findings underscore the importance of strengthening and tailoring life skills programs in secondary schools to address gender and socioeconomic gaps, in line with global guidance on life skills education that highlights its role in enabling adolescents to cope with everyday challenges and make informed decisions

In a study on life skills among high school adolescents studying in both English and Tamil mediums in government schools, **Sudha and Mythili (2022)** examine the level of life skills among high school adolescents and the impact of the medium of instruction on them. This study aimed to compare the life skills of high school adolescents in Chennai, Tamil Nadu, based on their medium of instruction, namely Tamil and English. A sample of 380 high school students in class 8, aged 13 to 14, from Tamil Nadu schools were included in the study. The study hypothesized that there would be no significant difference in life skills scores between students studying in their mother tongue (Tamil-medium) and those studying in the English medium. A 100-item life skills assessment scale was administered to the adolescent participants. Analysis of the distribution of scores revealed that the majority of students fell within the average range, with only a small proportion achieving high life skills scores and some scoring low. These findings highlight the overall need to incorporate a structured life skills training program into the curriculum for all students, regardless of medium of instruction. T-test results showed that there was a significant difference in life skills between high school adolescents with different mediums of instruction, and those who were educated in Tamil had comparatively better life skills than those who were educated in English.

In an attempt to assess the level of Life Skills among adolescents residing in Child Care Institutions (CCIs) in Meghalaya, **Wahlang et.al (2022)** conducted a study. In this study, a descriptive survey method was used and a sample of 200 adolescents between the ages of 11 and 18 was randomly selected based on a simple random technique. Data was collected using the Life Skills Assessment Scale developed by Radhakrishnan Nair, R. Subasree, and Sunitha Ranjan. As a result of

the computed data, it appears that the majority of respondents (47 percent) possessed a low level of life skills, and 36 percent of adolescents were observed to possess an average level of life skills, whereas 16 percent of adolescents were found to possess very low levels of life skills and one percent of respondents possessed highly high levels of life skills. In addition, significant differences were found between male and female respondents regarding their life skills, with male adolescences demonstrating a higher level of life skills than their female counterparts.

Renu (2023) examines the significance of life skills in adolescents based on their gender and place of residence in a study on significance of life skills among adolescents. The study sample included 80 Intermediate studying adolescent boys and girls randomly selected from the Sonipat district. The results indicate that adolescents have an average level of life skills. Among students living in rural and urban areas, significant differences have been observed in skills such as creative thinking, effective communication, problem solving, interpersonal skills, empathy, and coping with stress. Also, it is evident that despite the fact that the t' value of the mean life score of boys and girls is not statistically significant, the mean life score of girls is higher than that of boys.

A study by **Bala et al. (2024)** regarding 'Life skills of senior secondary school students' aims to determine whether there is a relationship between life skills and academic achievement among senior secondary school students in Sonapat District. A descriptive survey method was used in the present study. It was conducted on a sample of 100 senior secondary school students. The researchers collected data using the Life Skills Assessment scale (2014) by Nair, Subasree and Sunitha. Analysis of the data was conducted using percentage, Pearson's Product Moment Correlation, mean, standard deviation, and the t-test. As a result of the study, nearly half of the students in senior secondary schools possessed average life skills as well as an average level of academic achievement. Students of senior secondary schools showed a significant positive relationship between life skills and academic achievement. When it comes to life skills, boys were found to have a higher level of proficiency than girls in senior secondary schools. With regard to academic

achievement, girls performed better than boys in senior secondary schools. Both boys and girls differed significantly in their life skills and academic achievement.

Thippeswamy et al. (2025) conducted a descriptive study to assess life skills among school-going adolescents in South India. The study was conducted in two settings, namely rural and urban areas of the Udupi District in Karnataka. The study population included 8th and 9th grade students attending two urban schools and eight rural schools of the Udupi District. The study population consisted of 594 students representing two urban schools and eight rural schools based on the male to female ratio and the medium of instruction. Schools were selected based on the administration's willingness to participate. Schools were selected based on their medium of instruction, with equal representation of male and female students. For the sampling procedure, stratified random sampling was used to ensure that domicile, gender, and medium of instruction were equally represented. The data was collected using a semi-structured data sheet and a Life Skills Scale. All participants and their parents provided written informed consent. Anonymity and confidentiality were assured to participants. Participants were informed that they could withdraw from the study at any time. Results indicate that 48% of the adolescents had a moderate level of life skills, 29% had a high level of life skills, and 23% had a low level of life skills. Compared to male students, female students possessed a higher level of life skills, social skills, emotional skills, and think skills, while male students possessed a higher level of think skills. There is a tendency for female students to cope with stress more effectively than male students [$p=.001$]. The interpersonal relationships and critical thinking life skills of male students were better than those of female students ($P = .001$).

Synthesis of Studies on Life Skills

Across the reviewed literature, a consistent pattern emerges: adolescents in India and other countries generally demonstrate average or moderate levels of life skills, with significant variations based on gender, location, educational context and socio-cultural influences. Early conceptual studies emphasise the foundational importance of integrating life skills into formal curricula, highlighting their role in

addressing adolescent challenges such as reproductive health, substance use and emotional regulation (Augustine, 2010; Nair, 2010). Many empirical investigations reinforce that life skills develop through meaningful interaction, experiential learning and culturally grounded pedagogies (Nair & Paul, 2010; Rani, 2010). Quantitative studies repeatedly show that most adolescents possess average or below-average life skills, whether in India (Jayachandran, 2014; Mathew & Jose, 2018; Rawat & Singh, 2018; Dey et al., 2022), other Asian contexts (Mofrad et al., 2013), or Meghalaya specifically (Nongrum, 2013; Wahlang et al., 2022). Several studies also identify gender differences, though findings are mixed: female adolescents frequently display higher emotional, social or cognitive life skills (Rani & Neeraj, 2020; Meenu & Rani, 2021; Dey et al., 2022; Thippeswamy et al., 2025), while some studies report higher male performance in specific domains like physical fitness or interpersonal relationships (Mofrad et al., 2013; Wahlang et al., 2022). Location-based disparities also emerge, with urban students often performing better than rural peers (Nongrum, 2013; Mathew & Jose, 2018), though some studies show the opposite depending on context or language of instruction (Sudha & Mythili, 2022). A number of studies also indicate that life skills correlate positively with self-esteem (Lokeswari & Anurudh, 2017) and academic achievement (Bala et al., 2024), reinforcing their significance for holistic adolescent development. Reviews and international comparisons show that life skills are delivered through multiple platforms including schools, sports, health programmes and behavioural interventions and that priorities differ between developed and developing countries (Nasheed et al., 2018). Overall, the synthesis of these studies illustrates that while awareness of life skills is widespread, their practical application remains limited, and gaps persist across gender, locality, socioeconomic status and school type. Collectively, the research underscores the need for structured, culturally relevant, and gender-responsive life skills education, embedded within the school curriculum and supported by interactive pedagogical methods that empower adolescents to navigate personal, social and academic challenges effectively.

2.2 Studies on relevance and effectiveness of Life skills education

Life Skills Education (LSE) has increasingly gained global and national attention as an essential component of school curricula, particularly in societies where young people face complex emotional, social, and academic pressures. As education systems shift from purely academic models toward more holistic approaches, researchers have examined how life skills such as decision-making, problem-solving, communication, and emotional regulation contribute to students' overall development and long-term well-being. The growing body of literature underscores that LSE is not only relevant to enhancing students' personal and social competencies but also plays a critical role in strengthening mental health, improving resilience, and promoting positive behavioral outcomes. This section reviews key studies that explore the importance and effectiveness of LSE, highlighting evidence on how such programmes shape student growth, support classroom functioning, and prepare young people to navigate real-world challenges.

In **Thurston's (2002)** evaluation of a life skill management program delivered by a collaboration between education and non-education agencies, it was shown that the program affected the attitudes and behaviors of participants.

A study by **Weichold et al. (2002)** examined the effectiveness of a life skills programme on alcohol consumption, life skills, knowledge, and school bonding among young adolescents. Based on the assumption that life skills programmes may address adolescent girls' needs better than those of boys, the study focused on the moderating role of gender. Over a three-year period, a universal school-based life skills program was implemented and evaluated among early adolescents. The evaluation revealed that female participants exhibited significant improvements in effective group communication skills and self-confidence, whereas male participants did not show these specific gains. Apart from these outcomes, no other program effects were moderated by gender, indicating that the intervention produced comparable benefits for both boys and girls across other life skill domains. Thus, despite the absence of gender-specific components, the program was broadly successful for both sexes during early adolescence.

A study by **Tuttle et al. (2006)** examined the effects of Positive Adolescent Life Skills (PALS) Training on high-risk adolescents. A total of 16 adolescents between the ages of 12 and 16 were included in the study. The results of the interviews conducted following the intervention group indicated that participants had found the PALS intervention to be both relevant and beneficial. As a result of the PALS intervention, adolescents demonstrated greater clarity regarding group purposes, provided specific examples of the learning process, and described sessions on drug, alcohol, assertiveness, and role playing, as well as cited positive feedback from peers, family, and teachers regarding the use of skills acquired in the group. The PALS program enhanced the skills of the teens and enabled them to understand the benefits of the program.

In a study conducted by **Yadav & Igbal (2009)**, 60 students aged 15 to 17 years were assessed for their life skills. Before and after the 5 Month Life Skills Training program, the Self Esteem Inventory, Adjustment Inventory, and Empathy Quotient were administered. A significant difference was found between the pre- and post-test scores on self-esteem, empathy, emotional adjustment, and educational adjustment, whereas no significant difference was found in social adjustment. Through the development of life skills, adolescents' attitudes, thoughts, and behaviors are positively influenced.

Singh (2010) evaluated the National Institute of Open Schooling's (NIOS) pilot initiative to integrate life skills training into its curriculum under the study "Life Skills for Enhancing Excellence in Education and Life Long Learning." According to Singh, the first step involved embedding life skills alongside adolescent reproductive and sexual health topics within existing subject frameworks. Following a curriculum appraisal to identify gaps and opportunities for life skills integration, the second step was to sensitize lesson writers to adolescents' concerns and equip them with the pedagogical understanding and resources needed to develop lessons that adopt a life skills approach. Singh argues that this two-step strategy curriculum review followed by capacity-building of content developers has established a strong foundation for scaling up life skills education within open schooling. Given the innovative integration of life skills and adolescent health issues at the curriculum-design stage,

Singh's approach is both timely and commendable, offering valuable lessons for similar educational reforms.

The purpose of the study conducted by **Bharath & Kumar (2010)** was to determine whether there was a difference between adolescents who were part of the LSE program (NIMHANS model) and those who were not. There was significant improvement in self-esteem, perception of adequate coping, and overall adjustment, particularly with teachers, at school, and in terms of prosocial behavior, among adolescents in the program. Psychopathology and adjustment at home and with peers did not differ between the two groups. A random sample of 100 life skill educators and teachers also observed positive changes in students' classroom behavior and interaction during the program. Using the tools that the school and instructors have available, integrating LSE into a school mental health program is thought to be a successful way to empower teenagers.

In the study "Innovative Methods of Life Skill Training Programme," **Bhave (2010)** states that the study is predicated on the life skills training she provided to the students. To lower the number of risk factors, Bhave's training team has created life skills training programs for teenagers and young adults. According to the author's report, the students have profited tremendously from the life skills training program in addressing concerns including HIV/AIDS prevention, sex-related risk behaviour prevention, and holistic prevention of lifestyle-related disorders.

Galagali (2010) in the study titled "Adolescent Life Skills Education Programme: The Bangalore Experience" that was based on an intervention program ran in Bangalore to better understand how life skills education affected teenagers. According to the author, life skills education gives teenagers the information and abilities they need to mature, deal with life's obstacles, and manage dangerous circumstances when they come along. Furthermore, teaching life skills helps to foster a positive atmosphere in the community and at school.

Mariachelvi & Jayapoorani (2010) conducted an action research study among street children in Coimbatore to investigate the impact of life skills training. A study shows that life skills training has had a significant impact on the lives of

adolescents who have participated in the program. The training had a notable impact on children's knowledge of how to treat minor injuries and illnesses, as well as their knowledge of personal hygiene and sanitation. As a result of this action research, it has been demonstrated that providing life skills training to children according to their needs can have a positive impact and can result in behavior modification.

In their article entitled "Life Skill Education and its Importance for Juveniles in Conflict with Law", **Rao et al. (2010)** analyze the importance of life skills education (LSE) for modifying the behavior of juvenile delinquents. According to the study, juveniles in government institutions are no different from children at home apart from the fact that timely intervention allows them to regain access to the mainstream from where they may begin a new life. A life skill education program is an effective tool that not only educates but also shapes a juvenile's personality and orients him or her towards a positive lifestyle through positive reinforcement.

Sheppard & Unsworth (2010) examined the effectiveness of a short-term educational residential program in improving the skills of everyday activity in adolescents, as well as the effect it had on self-determination among the participants. Findings from a single-group, quasi-experimental study with three data collection points revealed significant improvements in participants' skills, showing large effect sizes at both post-program and three-month follow-up. While self-determination scores also increased significantly with a small effect size immediately after the program and a moderate effect size at follow-up the specific skills required did not show equivalent levels of improvement.

A study conducted by **Akbar Mohammadi (2011)** examined the effects of life skills training on Tabriz High School students' satisfaction with their lives. In this research, the effect of life skills training on the satisfaction of Tabriz high school students with their lives in Iran was investigated. This study examined the statistical society of female students in zone 2 of the Tabriz Education Office. One of the high schools in this society was chosen as the sample due to its large population and the presence of behavioral problems. Out of the 60 students in this group that volunteered to complete the training course and shared comparable demographic

traits, 24 were chosen. After that, they were divided into two groups of witnesses and examinees at random. Pre- and post-tests were conducted with the control group in this study. A questionnaire measuring life satisfaction was used as the research tool. Based on the results of the study, there is a 95% confidence level that life skills training increases high school students' satisfaction with their lives.

A study conducted by **Roodbari et al. (2013)** investigated the effects of life skills training on social development and emotional and social compatibility among female students in the first grade of high school in Neka city. It was an experimental study with a pre-test and post-test design with a control group. Among the 30 subjects randomly selected from the statistical population of the study, 15 subjects each were selected for the experimental and control groups. Life skills were taught to the experimental group in a series of ten sessions, each lasting two hours. This research used the social development questionnaires of Alice Witsman and the high school students' adjustment questionnaires of Sinha and Singh (1993). An independent sample and multivariable variance analysis (MANOVA) were used to analyze the data after calculating the pre and post test scores for both groups. Statistical analyses revealed that life skills training is likely to have a positive effect on social development, emotional and social adjustment. In other words, life skills training programs are effective in enhancing students' ability to adjust emotionally, socially, and develop socially.

Ndirangu & Wango (2013) conducted a study to assess whether gender has any impact on the implementation of life skills education and the results indicate that gender-responsive teaching of life skills is recommended. The majority of gender-sensitive issues are difficult to address by teachers of the opposite sex, as students are shy to ask them. The result also showed that 50 percent of the male teachers and 30 percent of the female teachers stated that life skills help students of both genders to handle life challenges; 42.5 percent of boys and only 15 percent of girls are able to concentrate more on their goals; and 45 percent of girls and 27 percent of boys are able to improve their problem-solving abilities. Additionally, the study shows that life skills help students develop interpersonal relationship skills, become more

optimistic, and learn how to socialize with their opposite sex. Overall, life skills lessons have benefitted students of both genders.

A study conducted by **Naved et al. (2014)** examined the effects of life skill training on self-esteem among high school students. A total of sixty (60) female students participated in this study. The students were chosen from Tehran, Iran's five distinct schools. After then, the individuals were split into experimental and control groups at random. There were 30 subjects in each group. The subjects ranged in age from 14 to 17 years old. Self-Esteem was measured before and after life skills training in the experimental and control groups. Coppersmith's self-esteem inventory (1981) was used to measure self-esteem. There were a number of dimensions included in this inventory, including general, social, school, academic, and parent. An analysis of covariance (ANCOVA) was used to examine the data. The ANCOVA revealed a significant difference in the post-condition between the two groups. Furthermore, the study's findings showed that general social skills enhance students' social competence in a variety of domains, including meeting new people, overcoming shyness, communicating effectively, and forming wholesome friendships. Additionally, this training helped individuals become more self-assured and self-sufficient in their everyday interactions.

In an effort to determine the effectiveness of life skills interventions, **Pujar & Bailur (2014)** conducted research on 120 female high school adolescents between the ages of 13 and 15 in India. A pre-test was administered to the adolescents in order to assess their life skills. A three-month life skills intervention was provided to them for two days per week, followed by a post-test after a month. In this way, the adolescents were provided with ample opportunities to put what they had learned into practice in a real-life setting. Study findings revealed significant differences between pre- and post-test scores for problem-solving, empathy, and coping with stress. In spite of this, the post-test scores in critical and creative thinking were not significantly different. A life skills intervention has demonstrated that the respondents are able to solve problems more effectively, cope with stress better, and have a deeper understanding of others as a result of the intervention. It means that

they are able to understand someone else's feelings if they imagine themselves in their position.

Deshmukh (2014) conducted a study to assess the impact of life skills training on the emotional, educational, and social adjustment of students. The study employed a simple random sampling technique to select 69 Class X students from a private management school in Navi Mumbai. The Adjustment Inventory for School Students (AISS), developed by A.K.P. Sinha and R.P. Singh (1995), was used as the primary tool to measure students' levels of adjustment across the three domains. A paired *t*-test, conducted using SPSS, revealed significant differences in the emotional, educational, and social adjustment mean scores of the intervention group before and after the training. The findings indicated that life skills training particularly in areas such as effective communication, anger management, self-esteem enhancement, and problem-solving positively contributed to the students' overall adjustment.

Sadr-Mohammadi et al. (2014) examined whether teaching life skills improved students' subjective well-being (SWB). In this study, a pre-test and post-test were used along with a control group as a method of experimentation. A total of 148 students were administered Molavi's SWB questionnaires. The second stage of the study involved randomly selecting 30 students and dividing them into two groups: experimental (15 subjects) and control (15 subjects). A life skills training program was then conducted for the test group. The control group received no intervention. Dispersion, frequency, percentage, and central tendency indicators were employed when processing data at the descriptive level. The independent variables were analysed using a student's *t*-test. The findings indicated that life skills training had the greatest positive impact on students' subjective well-being.

Susan & Suprabha (2014) examined the relevance of imparting life skills to children with special needs. Children with developmental disabilities were the subject of the study, and the authors concluded that special attention should be given to these children in order to mainstream them. Every child should be familiar with the dos and don'ts of managing children with special needs in the classroom, as well

as with specific life skills that will enable them to function in their everyday lives. The study also emphasized the significance of making life skills a required part of pre-service teacher education programs.

Soumyashree (2014) studied the impact of life skills training on emotional maturity in college students. This study aimed to compare the effects of life skills training on emotional maturity in boys and girls and ascertain the impacts of life skills training on emotional maturity among pre-university students. In this study, 60 pre-university students (30 boys and 30 girls) were randomly selected from a private college. In order to collect the data, the emotional maturity scale developed by Yashvir Singh and Mahesh Bharagava (1994) was used, as well as pre and post-tests to analyze the results. The data was analyzed using statistical techniques, including mean, standard deviation, mean difference, and t-test. The study's findings demonstrated that male and female students differ significantly in their emotional maturity.

Singh R (2014) explored the importance of life skill education in the development of entrepreneurship by using a pretested questionnaire schedule distributed to selected entrepreneurs to determine if life skill education is useful in the process of entrepreneurship development. According to the study's findings, the many talents taught in life skills education are seen to be highly effective in running enterprises and directly contribute to the growth of entrepreneurship.

Vernofaderani (2014) conducted a study to examine the effectiveness of life skills training in enhancing the self-esteem of hearing-impaired students in an inclusive school titled 'The Effectiveness of Life Skills Training on Enhancing the Self-Esteem of Hearing-Impaired Students in Inclusive Schools'. A total of 54 students with hearing impairments from inclusive schools were included in the study. Randomly, 27 students were divided into an experimental and a control group. The Coopersmith Self-esteem Inventory (1981) was used to measure the level of self-esteem among students. A Persian version of Coopersmith's Self-Esteem Inventory (SEI) was used to measure self-esteem. In the study, the experimental and control groups had different mean scores in the pre-test situation, but the experimental

group's mean scores increased in the post-test situation. Compared to the control group, the experimental group showed a greater increase in self-esteem. It was found that life skills training can improve the self-esteem of hearing-impaired students.

Parvathy and Pillai (2015) investigated the effectiveness of life skills education (LSE) among adolescents in rural schools, aiming to assess their life skills knowledge and the impact of LSE training. The study, conducted in a coastal school in Karunagapally Taluk, Karnataka, involved 57 participants—30 in an experimental group and 27 in a delayed-intervention (experiment-delayed) group. Using a pre-post design, the researchers found that both groups had comparable socio-demographic profiles. Results indicated that LSE training significantly improved adolescents' knowledge, with the experimental group demonstrating significantly higher post-intervention scores than the delayed group ($t = 6.856, p < .05$).

Shwetha (2015) investigated the effects of life skills training on emotional maturity and stress resilience among adolescents. Employing a quasi-experimental design with pre- and post-tests, control group, and random assignment, the study involved 40 participants 20 trained girls and 20 untrained boys selected through purposive sampling from Bangalore. Participants were assessed using the Resilience Scale by Wagnild and Young and the Emotional Maturity Scale by Singh and Bhargava. The findings revealed a significant difference between the experimental and control groups, with the trained group exhibiting higher levels of emotional maturity and resilience compared to their untrained counterparts.

Veiseh et al. (2015) conducted a study on "Determining the Impact of Life Skills Training on Emotional, Spiritual, and Happiness Intelligence of High School and Pre-University Students." The study involved a pre- and post-test pilot project, as well as a control group. In the experimental group, life skills were taught in 12 sessions lasting one to five hours each, while the control group was engaged in normal activities. Pre- and post-test data were collected using the Oxford Happiness Questionnaire, Bar-On Emotional Quotient and Spiritual Intelligence Inventory prepared by Naseri (2008). There were 97 statements in the test, which measured four factors: transcendental consciousness, spiritual experiences, patience, and

forgiveness. Life skills training has been found to significantly increase emotional intelligence and its components, including stress management, interpersonal skills, general mood, adaptability, and intrapersonal dimension. Students' spiritual and emotional intelligence has been significantly enhanced by life skills training.

Sharma (2016) studied the relationship between life skills education and adolescents' happiness levels. The purpose of the study was to examine the effect of life skills education on adolescents' happiness levels. The NIMHANS life skills module was used to provide adolescents with life skills education, and the Oxford Happiness Questionnaire was used to assess their happiness level. The sample consisted of 59 adolescents between the ages of 12 and 15 from a school in Vadodara without any formal life skills training. There were 31 students in the experimental group and 28 students in the control group. The adolescents received seven days of life skills education-based training and the post-test happiness score was analyzed. In the post-test scores, there was no significant difference in the happiness levels of the experimental and control groups. Results of the post-test score of happiness level between experimental group and control group are 8.15, which is not statistically significant ($p=0.05$). Therefore, life skills education did not increase the happiness level of the experimental group.

The study **Tefera (2016)** investigated whether teaching life skills to children could help them develop healthy habits and also looked at how teaching personal, social, and communication skills to children between the ages of 10 and 24 could help them grow up healthy. The study evaluated the effectiveness of the training by asking 192 young people to rate it on a 5-point Likert scale. A key informant interview with program coordinators as well as a focus group discussion with peer educators were also carried out to collect data. It was found that people were able to improve their interpersonal, interpersonal, and social skills through the implementation of life skills training programs. It is important to learn social skills, even though they are not talked about as much as they should be. The participants of the training felt that they were able to socialize more effectively as a result of the training.

Pujar and Patil (2016) examined the impact of life skills education on the empowerment of adolescent girls in rural Karnataka, focusing on students from grades 8 and 9 in the villages of Uppinbetegeri and Amminbhavi. A total of 120 girls aged 13 to 15 were randomly selected to participate. Data were collected using a checklist assessing life skills such as problem-solving, creative thinking, critical thinking, and stress coping abilities. Pre-intervention results showed that most participants had moderate levels of creativity (55%) and empathy (76.7%), while a smaller proportion demonstrated high levels of critical thinking (7.5%), coping with stress (70.9%), and problem-solving skills (68.8%). Following the intervention, significant improvements were noted, with the majority of participants exhibiting high levels of critical thinking (94.16%), stress coping (79.12%), problem-solving (70%), creative thinking (50%), and empathy (57.5%). The findings suggest that life skills education effectively enhances key competencies among rural adolescent girls.

A study conducted by **Goyal & Jain (2016)** involved 400 adolescents, 200 boys and 200 girls, studying in a government school. Based on the results of this study, both male and female adolescents demonstrated improvement in their life skills following life skills sessions. Furthermore, it indicates that there is a significant difference between male and female adolescents in terms of their life skills, with the girls scoring better on life skills than the boys. Furthermore, the survey discovered no discernible difference in life skills between students in urban and rural areas.

Ramola et al. (2017) conducted a study on the impact of a structured Life Skills Management intervention on undergraduate medical students. A survey was conducted among first-year medical students in a government medical college. In this study, a pre-posttest design was used. A total of sixty students participated in the program. To assess the students' life skills in various dimensions before and after the intervention, a structured self-administered assessment tool was used. A Wilcoxon signed rank test was used to compare the median scores, before and after the intervention. In many aspects such as critical thinking, communication, interpersonal relationships, and dealing with stress and emotions, the median scores were 5 (IQR 3 to 6). It was observed that the maximum improvement was observed in their

knowledge of life skills following the intervention (S. IQR 2.25 to 7). The median scores for all life skills have shown statistically significant improvement ($p < 0.01$).

Ritu (2017) examined the effects of life skills training on adolescents' life styles and health concerns. A pre- and post-test design was used to assess the effectiveness of the life skills training program. Life skills training was conducted in 13 sessions on alternate days, one session per day for 60 minutes. In this study, 60 students aged between 12 and 14 years (Mean = 13.15; S. D = .78) studying in grade 8 were selected from urban localities in Rohtak City, Haryana. In post-test conditions, the subjects showed a significant improvement in their lifestyle and health. The results of this study indicate that life skills training has a positive effect on adolescents' life styles and health concerns.

A study conducted by **Sangma (2017)** examined life skills interventions for urban and rural adolescent girls living with alcoholic parents in Shillong. In this study, 194 participants met the inclusion criteria and were included in the study. In this study, adolescents in classes 6th, 7th, 8th, 9th, and 10th were selected as the sample for the study. Based on an understanding of the population and the purpose of the study, a purposeful sampling design was used. Phase I of the study was carried out using a descriptive research design as it is beneficial in identifying the demographic characteristics of participants. Phase II of the study was carried out using an experimental research design. Statistical Package for Social Sciences (SPSS) 17.0 version was used to code, classify, and analyze the collected data. An analysis of the data was conducted using descriptive statistics such as frequency and percentage, mean and standard deviation, as well as parametric tests such as Paired t-tests. This study utilized a demographic profile, the Children of Alcoholics Screening Test (CAST) developed by Pilatand Jones (1985), and the Life Skills Assessment Scale (LSAS) developed by Nair et al. (2010). Several factors have changed for most participants except for effective communication and critical thinking after intervention. Both urban and rural female adolescents showed significant improvements in life skills after intervention. This clearly illustrates the positive impact of the intervention.

Mutiso et al. (2017) studied 630 children from three institutions regarding the effectiveness of life skills. A total of 171 children were involved in Intervention Group 1 (life skills education and psycho-education), 162 children were involved in Intervention Group 2 (psycho-education), and 297 children were involved in the control group. The purpose of life skills education is to provide children with opportunities to improve their emotional and social skills. The study used a sociodemographic questionnaire developed by the researchers as well as the Youth Self-Report. Prior to the intervention, baseline assessments were conducted in this study. There was a follow-up check three, six, and nine months later. To examine differences between the intervention and control groups, least-squares linear regression was used. The results of this study suggest that teaching life skills and providing psycho-education can help children in institutions reduce their behavioral and emotional problems.

Rao (2018) examined the impact of life skills training on social competence of 160 adolescent students who scored low on the Adolescent Social Competency Scale during adolescence. Randomly, adolescents of equal gender were divided into control and experimental groups. Life skills training was provided to participants in the experimental group. The training lasted for ten sessions, followed by a post-test assessment. It was found that teaching life skills to adolescents could improve their ability to interact effectively with others, regardless of their gender. The training in life skills has been beneficial to both adolescent boys and girls equally.

A study conducted by **Duraisamy (2018)** explored whether teaching some life skills could help boys who had been physically or sexually abused feel better about themselves and do better in school. Thirty students were chosen at random and split into experimental and control groups for the experimental investigation. Following the intervention, it was discovered that the experimental group of students' academic performance and self-esteem had been much enhanced by the life skills training.

Bagul & Chaudhari (2019) examined the impact of adolescents' self-esteem on life skills training. Students at Chavara Public School of Dhule city participated in

a single group experimental design, consisting of a pre-test and post-test. Approximately 30 sessions were conducted with each group, one session per day for two hours. Self-esteem inventory by Stanley Coopersmith was used in the study. The results of the study showed that life skills training has a positive effect on self-esteem. Students have improved their self-esteem skills as a result of life skill training programmes. In addition, girls have a higher self-esteem in general and at school than boys.

A study conducted by **Tiwari et al. (2020)** assessed the effectiveness of a life skills health education program. A quasi-experimental study was conducted on 137 teenagers in city and rural schools. Based on ten domains of life skills, the World Health Organization's module on life skills training was implemented using interactive teaching-learning methods. A post-intervention assessment was conducted after six months of life skills training sessions using the life skills assessment scale. Following that, the differences in scores were measured. The results indicated that there was an improvement in life skills scores following the intervention. An increase in critical thinking, self-awareness, creative thinking, and interpersonal thinking was observed after the intervention. Additionally, in the post-intervention life skills score group, only rural areas had a statistically significant correlation with life skills according to the univariate linear regression used in this study.

Fallah et al. (2021) investigated the impact of life skills training on reducing high-risk behaviors among adolescents. The study included 100 randomly selected high school students of both genders, assigned to intervention and control groups through multistage cluster random sampling. The intervention group participated in eight weekly 45-minute group discussions over two months, with a follow-up session conducted 20 days after the final session. Results indicated a significant reduction in high-risk behaviors such as drug use, alcohol consumption, smoking, and violence in the intervention group over time, while no significant changes were noted in the control group.

As part of her study, **Kaur (2021)** examined the effect of life skills training on adolescents' suicidal behavior using a quasi-experimental research design on a sample of 970 adolescents studying in the ninth grade. A life skills training program was conducted in three phases, with a total of 30 sessions, using the following training techniques: role play, small group activities, lectures, and group discussions. It has been found to be significant effective at reducing suicidal behavior among adolescents based on the results of the study.

Bagul and Chaudhari (2021) conducted a study to examine the impact of life skills training on young adolescents' emotional competence in a sample of 50 boys and 50 girls. In this study, an experimental design was used with a pre- and post-test. Life skills training was provided to both groups. This study utilized the Emotional Competence Scale developed by Bharadwaj and Sharma. According to the results, life skill training had a positive effect on emotional competence. During the pre-test and post-test conditions, girls demonstrated greater emotional competence than boys.

Dey et al. (2022) investigated how adolescents learn important life skills and found that some of them assist them in catching up with their academic progress. The study involved students from different higher secondary schools in Madhya Pradesh, Chhattisgarh, and Bihar. Those participating in this study are between the ages of 14 and 18. According to the findings of the study, there is a significant difference between the life skill education provided to male and female students. As a result of the study, socioeconomic inequalities were identified, such as how life skills training in early adolescence affected upper middle class versus lower middle-class adolescents. As a result of the intervention, adolescent females exhibited high levels of critical thinking, stress-coping, problem-solving ability, creative thinking, and empathy. Additionally, there are significant differences between the pre-test and post-test scores of adolescent females in the areas of problem-solving, stress management, and empathy.

Synthesized Summary of Studies on the Relevance and Effectiveness of Life Skills Education

Research across diverse contexts consistently demonstrates that Life Skills Education (LSE) is a highly effective strategy for enhancing adolescents' psychosocial competencies, emotional well-being, behavioural outcomes, and overall adjustment. Early evidence from Thurston (2002) established that collaborative life skills programs positively influence young people's attitudes and behaviors. Subsequent longitudinal and gender-sensitive analyses by Weichold et al. (2002) confirmed that life skills interventions strengthen communication skills, confidence, and school bonding, with girls showing comparatively stronger gains in certain domains. Studies among high-risk groups, such as the PALS intervention by Tuttle et al. (2006), reinforced that life skills training is both relevant and impactful, helping adolescents apply skills related to assertiveness, substance refusal, and interpersonal communication in real-life settings. Similarly, experimental work by Yadav and Igbal (2009) revealed significant improvements in self-esteem, empathy, and emotional and educational adjustment, highlighting LSE's role in transforming adolescents' attitudes and behaviours.

A large body of Indian studies further affirmed LSE's value. Evaluations of the NIOS curriculum reform (Singh, 2010) demonstrated that integrating life skills into academic content strengthens adolescent-centered pedagogy. Interventions based on the NIMHANS model (Bharath & Kumar, 2010; Galagali, 2010) showed improvements in self-esteem, coping, adjustment, and prosocial behavior. Action research with street children (Mariachelvi & Jayapoorani, 2010) and juveniles in conflict with the law (Rao et al., 2010) demonstrated LSE's effectiveness in promoting health knowledge, positive behavior change, and reintegration. Multiple studies reported significant gains in students' social development, subjective well-being, and emotional regulation (Roodbari et al., 2013; Sadr-Mohammadi et al., 2014; Veisheh et al., 2015). Increases in self-esteem were documented across populations, including female adolescents (Naved et al., 2014), students with hearing impairments (Vernosfaderani, 2014), and high school girls (Goyal & Jain, 2016).

Several interventions also led to enhanced resilience, emotional maturity, and stress-coping abilities (Soumyashree, 2014; Shwetha, 2015; Pujar & Patil, 2016). Gender-responsive findings highlighted that LSE helps both boys and girls, though certain skills may improve more within specific gender groups (Ndirangu & Wango, 2013; Goyal & Jain, 2016). Rural and marginalized groups, such as adolescent girls in Karnataka (Pujar & Patil, 2016) and youth living with alcoholic parents (Sangma, 2017), showed substantial improvements in problem-solving, critical thinking, empathy, and overall life skills after training.

Studies also linked LSE to improvements in academic, emotional, social, and behavioral outcomes. Deshmukh (2014) and Ramola et al. (2017) reported enhanced emotional and educational adjustment, while Mutiso et al. (2017) found reductions in emotional and behavioral problems among institutionalized children receiving life skills and psychoeducation. Evidence from Iran, Ethiopia, and India (Mohammadi, 2011; Tefera, 2016; Parvathy & Pillai, 2015) further demonstrated LSE's effectiveness in improving life satisfaction, healthy habits, communication skills, and knowledge.

Though most findings indicate positive outcomes, some studies—such as Sharma (2016) reported no significant effect on happiness levels, suggesting that short-term LSE programs may not influence all psychological constructs equally. Across the literature, a consistent pattern emerges: Life Skills Education enhances adolescents' personal, social, emotional, cognitive, and behavioural competencies. It promotes healthier lifestyles, strengthens coping and problem-solving abilities, fosters social competence, and supports academic and interpersonal functioning. Collectively, these studies affirm LSE as a vital component in adolescent development, school mental health promotion, and empowerment across diverse populations.

2.3 Studies on Prevalence and Magnitude of Mental health problems among High school Adolescents

Research on the prevalence and magnitude of mental health problems among high school adolescents highlights the growing concern of emotional and behavioral issues in this age group. Studies indicate that stress, anxiety, depression, and other psychological challenges are common, often affecting academic performance, social interactions, and overall well-being (Eisenberg et al., 2007; Swamy et al., 2024). Understanding these patterns is essential for designing effective school-based interventions.

In its World Health Report (2002), the **World Health Organization (2001)** highlights the fact that approximately 450 million individuals worldwide suffer from mental and behavioral disorders. It is estimated that one in four families will have a member with a behavioral or mental disorder. The World Health Organization (2001) reported that, in 1990, mental disorders accounted for 10% of all DALYs (Disability Adjusted Life Years) lost due to all diseases and injuries combined. It is projected that by 2020, these disorders will have increased to 15%, up from 12% in 2000. Additionally, WHO (2004) reported that neuropsychiatric conditions are the leading cause of disability among young people in all regions. It is important to note that if untreated, their conditions adversely affect the development of children, their educational attainment, and their ability to live fulfilling and productive lives. Children with mental disorders face significant challenges due to stigma, social isolation, discrimination, and limited access to adequate health care and educational services.

According to **Gupta et al. (2001)** in their study conducted in Ludhiana, out of 957 school-going children, 142 (14.6%) scored greater than 9 points on the Rutter B scale. A similar number of sex matched children scoring less than 9 points were referred to a psychiatrist. An estimated 45.6% of children were found to exhibit behavioral problems, with 36.5% experiencing significant issues. The highest incidence of behavioral difficulties was observed among children with scholastic

underachievement, indicating that poor academic performance may serve as a valuable indicator for identifying children at risk of behavioral disorders.

A study conducted by **Malhotra et al. (2002)** in the city of Chandigarh among 963 school going children aged 4-11 years revealed that 6.33% had psychiatric disorders according to ICD-10 criteria. In the same group of students, teachers estimated a prevalence rate of 10.17%, while parents estimated a prevalence rate of 7.48%. Additionally, it was found that population studies on the prevalence of psychiatric disorders among children and adolescents in different countries of the world have reported varying rates of prevalence. There are very few studies conducted in India, and their methodologies and reported rates of disorders vary greatly.

Using the Childhood Psychopathology Measurement Schedule (CPMS), **Anita et al. (2003)** conducted a study in Rohtak city. Based on the findings of the study, the prevalence of psychiatric morbidity among 6- to 14-year-old children was estimated at 16.5% overall, with 18.3% males and 14.44% females experiencing psychiatric disorders. Children living in urban areas were more likely to have psychiatric disorders (17.5%) than those living in rural areas (15.5%). There was a statistically significant difference between children belonging to nuclear families (17.35%) and children belonging to joint families (15.58%) in terms of the prevalence of this problem. As per the findings of the researchers, it is highly imperative to begin epidemiological studies early in childhood and to conduct them longitudinally in order to develop preventive, promotional, and curative strategies.

According to the **Indian Council of Medical Research (2005)**, in its report Mental Health Research in India (Technical Monograph on ICMR Mental Health Studies), hardly any data existed on mental health problems or psychiatric disorders after independence, and ICMR conducted the first major survey of mental health issues in Agra in 1961. This study was conducted by the ICMR in four centres - Bangalore, Baroda, Kolkata, and Patiala - between 1976 and 1983. The ICMR has established five task forces and two working groups with the primary objective of initiating task-oriented operational research programmes on areas that are directly

related to mental health issues in our country, where additional knowledge would assist in reducing morbidity associated with these diseases. In this important project, the Indian Council of Medical Research conducted studies on child and adolescent mental health in hospitals, communities, and schools in both rural and urban areas of Bangalore and Lucknow, with sample groups of 2064 and 2325, respectively. In Bangalore, the prevalence rate of child and adolescent psychiatric disorders was found to be 13.4% among children aged 0-16 years and 12% among children aged 4-16 years (rural 11.9%, slum 10.6% and urban 13.5%). The rate of prevalence of psychiatric disorders among children and adolescents in the Lucknow center was 12.1%. This rate was higher among boys with 13.72% than among girls with 10.69% ($p < 0.05$). The prevalence of mental health problems in adolescents was also greater in boys, with 11.79%, than in girls, with 3.55% ($p < .01$). ICMR conducted another study on 963 children of the age group 4 - 12 years in Chandigarh and the Union Territory, which identified a prevalence rate of 9.34%, as opposed to the teachers' report of 11.23%. ICMR found that enuresis was the most frequently present problem in children, followed by behavioral and conduct problems, emotional problems, and scholastic difficulties.

Srinath et al. (2005) conducted an epidemiological study in rural and urban Bangalore areas on 2064 children and adolescents aged 0-16 years old. The results indicated that 12.5% of children aged 0-16 were suffering from mental health problems. There was a prevalence rate of 12.0% among children between the ages of 4 and 16. The prevalence rate of the disease did not differ significantly between rural and urban children. The most commonly identified mental health conditions were bedwetting (enuresis), various specific phobias, attention-related disorders (hyperkinetic disorders), speech disruptions such as stuttering, and oppositional defiant disorder.

Ahmad et al. (2006-07) conducted a study in Aligarh in 2002-03 that involved 410 students between the ages of 10 and 19 from both urban and rural schools. It was determined that the overall prevalence rate of emotional behavioral problems among male adolescent students was 17.9%, with no significant differences

between rural and urban children. According to the study of the relationship between emotional and behavioral problems and academic achievement, a significant proportion of male adolescents have behavioral and emotional problems that are often hidden and result in academic underachievement. It was suggested that acute or chronic underachievement should be considered a warning sign that mental health services should be provided as soon as possible to such students. It was further classified behavioral and emotional problems in children and adolescents into two major domains of dysfunction externalizing behaviors and internalizing behaviors. The externalizing behaviors are characterized by impulsivity, aggression, and antisocial behaviors, whereas the internalizing behaviors are characterized by depression, dysphoria, and anxiety.

Sharan et al. (2007) reported that suicide accounted for one quarter of deaths among boys and between half and three quarters of deaths among girls aged 10-19. It was observed that most countries outside of Europe and the Americas do not have a system of mental health services available to children and adolescents. The majority of general hospitals in developing countries lack beds for children and adolescents with mental health problems. School-based mental health consultation services are insufficiently developed in both developing and developed countries. Moreover, the absence of specialized training in child mental health limits the ability of developing nations to fully utilize professionals from fields such as social work, psychology, and education in addressing the mental health needs of children and adolescents. Considering that 80% of children and adolescents worldwide live in developing countries (for example, more than a third of the population of India), there is an urgent need to develop Mental Health resources in these countries. It was noted in the editorial that, despite the fact that mental health needs of children and adolescents are often discussed, the development of policies to support these needs is woefully inadequate at the present time. The mental health services provided to children and adolescents have proven to be particularly vulnerable to system changes and easy targets for budget cuts.

As reported by **Knopf et al. (2008)**, data from the 2004 National Health Information System (NHIS) revealed that 11.6% of adolescents aged 12-17 years had

behavioral or mental health difficulties as rated by their parents with a modified version of the Strengths and Difficulties Questionnaire (SDQ). A higher percentage of male adolescents had these Mental Health difficulties than their female peers (12.3% compared to 10.9%); low-income adolescents had a higher rate than high-income adolescents (17.9% compared to 8.0%).

Prakash et al. (2008) conducted a study on 'Child and Behavior: A School Based Study' in Delhi with 50 children between the ages of 6 and 14 years, who were randomly selected and used Child Behavior Checklist for the study. According to the study, 21 (42%) children scored above the cut-off. According to the CBCL, the mean score was 43.3. The most common behavior problems showed by 62% of the subjects were "cannot sit still, restless, hyperactive". "Too concerned with neatness or cleanliness", "self-conscious or easily embarrassed" and "feels she has to be perfect" are common behaviors among female children. Inability to concentrate, not feeling guilty after misbehaving, and restless are some of his symptoms. Study findings revealed that male children had more internalizing behavior problems than externalizing ones based on the analysis of pattern of distribution of behaviors in the subjects. Despite the fact that behaviors problems in children are on the rise, the literature available points out the inadequacy of diagnostic methods, research criteria, treatment modalities, and psychosocial interventions.

In a study conducted by **Bansal et al. (2011)** in Bhatinda (Punjab), 20.2% of the school-going adolescents under study in the age range of 10 - 15 had psychiatric morbidity. The prevalence rate was higher (28.6%) among 13-14-year-olds. In terms of prevalence, no significant differences were observed between males and females, or between children from joint and nuclear families. In the study, the researchers concluded that the number of reported cases of psychiatric problems in children is only the tip of the iceberg. A large number of unreported cases remains unreported. To understand childhood and adolescent disorders' natural history, it is imperative to conduct epidemiological surveys more frequently and follow them longitudinally. Integrating mental health into general healthcare systems is essential, along with ensuring broad-based media outreach, collaboration with other healthcare

professionals, the provision of community-based services, and active involvement of education sector professionals.

Pathak et al. (2011) conducted a school-based cross-sectional study in Chandigarh among 1150 adolescents in 12-to-18-year-old age group attending 10 co-educational schools (government and private). As part of the assessment, the Youth Self-Report (2001) questionnaire was used to determine behavioral and emotional problems. Behavioral and emotional problems were observed in approximately 30% of adolescents. Compared to boys (27.5%), adolescent girls had a higher prevalence of behavioral/emotional problems (33.7%). As for prevalence, boys show a peak around 14-15 years of age followed by a steady decline to 26.3% by 18-19, but girls show a continuous rise with age, with 43% having problems by 18-19. The strongest predictor was a perceived lack of emotional closeness with the mother, which showed the highest odds ratio (3.489), followed by paternal substance abuse (2.642) and parental marital conflict (1.402). There was no significant association between school type, type of family, socioeconomic status, father-daughter relationship, and mother's employment or education status.

A study conducted by **Reddy et al. (2011)** assessed the mental health of Indian adolescents studying in urban schools using the SDQ questionnaire in three schools in Bangalore for adolescents aged 11-16 years old. They found that 10.36% of those adolescents suffered from definite to severe difficulties. The number of abnormal scores was higher among female students (10.2%) than among male students (8.2%). There were 12.4% with emotional problems, 16.7% with conduct problems, 12.1% with hyperactivity problems, 6.2% with peer problems, and 4.4% with pro-social problems. Female students had more emotional problems and male students had more conduct problems. The study indicates that mental health issues are widespread among adolescents in India. Early identification and timely intervention are essential for promoting the holistic development of the country's future citizens.

The study 'Early Adolescent: Emotional and Behavioural Problem' was done by **Rama Rao & Raju (2012)**. In this study, demographic variables such as gender, medium, and type of school were examined in relation to emotional and behavioural problems among early adolescents studying in high schools. The study included 343 students (boys: 162; girls: 181) in Srikakulam District of Andhra Pradesh. An Achenbach Youth Self-Report (YSR) was used for the study. Using t-tests, one-way ANOVAs, post-hoc tests, and multiple correlations, the data were collected and analysed. Based on the results, students in the 10th standard were experiencing emotional and behavioural difficulties. Furthermore, boys had a greater number of emotional problems than girls. There is a strong correlation between emotional problems and behavioural problems among adolescents.

The study conducted by **Saleem et al. (2012)** in Lahore (Pakistan) examined the relationship between emotional and behavioral problems and adolescents' academic performance. The regression analysis of the study revealed that emotional and behavioral problems were a strong predictor of poor school performance ($p < .001$). In addition to academic problems and withdrawal, feelings of rejection play a significant role in poor school performance. As cited in the study as well, Reid et al. (2004) found that children suffering from serious emotional and behavioral disturbances achieved significantly less in academics than their peers without such difficulties. Researchers found that adolescents with emotional and behavioral problems need to be identified early and timely in order to prevent adverse consequences.

Arumugam et al. (2013) conducted another study in Royapet, Chennai, using the PSC-Y questionnaire for 478 students aged 10 to 17 years from four different schools. The overall prevalence of mental health problems was 14% in this study. A study found that 16% of participants had attention deficits, 20.7% had internalizing problems, 7% had externalizing problems, and 26% had suicidal thoughts. In the study, more mental health issues (77.6%) were reported among the 10- to 14-year-old group than in the higher age group, which is statistically significant.

Sarda et al. (2013) conducted a school-based study in Hapur, Western Uttar Pradesh, in order to assess the overall severity of psychiatric disorders among school going students. The study found that 11.48 percent of the population suffers from a psychiatric disorder. It was not found that there was a significant difference in prevalence between male and female students, as well as between middle class urban and rural children. The researchers concluded that the epidemiologists need to move beyond their current opinion in order to develop collaborations with colleagues involved in preventing mental illness as well as social policy analysts, who are currently at the forefront of developing, implementing, and evaluating interventions related to mental illness prevention.

An investigation was conducted by **Vijayprakash et al. (2013)** on the prevalence of 'behavior problems among school-going children and their demographic correlates' in rural and urban Mysore. According to the study, 33.24 percent of the students had mild behavioral problems, 4.18 percent had moderate behavior problems, and 0.001 percent had severe behavior problems. It was found that internalizing problem behavior was greater than externalizing problem behavior in a dichotomized domain-item analysis.

Srinivasan et al. (2014) conducted a study between July and October 2013 among 500 school-going children aged 13-16 years old in Chennai, examining how working and non-working mothers affect adolescent behavior. It was found that 17.0% of the students rated abnormal scores as having overall mental health problems. There were 22.6% of children who had conduct problems, 12.8% who had peer problems, 12.0% who had hyperactivity problems, and 12.4% who had pro-social problems. The study highlights the high prevalence of mental health issues among adolescents in India and emphasizes that early detection and effective intervention are vital for ensuring the healthy and holistic development of the nation's future generations.

A study conducted by **Sharma et al. (2014)** in Dehradun in 2011-12 examined the prevalence of psychosocial problems among adolescents in urban and rural areas. In the study, the overall prevalence of psychosocial problems was

40.5%, with 34.5% in rural areas and 46.5% in urban areas. In males, it was 48.1%, while in females, it was 26.5%. Depression was the most prevalent psychosocial problem among adolescent females (21.5%), followed by educational difficulties (14.0%) and substance abuse (0.0%). Substance abuse was the most common psychosocial problem among adolescent males (27.0%), followed by educational difficulties (27.0%), and anxiety was the least common problem (12.0%). Adolescent males were found to have higher rates of anxiety, conduct disorder, and educational difficulties in addition to depression. There was a statistically significant difference between males and females with or without psychosocial problems. The overall problems per subject (with psycho-social problems) were 1.93 and were higher in males (3.3) than females (1.0). According to the present study, educational difficulties were the most prevalent psychosocial problem among adolescents (20.5%). Adolescents in rural areas were more likely to experience anxiety and conduct disorders (11% & 13.0%, respectively), while adolescents in urban areas were more likely to experience depression, educational difficulties and substance abuse (26.0%, 24.0% & 23.5%, respectively). A statistically significant difference was found between adolescents living in rural and urban areas with or without psychosocial problems. Based on the results of the study, the psychosocial health status of male adolescents was poorer than that of female adolescents regardless of where they resided. There is a great need for timely intervention to preserve the psychosocial health of this group of adolescents who seem to be doing well on the surface.

A review study and meta-analysis conducted by **Malhotra et al. (2014)** reviewed 16 community-based studies involving 14594 children and adolescents, as well as 7 school-based studies involving 5687 children and adolescents. According to their study titled “Prevalence of Child and Adolescent Psychiatric Disorders in India: A Systematic Review and Meta Analysis”, 6.46 percent of mental health disorders in children and adolescents were found in community-based studies, and 23.33 percent in school-based studies. Psychiatric disorders in children are not adequately reported, according to the study; however, in a country such as India, where people are less aware of mental health problems, only patients with major mental illnesses

receive treatment, while those with minor mental disorders remain undiagnosed and untreated in the community.

In the study conducted by **Banerjee et al. (2015)**, the behavior abnormalities of children living in disturbed areas with persistent political violence were compared with those living under standard conditions living under disturbed areas using the SDQ among school-age children between the ages of 11 and 17. It was found that 17.5% of the children scored abnormally on the SDQ.

Molly & Nisha (2015) conducted a study on the challenges adolescents face in the Indian context. This study was conducted in order to identify the various challenges faced by adolescent girls in the current environment. Through simple random sampling techniques, 600 adolescents' girls enrolled in plus one levels of 15 higher secondary schools in the Malappuram district were selected as a sample for this study. In order to collect data from the respondents, the investigators created an inventory on the challenges facing adolescents' girls. As a result of the analysis of the data, adolescent girls experience a variety of challenges related to gender discrimination, gender role perception, conflict of emotions, safety concerns and a lack of role models, peer pressure, confusion regarding interpersonal relationships, inability to accept bodily changes, menstrual hygiene, reproductive health, curiosities about sex and sexuality, choices of career, and the use of information and communication technologies. Among these challenges, girls are most concerned about safety.

According to **Kaur et al. (2015)**, a study conducted among 500 children in Faridkot attending classes six to twelve showed that 16.8% of the children had psychiatric disorders. The disorder was found to be most prevalent in adolescents between the ages of 13 and 16. There was a significant difference in prevalence rates between male and female students, with males having more (73.81%) than females (26.19%), while the difference in morbidity was not significant between children from urban and rural areas. Children from nuclear families were found to have a higher rate of psychiatric disorders (76.19%) than those from joint families, and the difference was statistically significant. This study has implications for clinical

training, practice, and policy. It is essential that mental health is integrated into general health care, that mass media is effectively covered, that networking is established between mental health professionals and other health professionals, and that community-based health services are provided with the involvement of professionals from the education sector.

As part of their study, **Arif & Shahid (2016)** assessed the mental health status of tribal school-going adolescents in Ranchi, Jharkhand. The study employed a cross-sectional descriptive design. The schools were selected purposively from rural areas of Ranchi district, Jharkhand. A socio-demographic data sheet was administered to respondents, as well as the Strengths and Difficulties Questionnaire (SDQ). For the purpose of selecting tribal students, a random sampling technique was employed. In total, 780 male students participated in the study. According to the study, 5.12% of tribal students reported emotional symptoms, 9.61% reported conduct problems, 4.23% reported hyperactivity, and 1.41% reported significant peer problems.

Mohammad (2017) examined various factors associated with drug and alcohol addiction amongst students in Pune, India. It was an exploratory study. Using a systematic random sampling method, structured questionnaires were used to collect primary information from teachers in selected schools and addicted students. The study was conducted using the survey method. A total of 106 teachers and 122 students with substance use issues were randomly selected from 24 schools across various suburbs of Pune city. Teachers were interviewed to gather reliable information regarding student addiction and the measures taken to address it. The findings revealed a high prevalence of drug abuse among students, with significant adverse impacts on their psychological well-being. Moreover, the study highlighted that teachers encounter considerable challenges in counseling addicted students, primarily due to the lack of parental involvement.

De Souza (2017) conducted a study on adolescents and risky behavior. Study respondents consisted of 200 college students selected using convenient sampling from three colleges in Goa, with 100 boys and 100 girls. A survey was conducted to

examine five categories of risky behaviors, including substance abuse, unsafe sexual activity, risky online behavior, nightlife, and body arts. The study, having identified adolescents involved in harmful, unsafe, and unhealthy behaviours, recommends that schools and colleges implement mandatory, need-based educational programs tailored to address these issues. An emphasis on awareness, situational effects, short-term and long-term consequences, and peer culture is complemented by a preventive approach to teaching skills to deal with challenges, exercise self-control, set meaningful life goals, understand the importance of choice, and maintain healthy relationships is emphasized.

Chandrasekar (2024) conducted a descriptive cross-sectional questionnaire-based study on adolescents who attended school in Melmaruvathur as part of the study 'Prevalence of Mental Health Problems among School Going Adolescents in Melmaruvathur: An observational study'. There were approximately 43.4% of females and 56.6% of males among the participants in the study. There were approximately 3.0% who had very high conduct problems, 5.80% who had high conduct problems, 1.4% who had very high hyperactivity, around 1.80% who had very high emotional problems, around 7.40% who had very high peer problems, and 6.80% who had very low prosocial behavior. In terms of conduct problems, hyperactivity problems, emotional problems, peer problems, and prosocial behaviors, there were no statistically significant differences between the genders. Females received a total difficulty score of 77.52%, whereas males received a total difficulty score of 81.53%. The findings are important in several ways, including the understanding of gender-specific vulnerabilities, the development of youth mental health interventions that are more specifically targeted at youth, and the unique characteristics of the home setting.

Synthesis of Studies on the Prevalence and Magnitude of Mental Health Problems Among High School Adolescents

Collectively, the reviewed studies show that mental health problems among adolescents are widespread, multifaceted, and influenced by contextual factors such as gender, family environment, academic pressures, and socio-economic conditions.

Global data from the World Health Organization (2001, 2004) situate adolescent mental health as a major contributor to the global burden of disease, cautioning that untreated conditions impair children's development, schooling, and overall functioning. Indian studies consistently echo this concern, reporting prevalence rates ranging from 6% to more than 40%, depending on assessment tools, settings, and age groups (Anita et al., 2003; Malhotra et al., 2014; Sharma et al., 2014). Behavioral and emotional problems including conduct issues, hyperactivity, internalizing symptoms, and peer difficulties emerge as common challenges, with several studies noting higher risks among boys (ICMR, 2005; Ahmad et al., 2006–07; Kaur et al., 2015), although others report elevated emotional problems among girls (Pathak et al., 2011; Reddy et al., 2011).

Academic underperformance appears strongly associated with psychological distress, suggesting that schools are critical settings for early detection (Gupta et al., 2001; Saleem et al., 2012). Family context including lack of parental closeness, parental conflict, and substance use is also highlighted as a significant predictor of adolescent difficulties (Pathak et al., 2011). Moreover, several studies emphasize that youth in environmentally or socially stressed contexts such as areas affected by political violence or rapid urbanization face elevated risks (Banerjee et al., 2015; Sharma et al., 2014). Substance use among adolescents is another recurring concern, underscoring gaps in school-level preventive and counselling services (Mohammad, 2017; De Souza, 2017). Although prevalence rates vary, meta-analytic evidence indicates that psychiatric morbidity among school-going adolescents in India may be substantially higher in school settings than in community samples (Malhotra et al., 2014). Overall, the synthesis highlights a pressing need for systematic mental health screening, school-based interventions, strengthened family support structures, and policy-level investment, given the persistent underreporting of cases and limited availability of adolescent mental health services (Sharan et al., 2007).

2. 4 Studies related to Anxiety, Depression and Stress of high school adolescents

Studies on anxiety, depression, and stress among high school adolescents reveal that these psychological challenges are highly prevalent and significantly

impact students' academic performance, social relationships, and overall well-being. Research emphasizes the importance of early identification and intervention to promote mental health and resilience in this vulnerable age group

Deb et al. (2010) conducted a study on anxiety among high school students in India. The study examined anxiety levels among students based on gender, type of school, socio-economic background, and perceived quality time spent with parents. Findings indicated a notable prevalence of anxiety, with 20.1% of boys and 17.9% of girls experiencing high levels of anxiety. There was a greater prevalence of anxiety among boys than among girls, and those attending Bengali medium schools reported more anxiety than those attending English medium schools. There was a greater level of anxiety among adolescents belonging to the middle class (middle socioeconomic group) than among those belonging to either the high or low socioeconomic groups. It has been found that adolescents whose mothers work are more anxious. Additionally, a significant proportion of adolescents reported not receiving quality time from their fathers (32.1%) and mothers (21.3%). Moreover, a considerable number expressed discomfort in discussing personal issues with their parents 60.0% with fathers and 40.0% with mothers.

Rosa & Preethi (2012) examined the relationship between academic stress and emotional maturity among school students. The Academic Stress Scale and the Emotional Maturity Scale were administered to 240 higher secondary school students from Palakkad and Trissur districts in Kerala. It was revealed that there exists a negligible relationship between academic stress and emotional maturity in school students. As a result of the study, the researchers concluded that self-reliance and a healthy family environment contribute significantly to an individual's vital development.

In a study by **Kang et al. (2013)**, the authors identified factors affecting depression among college students, the relationship between depression and self-esteem and academic stress, as well as differences among student self-esteem, academic stress, and general characteristics and their relationship with depression among these students. The study was conducted in April 2011 with 852 students

enrolled in health-related majors in a Korean medical college (medicine, nursing science, and dental hygiene). An instrument containing 10 items from the Rosenberg Self-Esteem Scale, 20 items from the self-rating depression scale, and 22 items on academic stress was used for the study. Descriptive statistics, t-tests, one-way ANOVAs, and logistic regressions were used to analyze the data. Medical students' self-esteem scores were significantly higher than dental hygiene students' scores, but academic stress scores were the opposite. Based on logistic regression, it was found that the level of depression was significantly affected by self-esteem, academic stress, academic major and satisfaction with it (positive affect), and home income level (negative affect). In conclusion, designing and implementing realistic programmes tailored to students' academic majors in order to enhance their self-esteem and provide practical knowledge on how to deal with academic stress will assist students in achieving a healthier school life, both emotionally and academically.

In a study conducted by **Chaman et al. (2014)**, academic stress was found to be a significant influencing factor of academic achievement among students. Among the factors contributing to academic stress, there were learning difficulties, attitudes towards school, time management, exam stress, and peer relationships. It was suggested that the school should arrange the necessary environmental conditions to reduce the student's academic stress; teachers should concentrate on reducing the academic stress by capturing the individual attention of the students while handling the respective classes.

Deb et al. (2015) investigated academic stress, parental pressure, anxiety, and mental health among Indian high school students. The study surveyed 190 students from grades 11 and 12 (mean age: 16.72 years) across three government-aided and three private schools in Kolkata. Findings revealed that 63.5% of students experienced stress due to academic pressure, with no significant differences observed across gender, age, or grade level. Additionally, 66% of participants reported experiencing parental pressure to improve academic performance. The study concluded that high stress levels are prevalent among students regardless of demographic variables and that such stress adversely affects their mental health.

Prabu (2015) examined the levels of academic stress among high school students in the Namakkal district of Tamil Nadu, India, using a sample of 250 higher secondary students. The respondents were selected through the use of a simple random sampling technique. The study revealed that the high school students were experiencing moderate levels of academic stress. Students who are male have a higher level of academic stress than students who are female. There was a greater level of academic stress among urban students than among rural students. The academic stress of government school students was lower than that of private school students. Academic stress was higher among science subject students than among arts subject students.

Jayanthi and Thirunavukarasu (2015) conducted a study on 'Prevalence of Depression among School going Adolescents in South India'. A sample of 500 high school students in 9th through 12th grade was used for the study. Adolescents were administered the Beck Depression Inventory developed by Mona Baskar (2007) with a reliability score of 0.85. Data analysis was conducted using SPSS version 17.0, which is a statistical package for the social sciences. There were 280 students in the sample, 50% of whom were boys and 50% of whom were girls, ranging in age from 14 to 17. In accordance with the results of the Beck Depression Inventory, 45.7% of the adolescents were found to be moderately depressed, while only 9.3% were found to be minimally depressed. According to the study, 17-year-old adolescents in the 12th grade had moderate depression, which was statistically significant at the $p < 0.001$ level.

A study conducted by **Saeideh & Sreedevi (2017)** examined the use of the internet in relation to depression and anxiety among Indian college students. It was found that depression is a mental health problem that affects a large number of college students. Due to the active use of the Internet by college students today, there is a growing body of research investigating the association between symptoms of depression and Internet usage. The correlation analysis revealed that internet addiction was positively related to depression, anxiety, and stress. A path analysis revealed that internet addiction was positively associated with depression, anxiety,

and stress. Depression, anxiety, and stress are directly associated with internet addiction, according to research.

The study conducted by **Sharma & Pandey (2017)** found that psychological disorders such as anxiety, depression, and stress significantly increase pressure on students to perform well. Their performance is adversely affected by these factors, which results in low academic achievement. In the last decade, few studies have examined the mental health of students and their academic achievement in Chhattisgarh state. The aim of the study was to address this gap by exploring the relationship between anxiety, stress, depression, and academic achievement. A total of 120 students of the 11th standard (60 boys and 60 girls) from government schools located in rural areas of the Mahasamund district of Chhattisgarh state were randomly selected for this study. Anxiety, depression, and stress were measured using the ADSS (anxiety, depression, and stress scale). The data were analyzed using a co-relational research design. According to a hierarchical multiple regression analysis, depression and anxiety are negatively associated with academic achievement as a criterion variable. A significant and positive correlation was also found between stress and academic achievement. Based on the results of the study, it was concluded that the mental health of the students affected their academic performance.

An investigation conducted by **Kumar & Akoijam (2017)** on depression, anxiety, and stress among students in higher secondary schools in Imphal, Manipur was conducted in order to determine the prevalence of depression, anxiety, and stress among students at higher secondary schools in Imphal, as well as to examine the relationship between depression, anxiety, and stress and selected variables such as gender, standard, and religion. This was a cross-sectional study conducted among students from higher secondary schools in Imphal. A sample size of 750 was calculated. In the study, seven schools were randomly selected, and all enrolled students were included as participants. Data were collected using a structured questionnaire that incorporated the Depression Anxiety Stress Scale (DASS) along with sociodemographic information. Among the 830 valid responses, the prevalence rates for depression, anxiety, and stress were 19.5%, 24.4%, and 21.1%, respectively.

Notably, 81.6% of the students experienced at least one of the three psychological conditions, while 34.7% reported symptoms of all three. The prevalence of depression, anxiety, and stress was particularly high among female students, with statistically significant gender differences found for anxiety ($p = 0.00$) and stress ($p = 0.04$).

A study by **Pasrija & Jain (2017)** examined anxiety among secondary school students in relation to gender, locality and type of school. On a sample of 150 ninth grade students from a secondary school, a descriptive survey method has been applied. The level of anxiety among students was assessed using the Comprehensive Anxiety Test developed by A.K.P. Sinha and L.N.K. Sinha. Descriptive statistical methods, including mean, standard deviation, and t -test, were employed for data analysis. The study found no significant difference in anxiety levels among secondary school students based on gender. However, significant variations were observed in anxiety levels when analysed by students' locality and type of school attended.

Pascoe et al. (2019) reviewed all potential articles for inclusion in a study entitled "The impact of stress on students in secondary school and higher education". As part of their narrative review, articles were reviewed from all countries, assessing the impact of stress on student mental health, substance abuse, sleep, dropout rates, physical activity, or academic performance. According to this narrative review, academic-related stress is one of the greatest concerns for secondary and tertiary students. As a result of ongoing stress related to education, there has been a demonstrated negative impact on student learning capacity, academic performance, education and employment attainment, sleep quality and quantity, physical health, mental health, and substance abuse. A key target for change is to increase students' skills and abilities related to stress management.

Nag et al. (2019) conducted a cross-sectional study to investigate the prevalence of anxiety among school students in the Teliamura municipality area of Tripura. The purpose of this study is to identify the burden of anxiety among school students and to determine whether different grades of anxiety correlate with

sociodemographic characteristics. It is a cross-sectional study conducted in May and June 2016 that included 400 students from four schools in the Teliamura Municipality area of Tripura. Proportional probability sampling was used to select the required sample from each school. Students were selected using a systematic random sampling technique until the sample size was reached for each school. In order to assess the different degrees of anxiety among students, the Beck anxiety inventory was used. Most students were suffering from mild anxiety (49.4%), followed by moderate anxiety (43.3%) and severe anxiety (7.3%). The mean anxiety score among the school students was 16.90 ± 9.02 . Students with more severe anxiety (10.9%) than those with less severe anxiety (3.8%) were statistically significant. Statistically significant associations were found between different grades of anxiety and stressful events in the past six months.

Zhang et al. (2020) conducted a study to assess the prevalence of depression and anxiety symptoms among high school students in Shandong Province during the COVID-19 pandemic. Data were collected through a web-based cross-sectional survey involving 1,018 voluntary participants. The assessment tools included demographic questionnaires, the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder-7 (GAD-7), and a self-designed survey evaluating the impact of online learning. In order to explore the relationship between depression symptoms, anxiety symptoms, and the effect of the study, a correlation analysis was conducted. According to the study, the prevalence of depressive symptoms, anxiety symptoms, and a combination of depressive and anxiety symptoms was 52.4, 31.4, and 26.8% among high school students in Shandong Province during the COVID-19 epidemic, respectively. And from a moderate to severe severity level, depressive symptoms and anxious symptoms were 17.6 and 4.6%, respectively. It was found that female students exhibited higher rates and severity of mental symptoms than male students, and students in grade one senior high school had higher rates and severity of mental symptoms. Almost half of the students were dissatisfied with the effectiveness of online learning. A strong positive correlation was found between the PHQ-9 score and the GAD-7 score. A negative correlation was found between the PHQ-9 and GAD-7 scores and the study-effect survey score.

Suchma et al. (2020) conducted a cross-sectional comparative study to evaluate depression, anxiety, and stress among adolescent high school students. The study included 379 participants 120 from private schools and 259 from public schools. Data were collected using the Depression Anxiety Stress Scale (DASS), and results were expressed through proportions and mean values, with appropriate statistical analyses applied. In public schools, females comprised a higher proportion of the sample (58.3%) compared to males (42%), whereas gender representation in private schools was equal. Most students in public schools were in the tenth grade, while the majority in private schools were in the ninth grade. Among public school students, the prevalence rates were 5% for depression, 20.8% for anxiety, and 15.8% for stress. In contrast, private school students showed lower prevalence of depression (1.9%), similar levels of anxiety (20.5%), and a slightly higher stress rate (20.1%). Regarding coping mechanisms, 19% of participants reported watching television, 8.4% used the internet, 17.4% engaged in play, 13% listened to music, 37% spent time with friends, and 6% were involved in hobbies. Mean scores for depression and anxiety were comparable between the two school types; however, the mean stress score was significantly higher among public school students (21.6) compared to private school students (16.9), with statistical significance noted ($p < 0.05$).

In a study conducted by **Khongwir et al. (2020)**, depression, anxiety, and stress were evaluated among class IX-X students in a rural school in Manipur using the Depression, Anxiety and Stress Scale (DASS) questionnaire-42. The data collected was analyzed using SPSS version 21. A total of 86 students in class X and 24 students in class IX participated in the study. The average age of the participants in both classes was approximately 14 years old. As compared to Class X, students in Class IX reported higher scores for all three, but more for depression and stress ($p < 0.05$), while anxiety was statistically insignificant. It was found that 80 percent of the 110 respondents had at least one of the three disorders studied, and 28.2% had all three. Among the high school students, depression, anxiety, and stress were found to be prevalent in 47.3%, 72.7%, and 49.1%, respectively. It has been concluded that depression, anxiety, and stress are highly prevalent among high school students, especially those who have just graduated from lower grades to high school. As a

result, students must be given proper guidance at the beginning of their academic career so as to reduce the stress associated with higher classes and prevent school dropouts and disastrous events, as well as to promote their psychosocial and academic well-being.

A cross-sectional study of depression, anxiety, and stress among high school students was undertaken by **Karki et al. (2022)** with the aim of estimating the prevalence of depression, anxiety, and stress among high school students in Kathmandu, Nepal and identifying factors associated with these conditions. 453 students were randomly selected from five high schools within the Tokha Municipality of Kathmandu to participate in a cross-sectional study. To measure levels of depression, anxiety, and stress (DAS), the study employed a previously validated Nepali version of the Depression Anxiety Stress Scale (DASS-21). The overall prevalence rates were found to be 56.5% for depression (95% CI: 51.8%–61.1%), 55.6% for anxiety (95% CI: 50.9%–60.2%), and 32.9% for stress (95% CI: 28.6%–37.4%). The multivariable analysis revealed that students from nuclear families, those enrolled in science or humanities streams, those experiencing perceived academic stress, and those subjected to electronic bullying were significantly more likely to exhibit symptoms of depression. Students from science or humanities faculty, having a mother who does not have a formal education, and experiencing perceived academic stress were significantly associated with anxiety. The presence of perceived academic stress and the sex of the individual, as well as the presence of living without parents, were also significantly associated with stress.

Deb et al. (2022) conducted a cross-sectional study on mental health of school students during the Covid-19 pandemic in India in order to determine whether school students' anxiety and depression levels were associated with their background, stress, concerns, and social support during the lockdown phase of COVID-19. In this regard, the present study utilizes a novel two-stage approach. An empirical survey based on multivariate statistical analysis was conducted in the first phase, where a group of 273 school students voluntarily participated. During the second phase, a Picture Fuzzy FFA (PF-FFA) method was applied to understand the dynamics of facilitating and prohibiting factors for three categories of focus groups (FGs),

formulated on the basis of attendance in online classes. There is a significant impact of anxiety and depression on mental health, according to the findings.

A cross-sectional study was conducted by **Gupta et al. (2023)** among 812 adolescents studying in classes IX–XII in the Haripal block of the Hooghly district of West Bengal to determine the prevalence and correlates of depression, anxiety, and stress among high school students in the block. The data were collected using a pretested schedule that included a standardized depression, anxiety, and stress scale (DASS-21). According to the results, depression, anxiety, and stress are all prevalent at 52.3%, 47.4%, and 33.7%, respectively. According to subscale scores, 16.1% and 10.8% of respondents experienced extremely severe depression and anxiety, respectively. Students in the late adolescent age group (16-19 years), those with social problems within their family, and those who reported using substances exhibited these behaviors more frequently than those in other groups. A high prevalence of depression, anxiety, and stress among school students indicates a significant burden of mental illness.

Gedda Muñoz et al. (2023) conducted a quantitative, descriptive, and comparative cross-sectional study to explore the relationship between anxiety, depression, and stress levels in high school students in relation to physical activity and academic performance. The study included 443 students (48% female; mean age = 15.13 ± 1.59 years) from the Maule region of Chile. Depression, anxiety, and stress were measured using the DASS-21, while physical activity levels were assessed with the International Physical Activity Questionnaire (IPAQ). Academic performance was evaluated in language, mathematics, and overall GPA. The findings revealed that vigorous physical activity was significantly associated with a reduced risk of depression (OR = 0.504; $p = 0.017$), and high academic achievement in mathematics also appeared protective (OR = 0.597; $p = 0.027$). Significant inverse correlations were found between physical activity and anxiety ($r = -0.224$; $p = 0.000$), depression ($r = -0.224$; $p = 0.000$), and stress ($r = -0.108$; $p = 0.032$). Additionally, mathematics performance negatively correlated with depression ($r = -0.176$; $p = 0.000$). Gender differences were also observed, with females showing higher levels of anxiety, depression, and stress, as well as differences in GPA. The study

concludes that vigorous physical activity and strong performance in mathematics function as protective factors against depression in adolescents.

A study conducted by **Park et al. (2023)** on depression and anxiety symptoms, subjective well-being, and happiness among Indian high school students was used to estimate the rates of depression and anxiety symptoms in Indian adolescents, examine their relationships with indicators of wellbeing, and identify correlations between mental health and self-report measures of depressive symptoms (PHQ-9). A high level of depressive symptoms and anxiety symptoms was found in the study. The sample contained 37 percent of individuals who scored above the clinical cutoff for depressive symptoms and 30.6% of individuals who scored above the clinical cutoff for anxiety symptoms. Although measures of mental health symptoms (PHQ-9 and GAD-7) were associated with measures of wellbeing and happiness (WEMWBS and SHS), their associations were modest (Correlation < 0.45). Female students reported higher symptoms (and worse wellbeing) than male students, and older students reported higher symptoms (and worse wellbeing and happiness) than younger students.

In a cross-sectional study conducted by **Mallya et al. (2024)** among 350 adolescents aged 16 to 19 years each from urban and rural Shivamogga. In the study, it was found that depression, anxiety and stress rates in urban areas were 23.1%, 29.4%, and 26.6% respectively, while in rural areas they were 19.1%, 24.4%, and 21.1%. The prevalence of depression was greater among females in both urban and rural settings, with a statistically significant difference occurring in rural settings. In addition, anxiety and stress were more prevalent among females, with anxiety being significantly higher among females who live in urban areas. In comparison to their rural counterparts, urban adolescents displayed higher levels of depression, anxiety, and stress.

A study by **Zhang et al (2024)** examined the gender differences in mental symptoms networks of high school students in Shanghai, China, attempting to identify core symptoms and gender differences in symptoms networks among Chinese high school students using network analysis. The sample size was 3,769

high school students in Shanghai (2,206 males and 1,563 females) using a cluster sampling method. In this study, the Middle School Students Mental Health Scale (MSSMHS) was administered, and a network analysis was conducted using the R packages *bootnet* and *qgraph* to evaluate symptom network edges, centrality, and strength. A comparison of male and female networks was conducted. Symptom networks were found to be tightly connected for both genders, with 43 non-zero edges for boys (sparsity 0.04) and 39 for girls (sparsity 0.13). The core symptom for boys was depression (centrality 1.20), whereas the core symptom for girls was anxiety (centrality 1.46). It was found that boys showed a stronger link between interpersonal sensitivity and depression (edge value 0.20), while girls exhibited a stronger link between anxiety and obsessive-compulsive symptoms (edge value 0.16). There was no significant difference in overall network strength between boys (4.625) and girls (4.660), with P-values greater than 0.05 in all comparisons. The results of this study indicate that there are significant gender differences in the psychological symptom networks of Chinese high school students. Both depression and anxiety were identified as core symptoms for boys and girls, respectively. Based on these findings, gender-sensitive mental health interventions can be developed, emphasizing the need for tailored approaches based on gender-specific symptom profiles.

Synthesis of Studies on Anxiety, Depression, and Stress Among High School Adolescents

Across the reviewed literature, a consistent pattern emerges showing that anxiety, depression, and academic stress are widespread and multifactorial concerns among adolescents. Several studies highlight high prevalence rates, with anxiety often exceeding 30–50% and depression documented in substantial proportions of students in India, Nepal, China, and other countries (Deb et al., 2010; Karki et al., 2022; Zhang et al., 2020). Gender differences appear repeatedly, with girls reporting significantly higher symptoms of anxiety, depression, and stress than boys (Kumar & Akoijam, 2017; Zhang et al., 2020; Park et al., 2023). Multiple studies further demonstrate that academic stress is a major determinant of mental health, influencing

both emotional well-being and academic achievement (Rosa & Preethi, 2012; Chaman et al., 2014; Sharma & Pandey, 2017). Stress from academic pressure and parental expectations was widely reported, with some studies showing that over 60% of students experience academic pressure from parents and school environments (Deb et al., 2015; Karki et al., 2022). Environmental and contextual variables, such as school type, socio-economic status, urban–rural differences, and parental involvement, also influence adolescent mental health outcomes (Deb et al., 2010; Prabu, 2015; Suchma et al., 2020).

Across contexts, the findings underscore that psychological distress frequently co-occurs, with many adolescents experiencing overlapping symptoms of anxiety, depression, and stress (Kumar & Akoijam, 2017; Khongwir et al., 2020). Studies during and after the COVID-19 pandemic further revealed higher symptom levels linked to remote learning challenges and disrupted routines (Zhang et al., 2020; Deb et al., 2022). Additional correlates such as internet addiction, low self-esteem, substance use, and experiences of electronic bullying contribute to increased vulnerability among young people (Saeideh & Sreedevi, 2017; Karki et al., 2022; Gupta et al., 2023). Protective factors, although less frequently studied, include vigorous physical activity, strong academic performance—particularly in mathematics—and supportive family environments (Gedda Muñoz et al., 2023; Rosa & Preethi, 2012). Network analyses also suggest that core psychological symptoms differ by gender, with depression central among boys and anxiety central among girls, indicating the need for targeted intervention approaches (Zhang et al., 2024).

Overall, the synthesized evidence demonstrates that adolescent mental health challenges are widespread, interlinked, and strongly shaped by academic, familial, and socio-cultural pressures. The high rates of emotional distress across regions call for school-based mental health programs, early identification systems, and gender-sensitive interventions to support students' psychosocial and academic functioning.

2.5 Studies on Life skills and Positive Mental Health

Studies on life skills and positive mental health highlight the role of structured life skills training in enhancing adolescents' psychological well-being, self-esteem, and coping abilities. Research indicates that interventions focused on emotional regulation, social skills, and problem-solving can significantly reduce stress, anxiety, and depression while promoting resilience among students (Sobhi & Rajabi, 2010; Swamy et al., 2024; Tripathi & Dabral, 2024).

Sobhi and Rajabi (2010) conducted an experimental study to evaluate the effectiveness of life skills training on the mental health and self-esteem of university students. The study followed a pre-test/post-test control group design involving 40 male students from the University of Mohaghegh Ardabili, Iran, who scored 28 or higher on the Depression Anxiety Stress Scales (DASS), indicating a potential risk of mental health issues. Participants were randomly assigned to either an experimental group (n = 20) or a control group (n = 20). The experimental group received eight life skills training sessions over four weeks, while the control group received no intervention. After excluding three participants from the experimental group, data from 37 students were analysed using independent t-tests and MANOVA. Results demonstrated that life skills training significantly reduced symptoms of anxiety, depression, and stress among students in the experimental group. These findings suggest that life skills education can be a beneficial intervention for improving mental health in students at risk.

A study by **Srikala & Kishore (2010)** examined the effectiveness of life skills in improving mental health among 605 adolescents between 14 and 16 years of age in an intervention group and 423 adolescents in a control group. The intervention group received the NIMHANS Model of Life Skills, which was conducted once per week for an hour for 12-20 sessions, with the intervention group attending an average of ten sessions. Upon completion of the program for one year, the students were evaluated and the results indicated that those students who were exposed to the program adjusted significantly more to the school environment and teachers, and had a greater sense of self-esteem than adolescents who were not exposed to it.

Pakdaman and Ganji (2013) conducted a study in Iran to assess the impact of Life Skills Training (LST) on the mental health of university students. The objective was to determine whether structured training in life skills could positively influence students' psychological well-being. Employing an experimental research design, the study evaluated changes in mental health outcomes before and after the intervention. There were 60 undergraduate students (30 boys and 40 girls) who participated in the 'Life skills' workshop that was held over 12 sessions of two and a half hours at the counseling center of the university. A pretest-posttest design was used without a control group. The participants completed a General Health Questionnaire (GHQ, 28 items) before and after receiving the LST program. T-tests were conducted for dependent groups and the covariance method was used to analyze the data. There was a significant effect of the LST program on the mental health of students, and girls benefited from it more than boys. Life skills training can be beneficial for increasing mental health among university students, according to this study.

Azeez (2015) conducted a study on empowering adolescents with psychosocial problems through positive mental health education. This study aims to investigate whether life skill education can help adolescents with psychosocial problems improve their self-esteem and psychological well-being. This study was conducted using a quasi-experimental design with a single group pretest and posttest. The life skill training package was evaluated at both the pre- and post-test stages for all the students who received it. During the life skills training, a pre-test was administered before three days of intervention and a post-test was administered after three weeks. In order to enhance the various skills and capacities of adolescents, the intervention focuses on life skill education. In this study, 30 students were selected from a higher secondary school located in the rural area of Palakkad district in Kerala, India. A simple random sampling method was used to select the study's samples. Students aged 15-19 who received school counseling services for problems of a psychosocial nature were selected, and intervention was provided. A total of 22 boys and 8 girls participated in the study. Psychological well-being and self-esteem were the two aspects examined in the study. Psychological well-being was assessed

using Ryff's Scale of Psychological Well Being (RSPWB, 22 items), and self-esteem was assessed using Culture Free Self Esteem Inventory (Battle, 1981). The findings of the study indicate that the intervention had a significant impact on improving the mental health of adolescents.

A study by **Naeim et al. (2016)** examined the impact of life skills and self-efficacy on mental health among male high school students. The study population consisted of 4067 students from Ardabil Secondary School. The sample size of 351 patients was selected based on the Morgan table using the stratified random sampling method. Statistics sampling questionnaires (Oven and Frenman, 1998), Life Skills Questionnaires (Saatchi et al., 2010), and General Health Questionnaires (Goldberg and Hiller, 1979) were used to collect data, and descriptive and inferential statistical methods were used to analyze the data. The results revealed a significant positive correlation between overall mental health and life skills, including individual components of life skills, as well as a strong association between mental health and self-efficacy.

Bradhan and Nair (2016) conducted a qualitative study on 'Life skills education: A strategy for handling adolescents' risk behavior'. For the purpose of this study, a case study analysis was employed. Case studies were conducted on students in classes 7th through 11th who had mental health problems. Students were regularly consulted in order to understand their problems, and the reasons behind their problems were analyzed in order to develop a comprehensive picture of their situation. To delve deeper into the cases, discussions were held with the parents, teachers, and significant others of the identified students. Case studies were employed for data collection, and a meta-analysis of these cases was conducted to evaluate the impact of life skills interventions on behavioural changes among adolescents. The findings indicated that adolescents with behavioural issues showed improvement through sustained life skills training and structured counselling. Additionally, the intervention fostered more positive relationships between the adolescents and their teachers, peers, and parents.

Jammali et al. (2016) conducted an experimental study to evaluate the effects of life skills training on the mental health of middle school students in Ghaemshahr, Iran. A total of 100 students (mean age = 13.5 ± 1.01) were randomly divided into an intervention group ($n = 50$) and a control group ($n = 50$). The intervention group received structured life skills training over a one-month period, consisting of two-hour sessions held twice a week, while the control group received no such training. Pre- and post-intervention mental health assessments were conducted using standardized questionnaires. Data analysis through ANCOVA and paired t-tests revealed significant improvements in the intervention group in areas such as violence, addiction, stress, and sensation-seeking ($p < 0.001$). The findings highlight the positive impact of life skills training on adolescents' mental health and support the integration of such programs into school curricula to enhance psychosocial well-being.

In an experiment conducted by **Rahmani (2019)**, 60 female elementary school students were examined for their mental health and self-esteem following a life skills intervention. Among the 60 samples, 30 were in the experimental group while the other 30 were in the control group, and a pretest and post-test were administered to the samples after the life skills training. The results of this study indicate that life skills programs have a positive impact on female students' mental health and self-esteem.

Kaur & Joshith (2021) explored the effects of a life skills intervention on depression, anxiety, and stress among school-going adolescents in India. The study used a multistage random sampling technique in order to conduct a quasi-experimental research design. A total of 970 adolescents were included in the study. Three phases were involved in the study. To assess depression, anxiety, and stress among Indian adolescents, the Punjabi version of the Depression, anxiety and stress scale (DASS) was used in the first phase of the study. In the second phase of the study, a life skills intervention was implemented for Class IX students across government secondary schools in 11 districts of Punjab, India. At the end of the third phase, a post-test was conducted. In order to analyze the data, a covariance analysis

was conducted. Study results indicate that participants in the study experienced a significant reduction in depression, anxiety, and stress following the life skills intervention. The findings indicate the need for further research into life skills programs, with the objective of their eventual integration into the school curriculum.

Khan & Naqvi (2022) conducted a study to explore the effects of Life Skills Education on the mental health of students in higher secondary schools, as well as how the effects of life skills are influenced by the medium of instruction and gender. The study of the relationship between life skills and mental health. Based on a descriptive survey using a sampling technique, 100 respondents from Lucknow were selected for the study. The researcher utilized the life skills scale developed by Dr. Chandra Kumari and Ms. Ayushi Tripathi as well as the mental health scale developed by Arun Kumar Singh and Alpana Sen Gupta after verifying their reliability and validity. The results indicate that there is a small negative correlation between life skills and mental health among high school students. There is an inverse relationship between life skills and mental health. Accordingly, as one variable, life skills, increases, the other variable, mental health, decreases.

A study conducted by **Ilavarasi & Premila (2022)** examined the relationship between life skills and academic anxiety among high school students by taking into account their gender and type of school. A sample of 120 students in the 9th and 10th grades was randomly selected from the Chennai district in Tamil Nadu. There were 60 students from private schools and 60 from government schools participating in the study. Study results indicate that students from private schools are better equipped with life skills than their counterparts from public schools. In addition, there is no significant difference in the life skills of high school boys and girls. Compared to boys, girls possess a greater number of life skills.

The study conducted by **Winnarsunu et al. (2023)** examined the effectiveness of life skills training in increasing student self-esteem and reducing anxiety among students. The purpose of this study is to determine the effect of self-esteem on anxiety through life skills training. A total of 14 students were divided into two groups, namely the experimental group and the control group. In order to

measure self-esteem and anxiety, a self-esteem scale and an anxiety scale are used. Mann Whitney, Wilcoxon, and Spearman's Rank Correlation Tests were used for the analysis of the data. This study indicates that life skills training for students significantly reduces anxiety and increases self-esteem.

Among adolescents, **Swamy et al. (2024)** conducted a systematic review and meta-analysis of the impact of life skill training programs on psychological well-being, aiming to establish the evidence regarding the impact of life skill training programs on adolescents' psychological well-being. Review articles published in peer-reviewed journals were included in this study. In this systematic review, randomized control trials (RCTs) and non-randomized controlled trials (non-RCTs) involving the implementation of life skills training programs aimed at improving mental health (stress, anxiety, depression, and self-esteem) among adolescents as an intervention versus control/comparator groups without intervention were included. PubMed, Science Direct, CINHAL plus, and Pro-Quest databases were systematically searched between 2011 and 2023. Two independent authors evaluated the methodological quality of the included studies using the Cochrane risk of bias tool. A total of 11 trials involving 4841 adolescents were included in our analysis. The primary outcome of all trials was the effect of Life skills training programs on mental health (stress, anxiety, and depression) and the primary outcome of three trials was the quality of life. A narrative synthesis of 11 trials found that the intervention group had a significant improvement in self-esteem and a significant decrease in mental health (Stress, anxiety, and depression). It was concluded from a meta-analysis of two RCTs containing 361 participants that anxiety decreased significantly ($p = 0.0001$) and self-esteem improved significantly. Based on the results of this systematic review and meta-analysis, LSTP interventions are likely to improve adolescent self-esteem and reduce symptoms of depression, anxiety, and stress.

Tripathi and Dabral (2024) conducted a mixed-methods study titled "Role of Life Skills in Promoting Mental Health and Reducing Anxiety among Adolescents" to examine the effectiveness of life skills programs for adolescents aged 10 to 19. The study integrated quantitative evaluations with qualitative data

from case studies and interviews. Key components assessed included emotional regulation, coping strategies, self-efficacy, and social skills training. Results showed a significant reduction in anxiety (up to 35%) and an improvement in emotional regulation (up to 40%). Emotional regulation training emerged as the most impactful intervention. Qualitative findings supported these results, emphasizing that life skills enabled adolescents to better manage stress and build resilience. The study concludes with a strong recommendation to incorporate life skills education into school curricula as a preventive and promotive strategy for adolescent mental health.

Mehreen et al. (2025) conducted a study titled "Efficacy of Life Skills Training in Mitigating Emotional Dysregulation in Youth with Generalized Anxiety Disorder" to evaluate the effectiveness of life skills training (LST) in reducing emotional dysregulation among adolescents diagnosed with Generalized Anxiety Disorder (GAD). The primary objective of the study was to assess whether structured life skills interventions could lead to significant improvements in emotional regulation and overall psychological well-being in this population. It was based on the Positivism Research philosophy. Therefore, a quasi-experimental pre- and post-test design was used by the researcher. A total of forty (40) adolescents (16–19 years old) with GAD were included in the study from Sarhad Hospital for Psychiatric Diseases, Peshawar, and The Centre for Psychotherapy and Psychiatry, Peshawar. There were equal numbers of participants in the control and experimental groups. For the purpose of collecting data, pre- and post-tests were used. An independent sample t-test was conducted. In comparison with the control group, the experimental group showed a reduction in GAD after life skills training.

Synthesis of Studies on Life Skills and Positive Mental Health

Research consistently shows that life skills training (LST) improves mental health, self-esteem, and emotional regulation among adolescents and university students. Interventions focusing on coping strategies, problem-solving, communication, and social skills have been found to reduce depression, anxiety, and stress while enhancing resilience (Sobhi & Rajabi, 2010; Srikala & Kishore, 2010; Pakdaman & Ganji, 2013; Azeez, 2015). Studies indicate that both school and

university students benefit, with females often showing greater improvements (Rahmani, 2019; Ilavarasi & Premila, 2022). Systematic reviews confirm significant reductions in psychological distress and improvements in self-esteem following LST programs (Swamy et al., 2024). The effectiveness of these programs is enhanced when delivered consistently over several weeks and integrated into school curricula, enabling adolescents to practice and internalize skills (Jammali et al., 2016; Kaur & Joshith, 2021). Overall, evidence supports incorporating life skills education as a preventive and promotive strategy for adolescent mental health, fostering emotional well-being, resilience, and positive psychosocial development (Tripathi & Dabral, 2024; Mehreen et al., 2025).

2.6 Studies on Perception of teachers towards Mental Health and mental illness

Studies on teachers' perceptions of mental health and barriers to accessing mental health services emphasize the critical role of educators in identifying and supporting students with psychological needs, while highlighting systemic and societal challenges. Research indicates that teachers often lack adequate training and confidence to address mental health issues, and that stigma, limited resources, and service gaps further impede effective care (Rothì, Leavey, & Best, 2008; Shidhaye & Kermode, 2012; Eisenberg et al., 2007).

The study by **Rothì, Leavey, and Best (2008)** explores teachers' understanding of mental health and their role in promoting student well-being in secondary schools. Recognizing that teachers are often the first to observe behavioral or emotional changes in students, the research examines their knowledge of mental health issues, attitudes toward affected students, and their perceived ability to respond effectively. Using a mixed-methods approach, the study highlights significant gaps in mental health literacy, barriers to support, and the need for additional training. While teachers acknowledged the importance of mental health and expressed a willingness to help, many lacked the confidence and knowledge to do so. A key finding was their difficulty in distinguishing mental health problems from behavioral issues, often due to a lack of formal training. This uncertainty about their role, combined with inadequate referral mechanisms and fears of stigma or

mislabeling, further limited their capacity to intervene. The study underscores the need for professional development, clear protocols, and closer collaboration with mental health professionals to strengthen school-based mental health support.

The study by **Reinke et al. (2011)** investigated U.S. teachers' perceptions of their ability to manage student mental health concerns within the classroom. Through a national survey, the researchers found that while teachers frequently encountered students exhibiting signs of emotional and behavioral difficulties, they felt inadequately prepared to address these challenges. Many reported limited formal trainings in mental health, particularly in identifying early warning signs and implementing appropriate classroom-based interventions. Additionally, teachers expressed uncertainty about referral processes and highlighted the lack of collaboration with school mental health professionals. Despite these limitations, most teachers acknowledged the importance of addressing mental health in schools and expressed a strong interest in receiving further professional development. The findings point to a critical gap between teachers' awareness of mental health issues and their confidence or capacity to respond effectively, emphasizing the need for integrated training programs and support systems within educational settings.

Amanda et al. (2014) explored how public-school teachers perceive general and mental health and the sources from which they obtain related information. The qualitative study involved 31 primary and secondary school teachers from São Paulo, Brazil. Teachers responded to open-ended questions concerning their definitions of health and mental health, the relevance of obtaining knowledge on the topic, preferred sources of information, and their experiences with various media. The study also investigated whether teachers believed the available information adequately supported their professional roles. Data were analyzed using the Discourse of the Collective Subject method through Qualiquantisoft software. Teachers generally defined health as proper bodily functioning and mental health as a balance between mind and body necessary for well-being. A significant proportion (80.6%) expressed a strong interest in receiving more mental health education and materials. However, many felt unprepared to handle mental health issues due to limited knowledge. Television was cited by 61.3% as their main source of

information. The findings suggest a need for schools to develop targeted strategies to enhance teachers' access to mental health resources and training.

Moldavsky et al. (2014) investigated primary school teachers' attitudes toward children exhibiting symptoms of Attention Deficit Hyperactivity Disorder (ADHD), particularly regarding their views on pharmacological treatment. Using a case vignette methodology, the study presented teachers with one of four descriptions depicting a nine-year-old child (varying by gender and ADHD subtype: inattentive or combined) who met diagnostic criteria for ADHD. Teachers responded to standardized questions about the child's behaviour, potential problems, and appropriate management strategies, and were also invited to provide open-ended comments. Out of 496 participating teachers from 110 schools, 250 (50%) provided at least one qualitative comment, resulting in a total of 341 comments. When asked whether the child should be referred to specialist services, 32 teachers expressed reservations, often citing that the child's condition was not severe enough, that the school could handle the issues internally, or that more observation was needed. Some also reported limited awareness of available specialist services or held critical views of them. Regarding the use of medication, 125 teachers voiced reluctance or disapproval. Common themes included the belief that it was too early to consider pharmacological intervention, skepticism about its necessity or effectiveness, and the perception that the child's problems might be emotional rather than neurological. Only five teachers reported positive experiences with ADHD medication. The findings reflect widespread uncertainty and caution among teachers toward both referral pathways and medication in managing ADHD, highlighting a need for better teacher training and clearer support systems.

In a study by **Prabhu et al. (2019)** on 'Retracted: Exploring Teachers' Attitudes and Beliefs Regarding Mental Health Disorders in Coastal Karnataka, India-A Preliminary Study' with the objective of understanding teachers' attitudes and beliefs regarding mental illnesses as well as assessing the feasibility of conducting a prospective study among teachers at school. A descriptive cross-sectional study was conducted in this study. The sampling frame included high

school teachers with at least five years of teaching experience and who taught at least six hours a week in the Udupi Taluk schools. The sampling technique used was convenient. A self-administered questionnaire was used to assess 93 high school teachers from English and Kannada medium schools. The tool was developed based on the results of the “Australian National Mental Health Literacy and Stigma Youth Survey”. SPSS version 15 was used to analyze the data. Percentages and frequency tables were used to present the data. The association was determined using the Chi-square test. A p-value of less than 0.05 was considered statistically significant. According to the results of the survey on beliefs related to mental health disorders, more than half (58.1%) of respondents believed that mental illnesses were not genuine diseases. The majority of respondents (49.5%) reported that women were more likely than men to suffer from mental disorders. Most respondents (48.4%) stated that people from lower socioeconomic backgrounds were less likely to suffer from mental disorders, but most pointed to young people (71%) and the unemployed (76.3%) as being at greater risk. In terms of attitudes towards people with mental disorders, a majority (80.6%) of the respondents believed that mental health issues were indicators of personal weakness. It is interesting to note that 55.9% of the respondents indicated that it was easier to provide advice to someone else than to seek help for themselves in terms of mental health.

2.7 Barriers in accessing Mental Health Care services

A pilot study on ‘Urban Mental Health Services in India: How Complete or Incomplete? by **Nimesh et al. (2004)**. It is the objective of this study to assess the mental health services and needs in three different cities, namely: Chennai, Delhi, and Lucknow, in order to gain a better understanding of the mental health situation in these cities. In order to conduct this study, mapping exercises were conducted along with estimation of service loads, as well as qualitative research methods such as In-Depth Interviews (IDIs), Key Informant Interviews (KIIs), Free Listings, and Focused Group Discussions (FGDs). According to the results of this study, mental health services are not evenly available, there is a shortage of human resources, especially for non-medical mental health professionals, and there is a service gap (82% to 96%). The average service load in specialist mental health services is largely

carried by the government. Sector (half to two thirds), followed by the private sector (one third to half), with only a small portion by the NGO sector. It is estimated that the average burden of mental health services in the primary care general health system is largely carried by the private sector, with a significant contribution from non-formal service providers. The barriers to access, unmet needs and possible strategies as perceived by the community, users and service providers have been identified.

Eisenberg et al. (2007) conducted a study on 'Help-Seeking and Access to Mental Health Care among Students' with the purpose of quantifying mental health service use and estimating the factors associated with help-seeking and access among university students. This study was conducted using a Web-based survey administered to a randomly selected sample of 2785 students attending a large, public university with a demographic profile similar to that of the national student population. In order to account for non-respondent bias, administrative data and a non-respondent survey were used. An assessment of mental health was conducted using the Patient Health Questionnaire to determine whether depressive or anxiety disorders existed. Utilization of mental health services is measured by the receipt of psychotropic medication or psychotherapy within the past year. Based on the results, 37% to 84% of students with positive screens for depression or anxiety did not receive any treatment. Lack of perceived need, unawareness of services or insurance coverage, skepticism about treatment effectiveness, low socioeconomic background, and Asian or Pacific Islander ethnicity were predictors of non-receipt of services.

Shidhaye & Kermode (2012), in an article entitled 'Stigma and discrimination as barriers to mental health service utilization in India', pointed out that there is a current treatment gap for mental disorders due to inadequate mental health services coverage and a low level of utilization by the community for mental health services. There is also a problem with the quality of care provided in some settings. The stigma and discrimination associated with mental disorders is a significant barrier to the use of mental health services. As a result of this, there is a delay in seeking care, an obstructed diagnosis and treatment of mental disorders, a reduction of recovery and rehabilitation opportunities, and ultimately a reduction in

the opportunity for fuller participation in society. A stigma is a set of three related problems: a lack of knowledge (ignorance and misinformation); negative attitudes (prejudice); and the exclusion or avoidance of certain behaviors (discrimination). Consequently, people with mental disorders are more likely to distance themselves from their peers in various social situations as a result of this discrimination. This effect is further exacerbated by self-stigma, which involves internalizing these negative attitudes. The stigmatization of people with mental disorders has been widely documented, and it is clear that these processes pose formidable barriers to the social inclusion of affected individuals and their families, as well as the proper access to mental health services.

Kizaur (2016) conducted a study investigating barriers to accessing child mental health services in the United States. The following search terms were used to find peer-reviewed articles published since 2000: child, mental health, mental health services, parent, parental, help-seeking, barriers, cultural barriers, unmet, and treatment. These search terms were entered into the following electronic databases: PsychInfo, Social Work Abstract, Google Scholar, and Summon. According to the inclusion and exclusion criteria as well as a quality assessment, ten articles were identified and included in this systematic review. Based on a review of ten articles, barriers that parents and caregivers face in meeting their children's mental health needs were identified. The obstacles identified from the articles were categorized into four categories: logistical barriers, financial barriers, child characteristics, and parental characteristics and beliefs. It is imperative for social workers to understand the barriers that parents and children face when seeking mental health care for their children in order to increase the accessibility of mental health services for children.

Synthesis of Studies on Teachers' Perception and Barriers to Mental Health Care

Research highlights that teachers play a critical role in identifying and supporting students with mental health concerns, yet their knowledge and confidence are often limited. Studies indicate that teachers frequently encounter students exhibiting emotional or behavioral difficulties but feel inadequately prepared to

address these issues (Rothì et al., 2008; Reinke et al., 2011). Limited formal training, uncertainty about referral processes, and a lack of collaboration with mental health professionals contribute to this gap (Amanda et al., 2014; Moldavsky et al., 2014). Cultural beliefs and misconceptions, such as viewing mental illness as personal weakness or doubting its legitimacy, further affect teachers' attitudes toward students with mental health problems (Prabhu et al., 2019).

Barriers to accessing mental health services are similarly pervasive. Studies in India and globally show that service availability is uneven, human resources are limited, and non-medical professionals are scarce, resulting in high treatment gaps (Nimesh et al., 2004; Shidhaye & Kermode, 2012). Additional obstacles include stigma, discrimination, lack of awareness about services, financial and logistical challenges, and parental beliefs, which delay help-seeking and reduce treatment uptake (Eisenberg et al., 2007; Kizaur, 2016). Together, these findings emphasize the need for targeted teacher training, school-based support systems, and community-level interventions to improve mental health literacy, reduce stigma, and enhance access to care.

2.8 Research Gaps

Through an analysis of the literature, a clearer understanding has emerged regarding recent studies on life skills education, its relevance and effectiveness, the prevalence and magnitude of mental health problems among high school adolescents, and other related variables considered in the present study. The majority of studies on life skills have concentrated on children, adolescents, and young college students, reflecting a strong academic interest in the developmental benefits of these competencies across early life stages.

In terms of intervention design, existing research highlights that effective life skills programs should incorporate experiential learning approaches (Jones & Lavalley, 2009; Nasheeda et al., 2018), and be both gender-sensitive and culturally responsive (Ndirangu, Wamue–Ngare & Wango, 2013). Furthermore, such programs

must not only create awareness about life skills but also ensure their practical application in real-life contexts (Nongrum, 2013).

Additionally, a substantial body of literature underscores the relationship between life skills and key psychological and social outcomes. Studies have examined associations between life skills and mental health, self-efficacy, emotional intelligence, self-esteem, social competence, empathy, and gender-related factors (Bagul & Chaudhari, 2019; Goyal & Jain, 2016; Lolaty et al., 2012; Monika & Ronak, 2022; Naeim et al., 2016; Rahmani, 2019; Rao, 2018; Roodbari et al., 2013; Srikala & Kishore, 2010; Yadav & Iqbal, 2009).

Some of the research gaps based on the review of related literature are as follows:

- i) Many studies show on the significance of life skills education for school going Adolescents in different areas however there is very few studies done in North east India and particularly in the State of Meghalaya.
- ii) There were studies on Positive Mental Health through Life skills Education and very few Intervention studies that relates Life skills Education and Mental Health especially in Northeast.
- iii) Many of the studies concentrating on the prevalence and the different types of mental health problems among adolescents and school going students.
- iv) There is a dearth of studies that shows the barriers to mental health care services for school going students.
- v) Very few studies on the perception of school teachers towards mental health and mental Health problem.
- vi) There is lack of studies that shows the current practices of schools and challenges and barriers in providing life skills education and mental health services to school students.
- vii) It also shows the need to study the significant of life skills education in enhancing the Mental Health of school students.

The issues of mental health problem among school students are increasing day by day in this present changing scenario so the study will also help in improving the mental health care services in schools. Consequently, this study also seeks to

assess the life skills and mental health of high school students and to explore the teachers understanding on mental health and mental health problems of high school students, the current practices and barriers of school in providing mental health services, since to the best of the researcher's knowledge, this area of research has less explored in India and especially in North East India.

In this chapter, a comprehensive review of the literature is presented, focusing on various facets of life skills and the prevalence of mental health issues among high school adolescents. Additionally, research gaps identified in the existing body of knowledge are highlighted. In light of these findings, the next chapter elaborates on the methodology adopted for the present study. This includes the research design, sampling techniques, data collection tools, and the procedures for data processing and analysis.

CHAPTER III

METHODOLOGY

An overview of the available literature was presented in the previous chapter, focusing on a number of aspects of life skills and the prevalence of mental health issues among high school students and the relations between life skills and mental health. Based on the themes covered, methods applied, tools used, and results generated, the studies were evaluated. Furthermore, research gaps in the existing body of knowledge were identified. This chapter describes the methodology used in this study, including the research design, sampling techniques, tools used, data collection procedures, and statistical methods.

The present study is an attempt to assess the life skills and mental health of high school students and to gain a deeper understanding of how school teachers perceive mental health, the mental health problems of high school students, as well as the current practices and barriers of schools in providing life skills education and promoting the mental health of students.

3.1 Setting of the study

The present study was conducted in the state of Meghalaya in the West Khasi Hills District of Meghalaya. West Khasi Hills District constitute one of the rural districts of the state.

The state of Meghalaya

The state of Meghalaya, called the "Abode of Clouds," is in Northeast India. Its capital is Shillong. Emergence of Meghalaya as an Autonomous State on 2nd April 1970 and as a full-fledged State on 21st January 1972 marked the beginning of a new era of the geo-political history of North Eastern India. It also marked the triumph of peaceful democratic negotiations, mutual understanding and victory over violence and intrigue. As of 2014, its estimated population was approximately 3,211,474. The state spans an area of around 22,429 square kilometres, with a length-to-breadth ratio of roughly 3:1. Meghalaya shares its southern border with the

Bangladeshi divisions of Mymensingh and Sylhet, while it is bordered by Assam to the north, west, and east (Government of Meghalaya, n.d)

It was affectionately called "Scotland of the East" during British rule. English is the state's official language. In Meghalaya, inheritance and lineage are traced through women, a matrilineal system unique to that state. It is traditional for the youngest daughter to inherit the family wealth and to care for her parents.

A typical year in Meghalaya involves 12,000 millimeters of rainfall (470 inches), with the southern Khasi Hills receiving the most rain. There are around 70% of forested areas in the state, which is in the subtropical forest's ecoregion of Meghalaya. Forests at its mountains differ from those at its lowlands, and have rich fauna, flora, and a rich biodiversity. Approximately 75% of Meghalaya's population is Christian, making it one of the three Christian-majority states in India, along with Nagaland and Mizoram. The Christian population primarily adheres to denominations such as Catholic, Presbyterian, Baptist, and Church of God. Religious practices in the state are closely tied to ethnic identities, especially among the major tribal communities like the Khasi, Garo, and Jaintia. As of now, Meghalaya is administratively divided into 12 districts (Government of Meghalaya, n.d).

West Khasi Hills District

This study was conducted in Nongstoin, West Khasi Hills District, Meghalaya. Located in the foothills of the majestic Himalayas, the West Khasi Hills District of Meghalaya captures the breathtaking beauty of mother nature which calmly enchants in the hill ranges of Meghalaya, the abode of clouds. In the heart of Meghalaya lies West Khasi Hills, a region that has been relatively underexplored by many people, including tourists until relatively recently.

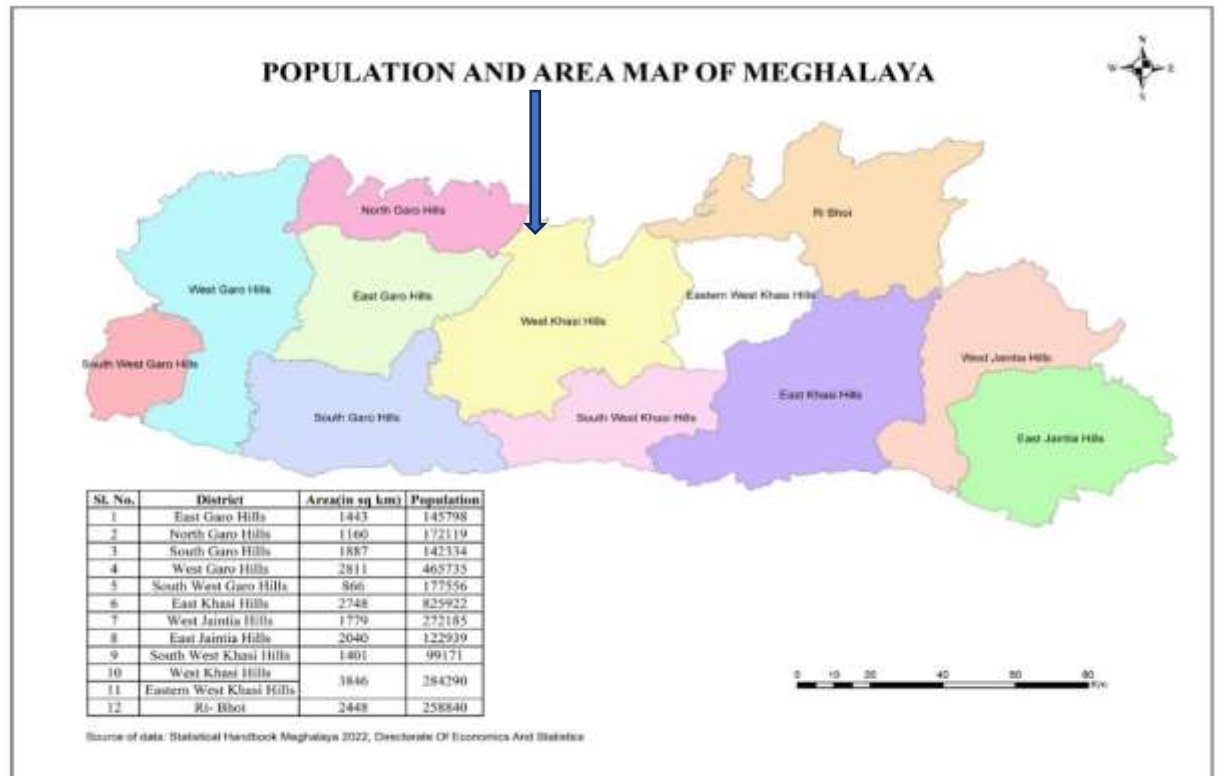
The West Khasi Hills District was established on October 28, 1976, from the state of Meghalaya, and it is the largest district in the state of Meghalaya. Since its inception, it has been divided into two civil subdivisions, South West Khasi Hills District and Eastern West Khasi Hills District, which are both new districts. It runs

through the heart of the state, running high with plateau ranges and low with rich plain lands.

Due to a lack of written records, nothing is known about the past history of the Khasi people or the history of the Khasi Hills district as a whole which today is locally known as the “Bri U Hynniew Trep” – Land of the Seven Huts. From where and how the Khasis came to live in those beautiful hills is still a mystery. Research has been conducted to determine the origin of the Khasi races and how they settled in those hills. However, their conclusions have remained merely conjectures without providing satisfactory explanations (Government of Meghalaya, 2025).

Nongstoin is the district headquarters of the West Khasi Hills District in the state of Meghalaya, India. It is estimated that the total population of Nongstoin is 28,742 as of the 2011 India census. A literacy rate of 67% has been recorded in Nongstoin, with a male literacy rate of 67% and a female literacy rate of 66%. Christians constitute the majority of the population in the town (Government of Meghalaya, 2025). This study focuses on Nongstoin town as its universe. In the area there are nine secondary schools with a total of 491 high school students in class IX and X.

Figure 3.1 Map of Meghalaya

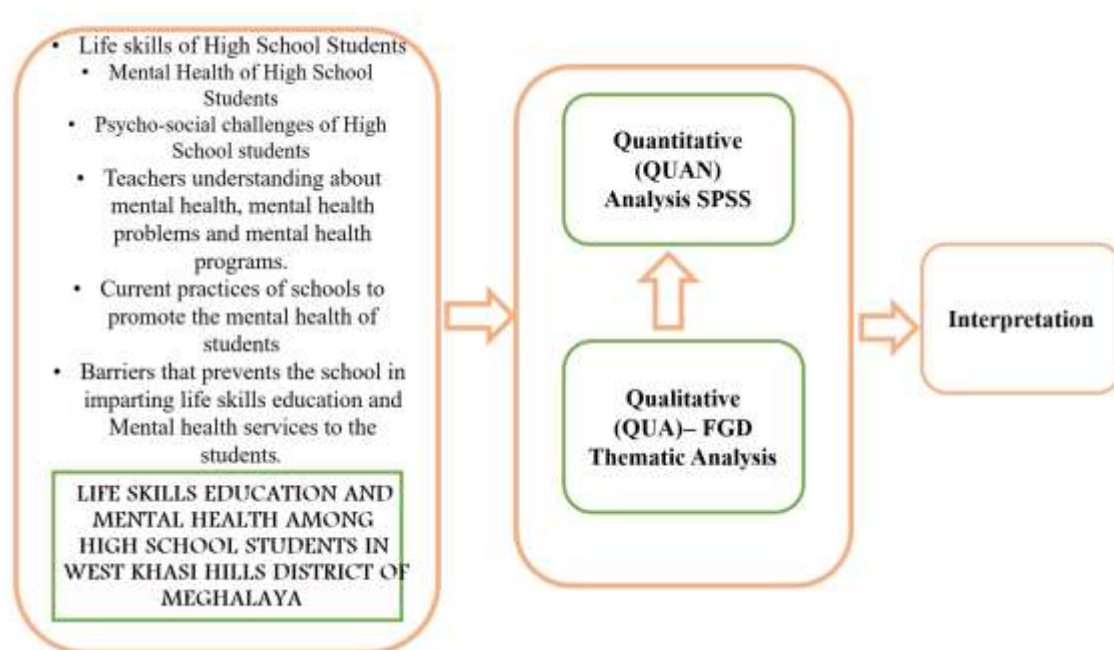


Source: Directorate of Economics and Statistics (2022). Statistical Handbook Meghalaya.

3.2 Methodology

The study employs a mixed research method of Qualitative and Quantitative. This research design is premised on the idea that a single dataset is not sufficient, that different questions need to be answered, and that each type of question requires a different type of data set. (Creswell, Plano Clark, et al., 2003). Mixed methodology is a combination of both quantitative and qualitative approach which has been advocated by social scientists especially in social work research in recent times for the studies of this kind (Laldas, 2014).

Figure 3.2 Model of Embedded Mixed Method



Adapted from, Co-relational Embedded Research Design (Tashakkori & Teddlie, 2003; Creswell et al. 2003, 2007 & 2010; Lieberman, 2005; Shincy & Nirmala, 2016)

According to Laura et al. (2016), the integration of qualitative and quantitative methods in social work research provides three advantages, including (a) increasing validity by triangulating methods, (b) utilizing the strengths of each approach, and (c) ensuring that things are studied holistically in accordance with social work principles.

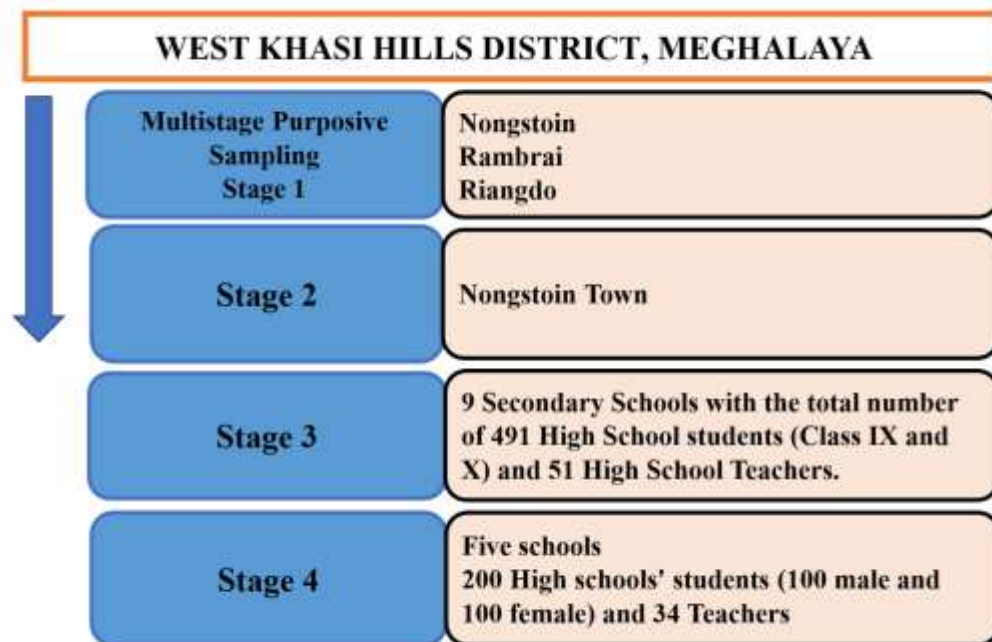
Research Design

For the present study a descriptive design was chosen, in which the study attempts to describe the current life skills and mental health of the high school students. In addition, the study attempts to explore the teacher's perspective regarding mental health and mental health problems, the currents practices of the school in dealing with the mental health issues of the school students, and the barriers and challenges in providing Life skills education and mental health services to the school students.

Population of the study

West Khasi Hills District is one of the District in Meghalaya, and it has Nongstoin town, Rambrai and Riango. Nongstoin is the headquarters of West Khasi Hills district in the state of Meghalaya in India. Nongstoin town is the universe of the study. The area has Nine Secondary schools with a total of 491 High School students of class IX and X and 51 High school teachers.

Figure 3.3 Multistage Sampling Framework



Sources: Constructed

The population of this study include all the High Schools adolescents studying in class IX and X and the High school teachers under Nongstoin town area of West Khasi Hills District of Meghalaya. There are 9 secondary and higher secondary schools in Nongstoin area and all the 9 schools are co-education schools. Details of the population of the study have been shown in table 3.1.

Table 3.1 Table showing the schools in Nongstoin town

Sl. No	Name of the school	Address of the school	Number of class IX and X	Number of High School Teachers
1.	Anderson Higher secondary School	Upper New Nongstoin, West Khasi Hills District.	74	7
2.	Rev. JJM Nicholas Roy Secondary School	Pyndengrei, Nongstoin, West Khasi Hills District.	38	4
3.	Sibsingh Memorial Higher Secondary School	Nongpyndeng, Nongstoin, West Khasi Hills District.	70	6
4.	Church of God Secondary School	Upper New Nongstoin, West Khasi Hills District.	40	5
5.	Nongstoin Public School	New Nongstoin, West Khasi Hills District.	62	6
6.	Christian Secondary School	Upper New Nongstoin, West Khasi Hills District.	35	5
7.	Presbyterian Secondary School	Siejlieh, Nongstoin, West Khasi Hills District.	55	6
8.	St. Peter's Higher Secondary School	New Nongstoin, West Khasi Hills, District.	80	8
9.	Ri-Lyngam Secondary School	New Nongstoin, West Khasi Hills District.	37	4
Total			491	51

Source: Constructed (Government of Meghalaya (N.d). West Khasi Hills District.
<https://westkhasihills.gov.in/public-utility-category/schools/>)

Sampling

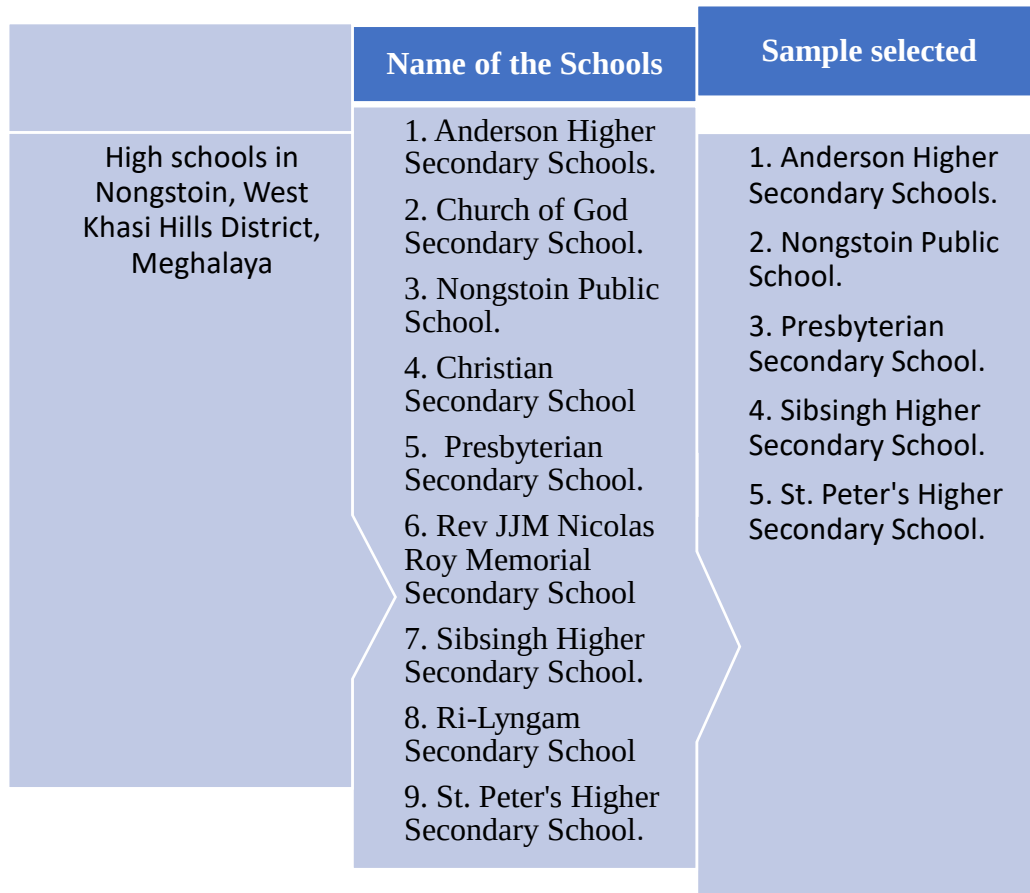
To draw a representative sample, the study purposively selected five secondary schools out of the nine schools located in Nongstoin town, West Khasi Hills District of Meghalaya, as presented in Table 3.1, using the Multistage Purposive Sampling Technique. In the next stage, 40 students (both male and female)

from Classes IX and X were purposively selected from each of the five schools. Additionally, teachers from these schools who were willing to participate in the Focus Group Discussions (FGDs) were also included in the sample. As a result, the final sample consisted of 200 high school students from Classes IX and X, comprising 100 male students and 100 female students along with 34 teachers participating in the FGDs.

Purposive sampling was employed to select five schools from the nine high schools in the Nongstoin area. This approach was adopted to ensure that the study captured a wide range of contexts and experiences related to life skills education and student mental health. The selection of schools was guided by predetermined criteria, including school type (government, private, and mission-run), student population size, accessibility, and the availability of life skills related activities or programmes. Incorporating schools that differed across these dimensions enabled the study to obtain richer and more relevant insights into the level of life skills among high school students and the mental health needs of adolescents.

Furthermore, given the focus and objectives of the research, purposive sampling allowed for the inclusion of schools most likely to provide substantial and meaningful information. This method ensured that the final sample reflected the diversity of the local educational landscape while remaining practical in terms of time, logistics, and resource constraints. By selecting five strategically representative schools, the study sought to generate comprehensive and contextually grounded findings that accurately reflect the lived realities of high school students in Nongstoin. The detailed breakdown of the study samples is presented in Table 3.2

Figure 3.4 Flowchart showing the selection of the sample of the study



Source: Constructed

Table 3.2 Selected Sample: Teachers & Students

Sl. No	Name of the school	No of Respondents from each school	No. of students' respondents	No. of teachers' respondents.
1.	Anderson Higher secondary School, Upper New Nongstoin.	20 students - Class IX 20 students – Class X (20 male and 20 female)	40	7
2.	St. Peter's Higher Secondary School, Pyndengrei, Nongstoin.	20 students - Class IX 20 students – Class X (20 male and 20 female)	40	8
3.	Sibsingh Memorial Higher Secondary School, Nongpyndeng, Nongstoin.	20 students - Class IX 20 students – Class X (20 male and 20 female)	40	7
4.	Nongstoin Public School, New Nongstoin.	20 students - Class IX 20 students – Class X (20 male and 20 female)	40	6
5.	Presbyterian Secondary School, Siejlieh, Nongstoin.	20 students - Class IX 20 students – Class X (20 male and 20 female)	40	6
Total			200	34

Source: Constructed

Inclusion & Exclusion criteria for High school students

High school students were eligible to participate in the study if they met the following criteria:

- Currently enrolled in Class IX or Class X in one of the selected high schools in Nongstoin.
- Studying in the selected schools at the time of data collection.
- Able to read and understand English or Khasi, as the questionnaires and instructions were administered in these languages.
- Provided assent to participate in the study.
- Had parental/guardian consent (for students below 18 years of age), as required for ethical approval.

- Present at school on the days of data collection.

Exclusion Criteria

High school students were excluded from the study if they met any of the following conditions:

- Students not enrolled in Class IX or X, such as those from lower or higher classes.
- Students who were absent during the data collection period.
- Students who declined to give assent, or whose parents/guardians did not provide consent.
- Students with identified cognitive, developmental, or learning disabilities that could significantly affect their ability to comprehend or respond to the questionnaire (as informed by teachers or school records).
- Transfer students who had joined the school very recently (e.g., within the last month), as they might not have sufficient exposure to the school's life skills environment.

Inclusion and Exclusion Criteria for Teacher's participating in the Focus Group Discussion (FGDs)

Following are the inclusion and exclusion criteria for the teachers participating in the FGDs:

Inclusion criteria

- Current employment as a teacher in the target high schools (grades 9 & 10) which has direct experience with high-school students.
- Minimum teaching experience of at least 1 year of continuous teaching at the same school to ensures some classroom exposure and observations of student behaviour over time.

- Direct contact with students in curricular or co-curricular roles (class teacher, subject teacher, counsellor, sports/club teacher as teachers involved in pastoral care or co-curricular activities may have different insights on mental health and life skills than subject-only teachers.
- Willing and able to participate in an FGD of approximately 60–90 minutes and provide informed consent because voluntary participation and ability to attend are required.

Exclusion Criteria

- Teachers not currently teaching high-school students (e.g., only primary school teachers, administrative staff with no student contact) because their experiences won't be directly relevant to high-school life skills education and mental health.
- Less than 1 year of teaching experience at the relevant level as they may lack adequate exposure to student behaviour and school processes.
- Inability or unwillingness to provide informed consent or to participate in a group discussion (e.g., severe time constraints, discomfort with group setting).
- Currently on long leave or unavailable for the planned FGD dates.

Sources of Data Collection

Both primary and secondary data were collected for the study. Primary data were obtained using standardized tools, including the *Life Skills Assessment Scale (LSAS)* developed by A. Radhakrishnan Nair, R. Subasree, and Sunitha Ranjan (2010), and the *Anxiety, Depression, and Stress Scale (ADSS)* developed by Pallavi Bhatnagar, Megha Singh, Manoj Pandey, Sandhya, and Amitabh (2011). Additionally, qualitative data were gathered through Focus Group Discussions (FGDs). Secondary data were collected from a variety of sources, including literature reviews, research reports, academic journals, book chapters, and relevant books.

Tools of Data Collection

In the quantitative data collection, the first section of the tool includes demographic profile information of the high school students, such as age, sex, gender, religion, class, school, and other relevant socio-demographic variables. The second section comprises standardized scales, including the Life Skills Assessment Scale (LSAS) developed by A. Radhakrishnan Nair, R. Subasree, and Sunitha Ranjan (Nair, Subasree, & Ranjan, 2010) which measures the ten core life skills given by WHO, and the Anxiety, Depression, and Stress Scale (ADSS) developed by Pallavi Bhatnagar, Megha Singh, Manoj Pandey, Sandhya, and Amitabh (Bhatnagar, Singh, Pandey, Sandhya, & Amitabh, 2011).

Table 3.3 Tools used for data collection

Sl. No	Name of the Instrument	Reliability	Rating scale
1.	Life Skills Assessment Scale (LSAS) develop by A Radhakrishnan Nair, R Subasree and Sunitha Ranjan (2010).	0.84, Cronbach's Alpha	Likert 5 - point 100 items
2.	Anxiety, Depression and Stress Scale (ADSS) develop by Pallavi Bhatnagar, Megha Singh, Manoj Pandey, Sandhya and Amitabh (2011).	0.81, Cronbach's Alpha (Overall) -Cronbach's Alpha for Anxiety is = 0.71 -Cronbach's Alpha for Depression = 0.75 -Cronbach's Alpha for Stress = 0.61	Yes = 1 No = 0 48 items (19 items for Anxiety, 15 items for Depression and 14 items for Stress)

Description of the Tools

To obtain comprehensive data for the study, both quantitative and qualitative methods were employed. The following are the detail description of the tools that were used for data collection:

Socio-Demographic schedule

Socio-demographic data of the respondents was collected using this semi-structured socio-demographic data sheet. It was developed to gather information regarding the age, gender, education, religion, number of siblings, community, family type, parent's education, parents' occupation, family annual income to understand the socioeconomic status of the respondents.

Life Skills Assessment Scale (LSAS)

The Life Skills Assessment Scale (LSAS) is a standardized tool developed by A. Radhakrishnan Nair, R. Subasree, and Sunitha Ranjan (2010) for evaluating the level of life skills among adolescents. This multi-dimensional scale consists of 100 items designed to assess ten core life skills as recommended by the World Health Organization (WHO). The ten dimensions and corresponding number of items are:

- Self-Awareness – 11 items
- Empathy – 11 items
- Effective Communication – 9 items
- Interpersonal Relationships – 11 items
- Creative Thinking – 8 items
- Critical Thinking – 11 items
- Decision Making – 11 items
- Problem Solving – 8 items
- Coping with Emotions – 11 items
- Coping with Stress – 8 items

Each item is rated on a five-point Likert scale, ranging from: 1 – Not at all true of me, 2 – Occasionally true of me, 3 – Sometimes true of me, 4 – Very true of me, 5 – Always true of me.

As a result of the Cronbach's Alpha value of 0.84, this scale is highly reliable. The norms for the LSAS were developed based on mean and standard deviation scores. The higher the score, the more advanced the level of Life Skills in each dimension, which ultimately evolved into the Global Score of Life Skills (Nair, Subasree & Ranjan, 2010). The copy of the scale has been put as an appendix.

Scoring of Life Skills Assessment Scale (LSAS): The scoring for the Life Skills Assessment Scale is based on the five-point scale ranging from Always true of me to Not at all true of me. Higher the score, higher the level of life skills in each dimension. Given below to score the life skills per dimension:

Step 1. Transfer the response (scores) into raw scores as given below.

- Always true of me - 5
- Very true of me - 4
- Sometimes true of me - 3
- Occasionally true of me - 2
- Not at all true of me – 1

Step 2: Reverse scores for items indicated with asterisk mark are given below

- Always true of me - 1
- Very true of me - 2
- Sometimes true of me - 3
- Occasionally true of me - 4
- Not at all true of me – 5

Step 3: The total of each dimension score indicates the raw score of the respective dimension. The sum of all the scores obtained under each of the 10 dimensions would evolve the Global score of life skills.

The scale provides both dimension-wise scores and an overall score, allowing for a comprehensive understanding of an adolescent's life skills proficiency. The LSAS has been widely used in educational and psychological research in the Indian context due to its reliability and alignment with WHO guidelines.

Figure 3.5 Interpretation of Life Skills Assessment Scale (LSAS) scores

Classification	Self-awareness	Empathy	Effective communication	Interpersonal relationship	Creative Thinking	Critical Thinking	Decision Making	Problem Solving	Coping with Emotion	Coping with Stress	Global Score (Total)
Very High	Above 48	Above 51	Above 40	Above 49	Above 38	Above 52	Above 48	Above 45	Above 47	Above 35	Above 417
High	44-48	46-51	36-40	45-49	35-38	48-52	44-48	41-45	43-47	31-35	387-417
Average	34-43	36-45	26-35	35-44	26-34	36-47	34-43	31-40	32-42	22-30	325-386
Low	29-33	30-35	20-25	30-34	20-25	30-35	28-33	25-30	26-31	16-21	293-324
Very Low	Below 29	Below 30	Below 20	Below 30	Below 20	Below 30	Below 28	Below 25	Below 26	Below 16	Below 293

Sources: Nair, Subasree & Ranjan (2010)

Anxiety, Depression and Stress Scale (ADSS)

Anxiety, Depression and Stress Scale (ADSS) was developed by Bahtnagar et al (2011) for assessing the Anxiety, Depression and Stress. For the development of the scale an extensive review of literature was done. In the development of the items physical, cognitive emotional and behavioural manifestations of anxiety, depression and stress were considered carefully and included in the items. The empirical base of the item was Depression, Anxiety, Stress scale by Lovibond (1995), Body sensation Questionnaires by Chambless, Caputo, Bright and Gallagher (1984), Self-Rating Anxiety scale by Zung (1971), Stanford Acute Stress Reaction Questionnaires by

Cardena, Koopman, Waelde and Spiegel (2000), Hamilton Anxiety Rating Scale by Hamilton (1959), Sinha Anxiety Scale (1966), PTSD Checklist – Civilian (PCLC), Anxiety Scale by Srivastava and Tiwari (1988) and General Health Questionnaire by Goldberg and Williams (1988).

The scale is of 48 items, 19 items for anxiety, 15 items for depression and 14 items for stress. Standardization of the scale was undertaken in a project by SWASTI Society for Mental Health and Counselling wherein part of the data collection was also done. The 48 items scale was administered on both psychiatric and non-psychiatric population and is therefore applicable on both of them. Similarly, the scale is validated for both the rural and urban groups which increase its applicability for both the backgrounds. Reliability of the total scale in terms of internal consistency as measured by Cronbach's Alpha and Spearman-Brown coefficient is 0.81 and 0.89. The obtained reliability for anxiety, depression and stress sub-scale as measured by Cronbach's Alpha is 0.76, 0.75 and 0.61 and when measured by Spearman-Brown coefficient is 0.86, 0.86 and 0.76 respectively.

The items included in the scale have the diagnostic criteria of both DSM-IV-TR and ICD-10, thus it can be used as a diagnostic tool as well as a rating scale and it can be used as a research tool.

Scoring of Anxiety, Depression and Stress Scale (ADSS): Each item is scored 1 if endorsed 'Yes' and 0 if endorsed 'No'. The range of the score is 0-19 for Anxiety subscale, 0-15 for Depression subscale and 0-14 for Stress subscale. Higher score indicates experiencing greater anxiety, depression and stress and vice-versa.

Table 3. 4 Norms for Interpretation of the level of Anxiety, Depression and Stress

Sl. No	Range of scores			Grade	Level
	Anxiety	Depression	Stress		
1.	17 & above	-	-	A	Extremely High
2.	13 to 16	13 to 15	12 to 14	B	High
3.	10 to 12	09 to 12	09 to 11	C	Above Average
4.	04 to 09	03 to 08	05 to 08	D	Average
5.	01 to 03	00 to 02	03 to 04	E	Below Average
6.	00	-	00 to 02	F	Low

Source: Bahtnagar et al. (2011)

Qualitative data Collection

For the qualitative data collection, Focus Group Discussion (FGD) was adopted to gather information. The FGD guideline was strictly followed during discussions conducted with high school teachers. Broad questions and key discussion points were formulated in advance prior to the Focus Group Discussions (FGDs) in alignment with the research objectives. These discussions aimed to gain insights into teachers' understanding of mental health and mental health issues, current practices in schools for addressing students' mental health concerns, and the barriers to providing life skills training and mental health services to the students within the school setting.

Procedures for Data collection

To facilitate the data collection, permission was sought and obtained from the authorities of the five schools in Nongstoin, Meghalaya, to collect data from high school students (Classes IX and X) and their teachers. Upon receiving the necessary approvals and after obtaining informed consent from both the students' participants and their parents, the Life Skills Assessment Scale (LSAS) and the Anxiety, Depression, and Stress Scale (ADSS) was administered to a total of 200 high school

students. Additionally, after obtaining informed consent from the teachers, five Focus Group Discussions (FGDs) one FGD in each school was conducted with the teachers, to gather qualitative insights.

Data Processing and Analysis

The raw data collected from the high school students' respondents on 'Life Skills Assessment Scale (LSAS) and Anxiety, Depression and Stress Scale (ADSS) was processed in SPSS (Statistical Package for Social Sciences) and presented in the form of averages and percentages. Analysis of the composed data after coding was subjected to both simple and advanced statistical procedures. The data was analysed with appropriate statistical techniques using SPSS software. Mean, standard deviation, median, t-test and Pearson correlation test was applied to interpret quantitative nature of data. The qualitative analysis of the Focus Group Discussion (FGD) was transcript and Thematic Analysis was used to identify common patterns and insights from the FGDs. Simple crosstabulation tables were applied for the socio-demographic data.

3.3 Operational Definitions

The major attributes undertaken in this study are herewith defined to provide an understanding of the notion of the concepts reflected in this research. An operational clarity with appropriate meaning is presented below:

Secondary School: Educational institutions run by State government and also the institutions run by the private management of the school belonging to any religion where the salary of the teachers is afforded totally by the management.

High school students: High school students in this study mean the students studying in class IX and X of both male and female students who are in their adolescent's age.

Life skills: In this study Life Skills includes the 10 core life skills as given by WHO which means the abilities of the individual for adapting and positive behaviour that enables individuals to deal effectively with the demand and challenges of everyday life.

Life skills education: In this study, life skills education refers to the structured training provided by schools to high school students, aimed at enhancing skills such as critical thinking, decision-making, effective communication, interpersonal relationships, coping with stress and emotions, and self-awareness, in alignment with frameworks recommended by the World Health Organization (WHO) and UNICEF.

Mental health: As defined by WHO, Mental health is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” And in this study Mental Health include Anxiety, Depression and Stress.

Mental Health Problems: Refers to psychological issues such as anxiety, depression, and stress experienced by adolescents, which may impact their well-being, academic performance, and social functioning. In this study mental health problems is focusing only on Anxiety, Depression and stress.

Mixed Method Research (MMR): is an approach to inquiries that mixes, integrates or embeds both quantitative and qualitative forms of research. It involves philosophical assumptions, the use of quantitative and qualitative approaches in a study.

Focus Group Discussion (FGD): It is one type of qualitative approach. The researcher prepares with orderly structure a list of related points and generates questions and also aims to use the group discussion to unravel the darkness of the themes.

3.4 Ethical Considerations

Rights of participants was protected while conducting the study in accordance with good practice of ethical obligations (safety, privacy autonomy, consent and confidentiality). The study minimize risk and optimise benefit.

- Consent was obtained from the authors of the scales which were used to measure the key variables of this study.

- Permission from the principals/Headmistress of all the high secondary schools was obtained before initiating the study.
- Consent was obtained from all the high school students and their parents. Also, consent was obtained from all the teachers' participating in the FGDs.
- Confidentiality of all information was assured and maintained.
- Participation in the study did not affect the classes of the respondents.

3.5 Limitations of the Study

Even though the researcher took every possible measure to carefully plan and execute the study, certain limitations remained beyond the researcher's control. The findings of this research should therefore be interpreted in light of these limitations and constraints. The present study has identified the following limitations:

1. Mental health assessment is only for Anxiety, Depression and Stress
2. The study is limited only to the 10 life skills presented by the World Health Organization
3. The study focuses mostly on variables such as Gender, Mental Health, and Life Skills
4. The study concentrates only on High School students in Nongstoin area of West Khasi Hills District, Meghalaya
5. As the study was limited to the secondary school students and teachers, the views of the parents, and other members of the society were not sought.

This chapter has outlined the setting of the study area and detailed the methodology employed for the present research. It has described the tools used for data collection, the sampling techniques, and the procedures followed throughout the study. The subsequent chapter initiates the analysis and interpretation of the collected data, beginning with an examination of the socio-demographic characteristics of the high school adolescent respondents and their families.

CHAPTER IV

DEMOGRAPHIC PROFILE OF HIGH SCHOOL STUDENTS

The previous chapter outlined the study area and detailed the methodology adopted for the research. This chapter presents a comprehensive analysis of the socio-demographic profile of the high school student respondents. Key variables explored include age, gender, religion, educational stream, family structure, parental education and employment status, and the socio-economic assets of the household. An in-depth understanding of these demographic characteristics is essential, as they provide the foundational context for interpreting the subsequent findings of the study and for evaluating their broader implications within the realm of adolescent mental health and life skills education.

4.1 Demographic profile of respondents

The demographic profile of high school students offers essential context for understanding the characteristics of the respondents, thereby facilitating a more accurate and meaningful interpretation of the study's findings. This study explores key demographic variables such as age, gender, educational background, and socioeconomic status to assess the extent to which the sample is representative of the broader adolescent population. A clearly defined demographic profile enhances the generalizability of the results and contributes to the overall validity and reliability of the research. This section presents a series of tables summarizing the demographic characteristics of the high school students, including their age, gender, religion, and community of origin. Additionally, it includes a description of the respondents' family structures, parental education and employment status, and the socioeconomic resources available to their households.

Table 4.1 Demographic profile of the Respondents

Demographic profile of the respondents		Male (n =100)	Female (n =100)	Total (n =200)	Mean	SD
Age group of the respondents	13 – 15 Years	38 (19)	44 (22)	81 (41)	Mean age 15.83	1.21
	15 – 18 Years	60 (30)	56 (28)	116 (58)		
	19 Years	2 (1)	0 (0)	2 (1)		
Education wise distribution	Class IX	64 (32)	36 (18)	100 (50)	1.5000	.50125
	Class X	36 (18)	64 (32)	100 (50)		
Religion	Christianity	100 (50)	100 (50)	200 (100)	1.0000	.00000
Categories	Schedule Tribes	100 (50)	100 (50)	200 (100)	1.0000	.00000

Source: Computed

Figures in parentheses are percentages

This table 4.1 shows the demographic profile of the respondents from classes IX and X of the school selected for the research study.

Age Group

It is indicated in the above table that the respondents' range in age from 13 to 19 years of age. The mean age of the respondents is 15.83 and the Standard Deviation (SD) is 1.21. More than half (58%) of the respondents fall under the age group of 15 - 18 years old, with (30%) male and (28%) female respondents, followed by only (41%) of respondents between the ages of 13 and 15 years old, with (19%) percent male and (22%) female respondents. There are very few respondents (1%) of 19-year-old age groups, and all are male.

There is evidence that high school students are in their adolescent years as also revealed in this study. There is a reasonable balance between the ages of respondents in each age group. A slightly higher proportion of females (22%) than males (19%) are in the 13–15 age group. The trend is reversed in the 15–18-year-old group, with slightly more males (30%) than females (28%). The only participants who are 19 years old are males (1%). Compared to the younger group, the older group, 19 years of age, has a significantly smaller size, likely due to age-related changes.

Among the participants, the mean age is 15.83 years, with a standard deviation (SD) of 1.21. The majority of participants are between the ages of 15 and 16, with a few exceptions (18 and 19 years of age). It is noteworthy that the gender distribution is fairly even, and there are no significant differences in age representation. There is a low standard deviation (1.21), indicating that the majority of participants are of a similar age, making the sample fairly homogeneous in terms of age range.

The gender of the respondents in the current study is representing the same number of male students (50%) and female students (50%). This study consists of 200 participants, with a perfectly balanced gender ratio. It can be inferred from the equal distribution of males and females (50% each) that the sample was designed with gender parity in mind, ensuring that both sexes are equally represented in the sample. This balance suggests that any analysis or results drawn from this data will be free of gender bias due to uneven sample sizes between males and females. As a result, it is possible to compare variables between genders in a fair and balanced manner. Since the sample is equally distributed between males and females, it is ideal for determining gender equality or drawing meaningful conclusions across genders when a balanced representation is required.

Education

The distribution of respondents by their class of those who participated in the research study where fifty percent (50%) are from class IX and fifty percent (50%)

are from class X. There are 200 students in total, with an equal number from each class.

In order to ensure equal representation from both Classes IX and X, exactly half of the students have been drawn from each grade level. A balanced distribution makes it easier to conduct comparative analyses between the two groups, as any differences observed will not be the result of unequal sample sizes. This equal split indicates that the study or data collection was intended to provide an understanding of these two specific grade levels with emphasis on balance in order to prevent bias in comparisons. It can be seen in the table that a perfect equal distribution of students exists between Class IX and Class X, with 50% of students representing each class, ensuring fair and balanced insights for any analysis that focuses on these two groups.

Based on the mean of 1.5000, it shows that educational levels have been coded numerically. Since the mean lies exactly in the middle of 1 and 2, a perfectly equal distribution is confirmed between the two classes. The standard deviation (SD = 0.50125) of the data is low, indicating that there is little variation, which confirms the data's balanced nature.

Religion and categories

In the above table, it can be seen that 100% of the respondents are Christians and 100% are members of the Khasi Scheduled Tribe (ST). This sample is homogeneous in terms of both religion and social status. In the study, all participants are Christian and belong to the same social group (Scheduled Tribe). Due to the uniformity in both religion and social category within the study, it is apparent that the study is intended to examine aspects that are relevant to this particular group of individuals. Due to the fact that the mean is 1.0000 and the standard deviation (SD) is 0.0000, we can conclude that there is no variation in the data and that all respondents exhibit similar characteristics.

The majority of the population of Meghalaya, particularly those living in the West Khasi Hills District, has converted to Christianity, and there are very few who

adhere to the Khasi Traditional religious belief since Meghalaya is a Christian state. Khasi people in the West Khasi Hills have largely converted to Christianity since Christian missionaries arrived from Western countries, and the traditional Khasi religion has declined. There are no mixed communities in the Nongstoin area in the west Khasi Hills District of Meghalaya, where only Khasis live; individuals from outside the Khasi community are rarely seen unless they are employed by government agencies or departments. As a result, it is justified to state that all of the students' respondents are Schedule Tribes (ST).

Table 4.2 Type of family of the Respondents

Types of Family	Male (n =100)	Female (n =100)	Total (n =200)
Nuclear Family	91 (45.5)	92 (46)	183 (91.5)
Joint Family	3 (1.5)	5 (2.5)	8 (4)
Extended Family	6 (3)	3 (1.5)	9 (4.5)
Mean = 1.1300, SD =.45180			

Source: Computed

Figures in parentheses are percentages

The table 4.2 indicates the type of family in which respondents live, and it shows that the majority (91.5%) of respondents are from nuclear families, while the remaining (4.5%) come from extended families, and the remaining (4%) are from joint families. A mean value of 1.1300 is consistent with the fact that the majority of respondents belong to nuclear families. The Standard Deviation (SD) in this study is .45180, indicating that there is relatively little variability in the responses, which indicates that the majority of respondents belong to the same category (nuclear families).

The Khasi community primarily has a nuclear family system, which consists of parents and their children living together. Due to changing societal dynamics, it is becoming increasingly common for elders to live apart from their children and

grandchildren. Khasi families customarily have their youngest daughter remain at home to care for the elderly.

Table 4.3 Respondents parents' occupation

Respondents' parents' occupation	Father's occupation			Mother's occupation		
	Male (n=100)	Female (n=100)	Total (n=200)	Male (n=100)	Female (n=100)	Total (n=200)
Unemployed (Homemaker)	2 (1)	1 (0.5)	3 (1.5)	13 (6.5)	10 (5)	23 (11.5)
Daily Labourers	30 (15)	27 (13.5)	57 (28.5)	14 (7)	17 (8.5)	31 (15.5)
Farmers	30 (15)	29 (14.5)	59 (29.5)	40 (20)	39 (19.5)	79 (39.5)
Local vendors	1 (0.5)	2 (1)	3 (1.5)	11 (5.5)	13 (6.5)	24 (12)
Teachers	9 (4.5)	3 (1.5)	12 (6)	10 (5)	13 (6.5)	23 (11.5)
Business	12 (6)	10 (5)	22 (11)	3 (1.5)	4 (2)	7 (3.5)
Government sector	12 (6)	18 (9)	30 (15)	1 (0.5)	2 (1)	3 (1.5)
Private sector	4 (2)	3 (1.5)	8 (4)	3 (1.5)	6 (3)	9 (4.5)
No Father/Mother figures	4 (2)	2 (1)	6 (3)	0 (0)	1 (0.5)	1 (0.5)
	Mean = 4.0155, SD = 2.05992			Mean = 3.3568, SD = 1.66616		

Source: Computed

Figures in parentheses are percentages

Table 4.3 reveals the occupation of the respondent's parents and it shows that less than a third (29.5%) of the respondent's fathers are farmers, another (28.5%) of

the respondents' fathers are engaged in daily labourers, a little more than a tenth (15.5%) are employed by the Government sector, (11%) are engaged as business persons, a small number of (6%) are working as teachers, few numbers (4%) are employed by the private sector, very few (1.5%) are local vendors, and (1.5%) of respondents' fathers are unemployed. A few numbers (3%) of the respondents' fathers are either deceased or separated from them.

Likewise, based on the occupation of the respondent's mother's, it indicates that more than third (39.5%) are farmers, a little more than tenth (15.5%) of the respondent's mothers are engaged in daily labourers, (12%) are engaged in local vendors, (11.5%) are working as teachers, another (11.5%) are homemakers, a few numbers (4.5%) of the respondent's mothers are working in private sector, another few numbers (3.5%) of their mothers are working as business owners, and very few (1.5%) of the respondents' mothers are working in government sector. A minimum of (0.5%) of respondents do not have a mother figure in their lives.

The table shows that the respondents' fathers are predominantly farmers (29.5%) and daily labourers (28.5%), indicating that agriculture and manual labour are the main sources of income. A significant portion (15%) of the respondent's fathers is employed in the government sector, indicating a secure income, benefits, and regular income, potentially impacting the family's economic situation. In agriculture, a higher proportion of women are employed (39.5%), and many likely work alongside their husbands. In addition, there is a higher percentage of mothers involved in daily labour (15.5%), local vending (12%), and teaching (11.5%). The number of unemployed mothers (11.5%) is higher than that of unemployed fathers (1%), suggesting that women face more barriers to employment or are more likely to be occupied with household responsibilities. In formal industries such as business (11%), government (15%), and farming (6%), fathers are more prevalent than mothers.

Nongstoin is primarily a rural area where most residents are involved in farming activities. Therefore, most of the respondent's parents are farmers, despite their other occupations. There is no doubt that agriculture plays an important role in

the lives of both fathers and mothers, but more women are involved in farming than men. Compared to mothers, fathers are more likely to work in the formal sector of the economy (business, government, and private). Among mothers and fathers, teaching jobs are relatively evenly distributed, but local vending is much more common among mothers.

Table 4.4 Respondents parents' educational qualification

Educational qualification of the respondents parents	Father's Qualification			Mother's Qualification		
	Male (n=100)	Female (n=100)	Total (n=200)	Male (n=100)	Female (n=100)	Total (n=200)
Illiterate	6 (3)	9 (4.5)	15 (7.5)	9 (4.5)	4 (2)	13 (6.5)
Lower primary	23 (11.5)	19 (9.5)	42 (21)	16 (8)	26 (13)	42 (21)
Upper primary	16 (8)	25 (12.5)	41(20.5)	24 (12)	24 (12)	48 (24)
High school	27 (13.5)	21 (10.5)	48 (24)	33 (16.5)	24 (12)	57 (28.5)
Higher secondary	13 (6.5)	13 (6.5)	26 (13)	8 (4)	12 (6)	20 (10)
Graduate	12 (6)	9 (4.5)	21 (10.5)	9 (4.5)	9 (4.5)	18 (9)
Post Graduate	1 (0.5)	0 (0)	1 (0.5)	0 (0)	1 (0.5)	1 (0.5)
No Father/Mother figure	4 (2)	2 (1)	6 (3)	0 (0)	1 (0.5)	1 (0.5)
	Mean = 3.4897, SD =1.46192			Mean = 3.4372, SD =1.36878		

Source: Computed

Figures in parentheses are percentages

In table 4.4, it is shown the educational qualifications of the respondents' parents (both fathers and mothers), which reveals interesting trends regarding parental education levels.

Education Levels of the respondents' fathers

Illiterate (7.5%): A small portion of fathers have no formal education, suggesting limited educational opportunities or barriers for this group.

Lower Primary (21%): A significant portion completed only the first few years of school, indicating early school dropouts or limited access to education.

Upper Primary (20.5%): A similar percentage of fathers finished upper primary (up to Class 8), which is slightly lower than those with only lower primary education.

High School (24%): The largest group, with one-quarter of fathers having completed high school, indicating that secondary education was somewhat more accessible to this group.

Higher Secondary (13%): A smaller proportion of fathers progressed beyond high school, completing higher secondary education, suggesting a decline in continuation after high school.

Graduate (10.5%): Only about 1 in 10 fathers reached the level of a bachelor's degree, reflecting lower rates of access to higher education.

Postgraduate (0.5%): Very few fathers pursued postgraduate education, indicating that advanced degrees are uncommon in this population.

No father/Mother figure (3%): a small number of the respondents have no father figure

Education Levels of the respondents' mothers:

Illiterate (6.5%): Slightly fewer mothers are illiterate compared to fathers, but the percentage is still notable.

Lower Primary (21%): The same proportion as fathers, reflecting similar early educational experiences.

Upper Primary (24%): A higher proportion of mothers than fathers completed upper primary education, which may suggest an increasing trend for women's education over time.

High School (28.5%): The largest group among mothers, with nearly 30% having completed high school. This indicates that more mothers than fathers reached this level, showing a potential shift in educational opportunities for women.

Higher Secondary (10%): A slightly lower percentage of mothers than fathers reached higher secondary education, suggesting that after high school, fewer women continued their education.

Graduate (9%): Fewer mothers have a graduate degree compared to fathers, indicating a gender gap in access to higher education.

Postgraduate (0.5%): Very few mothers achieved a postgraduate degree, even fewer than fathers, reflecting limited opportunities for women in higher education.

Overall, High school education is the most common highest level of education for both fathers (24%) and mothers (28.5%), indicating that while basic education is widespread, higher education beyond secondary school is less common.

Gender gap in higher education: There is a historical gap in educational access for women, particularly at higher levels, that is illustrated by the fact that fewer mothers have graduate or postgraduate degrees than fathers.

Illiteracy and low education: While the rates of illiteracy are low for both fathers (7.5%) and mothers (6.5%), a substantial portion of both groups only completed primary education. This indicates that education past the elementary level was not always accessible or prioritized.

Increase in women's education: Mothers tend to have higher representation in the upper primary and high school levels, which may reflect a gradual improvement in female educational attainment over time, though it still lags behind men at higher levels.

As can be seen from the table, basic education (up to high school) is more prevalent, while higher education is still relatively rare, especially for mothers. The educational attainment of women is changing, with more mothers reaching high school and upper primary than fathers, indicating that women have made progress in their education over the years. There persists a gender gap in higher education, with fathers being more likely than mothers to hold graduate or postgraduate degrees, although this gap is small at the postgraduate level. Although the educational landscape has improved, particularly for mothers, there are still challenges associated with access to higher education, particularly for women. Despite progress in education at the primary and secondary levels, higher education remains less widespread.

Table 4.5 Respondents Family income

Monthly Family Income of the Respondents	Male (n=100)	Female (n=100)	Total (n=200)
Up to 10,000 Per Month	20 (10)	25 (12.5)	45 (22.5)
10, 000 to 25, 000 Per Month	68 (34)	72 (36)	140 (70)
25,000 to 1 lakh Per Month	8 (4)	7 (3.5)	15 (7.5)
1 lakh to 2 lakh Per Month	0 (0)	0 (0)	0 (0)
Mean = 1.8500, SD = .52810			

Source: Computed

Figures in parentheses are percentages

The table (4.5) indicates the High school student's family monthly income where the vast majority of the respondents (70%) family income belong to the Lower-Middle-Class Income with the monthly family income of 10,000 to 25,000 thousand. This suggests that the majority of the high school student's family earn a modest but stable income, covering basic needs with limited savings.

A little more than a fifth (22.5%) fall into the category of Lower-Class Income with a family monthly income of up to 10,000 per month. This category likely has limited financial flexibility and may struggle to meet non-essential expenses.

Less than a tenth (7.5%) of the respondent's family income falls into the category of Middle-Class Income with a family monthly income of 25,000 to 1 lakh per month. This group has higher financial security, allowing for discretionary spending and investments. The table also shows that no high school students family earns above ₹1,00,000 per month highlighting a lack of high-income earners in this among the respondents. The Mean Income Level = 1.85 suggests that most families are in the ₹10,000 – ₹25,000 category, closer to the lower end). Standard Deviation (SD) = 0.5281, indicating moderate variation in income levels but with most respondents concentrated in the lower two categories.

Table 4.6 Family assets of the respondents

Family assets		Male (n=100)	Female (n=100)	Total (N=200)
Television	One	73 (36.5)	64 (32)	137 (68.5)
	Two	3 (1.5)	0 (0)	3 (1.5)
	None	24 (12)	36 (18)	60 (30)
	Mean = 1.7150, SD = .48472			
Four-Wheeler ownership	One	23 (11.5)	30 (15)	53 (26.5)
	Two	3 (1.5)	3 (1.5)	6 (3)
	Three or more	1 (0.5)	0 (0)	1 (0.5)
	None	73 (36.5)	67 (33.5)	140 (70)
	Mean = 1.3400, SD = .56212			
Two-Wheeler ownership	One	5 (2.5)	12 (6)	17 (8.5)
	More than one	0 (0)	0 (0)	0 (0)
	None	95 (47.5)	88 (44)	183 (91.5)
	Mean = 1.0850, SD = .27958			
Desktop/Laptop ownership	One	6 (3)	11 (5.5)	17 (8.5)
	None	94 (47)	89 (44.5)	183 (91.5)
	Mean = 1.0850, SD = .27958			
Cell phone ownership at home	One	23 (11.5)	27 (13.5)	50 (25)
	Two	44 (22)	47 (23.5)	91 (45.5)
	Three or more	29 (14.5)	24 (12)	53 (26.5)
	None	4 (2)	2 (1)	6 (3)
	Mean = 2.9550, SD = .7959			
Musical instrument	One	17 (8.5)	15 (7.5)	32 (16)
	Two	2 (1)	4 (2)	6 (3)
	Three or more	1 (0.5)	2 (1)	3 (1.5)
	None	80 (40)	79 (39.5)	159 (79.5)
	Mean = 1.2650, SD = .58865			
House ownership	Own House	94 (47)	93 (46.5)	187 (93.5)
	Rented House	6 (3)	7 (3.5)	13 (6.5)
	Mean = 1.9350, SD = .24714			

Source: Computed

Figures in parentheses are percentages

Table 4.6 provides an overview and insights into the economic conditions of the respondents based on the asset ownership by their families.

Television Ownership

A vast majority of respondents families (68.5%) own one television, showing that most households have at least one TV. Only a small portion (1.5%) own two televisions suggesting that multiple televisions are uncommon in these households. A significant portion (30%) do not own a television, indicating that while TV ownership is common, there is still a substantial minority without access to a television. Overall, television is a widely available asset of the respondent's family, but a notable percentage lacks access, possibly due to financial limitations.

Four-wheeler Ownership

A significant majority of the respondents (70%) do not own a four-wheeler. However, a notable portion of (26.5%) of respondents own one four-wheeler, which is significant compared to two-wheeler ownership. Ownership of two or more four-wheelers is rare, with only (3.5%) owning more than one vehicle. This suggests that cars may be seen more as a necessity for a few, but not the majority. The mean and SD further reinforce that most participants lack vehicle ownership, with limited variation.

Two-wheeler Ownership

Two-wheeler ownership among the respondent's family is very limited, with (91.5%) do not own a two-wheeler, suggesting that two-wheelers are not a prevalent mode of transport for this sample. Only 8.5% of the population owns one two-wheeler, indicating that individual ownership of this vehicle type is relatively uncommon.

Desktop/Laptop Ownership

Ownership of desktops or laptops is extremely low among participants with a vast majority of (91.5%) do not own a desktop or laptop, which suggests that access to personal computers is quite low in this group. Only 8.5% own one computer,

indicating that computer ownership is not widespread, potentially reflecting limited access to computers technology.

Cell Phone Ownership

A vast majority of the respondents' families (97%) own at least one cell phone, with ownership divided into 45.5% owning two cell phones, 26.5% owning more than two, 25% owning one. Only 3% do not own a cell phone, highlighting that cell phones are nearly ubiquitous in this generation. Cell phone ownership at home is very common and generally high. Nearly three-quarters of households own two or more phones, while very few lack phones entirely. The mean = 2.9550 suggests that, on average, households have close to three phones. The standard deviation = 0.7959 shows moderate variability in the number of phones across households reflecting the range from no phone to three or more.

Musical Instrument Ownership

A large majority (79.5%) do not own a musical instrument, indicating that musical instruments are not commonly possessed by this group. Around 16% own one instrument, and very few own two or more (4.5% combined). This suggests that while a small fraction is musically inclined, it's not a significant trend in this sample.

House Ownership

A striking 93.5% of respondents own their house, indicating that home ownership is extremely high in this population. Only a small fraction (6.5%) lives in rented houses, implying that housing security and ownership are prevalent in this group. The mean close to 2 reflects that most respondents own their homes. The very low SD shows very little variation in housing status across the sample.

Cell phones and houses are the most common assets, with nearly all respondents owning a phone at home and the majority owning their own home. There is a moderate level of vehicle ownership, particularly for four-wheelers, while ownership of two-wheelers is relatively uncommon. The ownership of televisions is

also quite common, but a significant minority still lacks access to it. In terms of computer and musical instrument ownership, these categories are relatively uncommon, reflecting either a lack of need or affordability issues. There is a wide range of access to consumer goods in this table, with essential technologies like phones and televisions more common than luxury products such as four-wheelers and computers.

This chapter presents detailed information on the demographic characteristics of the high school students who participated in the study. This section serves as a foundational component of the research by offering essential background information about the respondents. Understanding the demographic context enhances the accuracy, relevance, and applicability of the findings, thereby contributing to meaningful insights that can guide informed decision-making and targeted interventions.

A growing body of evidence demonstrates that demographic factors particularly parental education, occupation, and overall socioeconomic status significantly shape both the life skills and mental health of school-aged adolescents. Large-scale epidemiological studies consistently show that lower parental education and socioeconomic status increase the risk of adolescent internalizing and externalizing disorders due to reduced access to health-promoting environments and developmental opportunities (McLaughlin et al., 2012). Reviews of socioeconomic gradients in youth health further highlight that parental education and occupation influence children's coping, self-regulation, and behavioural functioning, which are central components of life skills (Gautam et al., 2023). Cross-national findings also indicate that adolescents whose parents have higher educational attainment exhibit lower levels of depression and better psychological adjustment, suggesting that more educated parents provide supportive, cognitively stimulating home environments (Xiang et al., 2024; Yang et al., 2025). Research on parental occupation reveals that unstable or precarious employment elevates the risk of adolescent mental-health difficulties, illustrating how occupational stress may be transmitted into the family context (Aronsson et al., 2025). Evidence from India supports these global patterns,

showing that parental education and occupation significantly predict adolescents' decision-making abilities, interpersonal competence, and emotional regulation—skills essential for positive mental health. Longitudinal studies further confirm the enduring influence of demographic characteristics, with parental education shaping the development of foundational skills well into adulthood (Muschalla et al., 2025). Collectively, these studies demonstrate that demographic profiles are not merely background variables but critical determinants of both life-skills development and mental-health outcomes among school students.

The next chapter examines the level of life skills of High School students focusing on the 10 core life skills outlined by World Health Organization (WHO) and the level of mental health of high school students.

CHAPTER V

LIFE SKILLS AND MENTAL HEALTH OF HIGH SCHOOL STUDENTS

The previous chapter provided a detailed explanation of the demographic profile of the high school students who participated in the research study. Building upon that foundation, this chapter aims to present an in-depth analysis of the students' level of life skills, with a particular focus on the ten core life skills identified by the World Health Organization (WHO). Additionally, this chapter explores the mental health status of the respondents, specifically examining their experiences with anxiety, depression, and stress.

The analysis carried out for this chapter is on the life skills and Mental health of high school students in Nongstoin, West Khasi Hills District of Meghalaya and it is organized into five sections, each addressing a key component of the data analysis. The first section presents the findings related to the level of life skills among high school students, with each of the ten life skills dimensions displayed in separate tables. The second section focuses on the mental health status of students, specifically assessing levels of anxiety, depression, and stress, which are illustrated across three distinct tables. The third section explores the association between gender and the various life skills and mental health dimensions, providing insights into potential gender-based differences. In the fourth section, the correlation analysis is presented, examining relationships between each of the ten life skills dimensions and overall mental health, as well as between overall life skills and each of the three mental health components, anxiety, depression, and stress and finally, between overall life skills and overall mental health. The final section reports the results of the reliability tests conducted for the tools used in the study: the Life Skills Assessment Scale (LSAS) and the Anxiety, Depression, and Stress Scale (ADSS).

5.1 Level of Life skills of the High school students

This section highlights the level of life skills among high school students across the ten core dimensions outlined by the World Health Organization (WHO).

According to the World Health Organization (1997), 'life skills are defined as the abilities for adaptive and positive behaviour that enable individuals to effectively deal with the demands and challenges of everyday life'.

The World Health Organization (1997) highlights ten essential life skills that are fundamental for promoting mental well-being and enabling individuals to function effectively in their daily lives. These skills are broadly categorized into three areas: thinking skills, social skills, and emotional skills. Thinking skills include critical thinking, creative thinking, decision-making, and problem-solving, all of which help individuals analyse situations, explore alternatives, and make informed choices. Social skills encompass effective communication, interpersonal relationship skills, and empathy, which are vital for building healthy connections and understanding others. Emotional skills involve self-awareness, coping with emotions, and coping with stress, enabling individuals to manage their feelings and handle pressure in a positive manner. Together, these life skills empower people to navigate challenges, build resilience, and lead productive, fulfilling lives. According to the WHO, the ten essential life skills include:

1. **Self-awareness:** Being aware of one's characteristics, strengths, weaknesses, desires, and dislikes.
2. **Empathy:** A feeling of understanding and sharing another's feelings, and the ability to imagine what their life is like.
3. **Effective communication:** The ability to communicate clearly and confidently, both verbally and non-verbally.
4. **Interpersonal relationship skills:** The ability to build and maintain healthy relationships with others.
5. **Creative thinking:** Coming up with new and original solutions to problems.
6. **Critical thinking:** Understanding outcomes and learning from them by analysing information and experiences objectively.
7. **Decision making:** Considering different options and consequences in order to make informed decisions.

8. **Problem solving:** The ability to identify problems and develop effective solutions.
9. **Coping with stress:** Understanding the sources of stress and coping with them in an effective manner.
10. **Coping with emotions:** Acknowledging and managing emotions such as anger, fear, sadness, and joy.

For the psychological well-being of young people, these skills are essential as a foundation for promoting mental health, preventing behavioural problems, and building resilience in the face of life's challenges.

This section provides an evaluation of the ten core life skills among high school students in Nongstoin, located in the West Khasi Hills District of Meghalaya. The assessment was carried out using the Life Skills Assessment Scale (LSAS), developed by Radhakrishnan Nair, Subasree, and Ranjan (2010). This standardized tool is specifically designed to assess the life skills of high school adolescents, offering a comprehensive measure of their abilities across the ten essential domains identified by the World Health Organization.

Self-awareness skills

Self-awareness is a fundamental life skill that involves the ability to recognize and understand one's own emotions, thoughts, and behaviours, and how these influence interactions with others. It plays a critical role in emotional intelligence and personal development. Self-awareness encompasses an understanding of one's character, strengths and weaknesses, preferences, desires, and dislikes. Through this reflective process, adolescents gain insight into their own values, which helps build the confidence needed to face life's challenges effectively. Moreover, self-awareness enables individuals to identify their limitations and areas for improvement, leading to better performance and personal growth. An individual who possesses a strong sense of self-awareness is more likely to lead a fulfilling and purpose-driven life. Recognizing one's emotional responses, especially in stressful situations, contributes to improved coping strategies and resilience. Several self-

related constructs are often associated with self-awareness, including self-image, self-concept, and self-esteem (Subasree & Nair, 2014; UNESCO, 2001; Wadkhar, 2016; World Health Organization, 1997).

Having self-awareness skills is extremely important, especially for school adolescents in order to improve their focus and learning. By understanding what distracts or stresses them, they will be able to manage emotions such as anger, anxiety, or sadness in a healthy manner. It is important for students to be aware of their actions in order to communicate effectively with their friends, classmates, and teachers. Additionally, it enhances their self-confidence and decision-making abilities by helping them to identify their strengths and weaknesses. When students feel nervous before a test, they can identify the feeling, and use deep breathing to calm down, or when they realize they procrastinate on homework, they create a study schedule or when they receive a low grade, they reflect instead of blaming the teacher and ask for assistance.

Table 5.1 Self-awareness Skills of high school students

Self-awareness skills	Range of Scores	Male (n=100)	Female (n=100)	Total (N=200)
Very High	Above 48	0 (0)	0 (0)	0 (0)
High	44 to 48	0 (0)	3 (1.5)	3 (1.5)
Average	34 to 43	31 (15.5)	30 (15)	61 (30.5)
Low	29 to 33	28 (14)	39 (19.5)	67 (33.5)
Very low	Below 29	41 (20.5)	28 (14)	69 (34.5)

Sources: Computed

Figures in parentheses are percentages

The above table 5.1 reveals the self-awareness skills of high school students, and as it shows a little more than a third (34.5%) of the high schools' students have very low self-awareness followed by another third (33.5%) high school students having low self-awareness. More than a fourth (30.5%) of the high school students have average self-awareness, and a small number of only (1.5%) have high self-awareness and with 0% have very high self-awareness. The majority of the high school students (68%) scored in the low or very low ranges, indicating that most of the students fall on the lower end of the scoring spectrum. No one scored in the very high range, showing that extremely high scores were not achieved in this sample. The above table indicates that high school students are having low self-awareness which is one of the important life skills in one's life and also as given as one important life skills by WHO.

The distribution of self-awareness scores across gender categories shows that very few high school students scored in the High range (1.5%) and all were female, suggesting that males' students did not have a high self-awareness. A significant portion of the sample scored in the Average range (30.5). The distribution between genders is almost equal with (15.5%) males and (15%) females. The Low category has the largest number with (19.5%) females and (14%) males. A large number of the students also scored in the Very Low range with more males (20.5%) into this category than females with (14%). The distributions indicates that females have a more balanced distribution across all score ranges, with representation in the High category and relatively fewer individuals in the 'Very Low' range. Males high school students are heavily represented in the 'Very Low' category and have no representation in the 'High' category, indicating potentially lower self-awareness overall. The finding reflects gendered differences in self-awareness, with females slightly outperforming males in terms of higher scores in life skills and fewer falling into the lowest category.

There are several environmental and social factors that contribute to students' low self-awareness skills. It may be difficult for young students to recognize and understand their emotions, behaviour, and thought patterns. The development of self-awareness occurs through experiences, challenges, and reflection, and many students

have not yet been exposed to sufficient real-life situations that require deep introspection. In addition, many students are seeking approval from peers, teachers, and parents rather than focusing on their own internal thoughts and feelings. Social media and academic pressures can cause students to focus more on how they are perceived than on what they truly believe. In particular, adolescents are concerned about being judged by their peers, which inhibits them from expressing their true feelings and thoughts; they may suppress self-reflection in order to fit in or avoid criticism. There is a great deal of structure in schools, so students have little opportunity to pause and reflect on their emotions and behaviour; instead, the focus is often on memorization, discipline, and performance rather than on introspection.

Empathy Skills

Being able to empathize with others means understanding their feelings and sharing them. Whether at home, at work, or in schools, they play a significant role in fostering strong relationships, enhancing effective communication, and fostering a supportive atmosphere.

Empathy skills are important not only for the emotional well-being of high school students, but also to create a more respectful, connected learning environment. As students demonstrate empathy, they are able to improve their peer relationships by understanding one another's feelings and struggles, reducing conflict, bullying, and misunderstandings, and building trust and stronger friendships. Additionally, it promotes emotional intelligence in students by allowing them to become more aware of their own emotions as well as the emotions of others. Consequently, students are able to regulate their own behaviour and communicate more effectively. As a result of fostering empathy skills in students, a more safe, supportive learning environment can be created in the classroom, as well as a more collaborative and collaborative relationship between the teacher and the students can be fostered. It has also been demonstrated that empathy is associated with a lower rate of aggressive behaviour among students, since those who are aware of the pain they may cause to others are less likely to harm them. Further, it enhances the mental health of the students; empathic students are more likely to notice when others are

struggling and they are more likely to reach out and offer assistance to their peers. Students who possess empathy skills are more likely to succeed in the workplace, in relationships, and in communities in the future. Employers value emotional intelligence and teamwork skills, which help students develop into kind, responsible adults.

Table 5.2 Empathy skills of the Respondents

Empathy skills	Range of Scores	Male (n=100)	Female (n=100)	Total (N=200)
Very High	Above 51	0 (0)	0 (0)	0 (0)
High	46 to 51	0 (0)	0 (0)	0 (0)
Average	36 to 45	18 (9)	18 (9)	36 (18)
Low	30 to 35	31 (15.5)	38 (19)	69 (34.5)
Very low	Below 30	51 (25.5)	44 (22)	95 (47.5)

Sources: Computed

Figures in parentheses are percentages

The above table categorizes the respondents based on their scores in empathy, dividing them into five performance levels: "Very High," "High," "Average," "Low," and "Very Low." The table shows that a little less than half (47.5%) which is in the very low category and it contribute the highest indicating that nearly half of the participants scored very low, followed by a little more than a third (34.5%) of the respondents scored in the low category. Less than a fifth (18%) of the total sample of high school students, a small but notable portion of the group falls into the average category. And no one achieved high and very high scores.

The table shows that most of the respondents scored in the "Low" or "Very Low" categories with (82%) combined, indicating weak score in empathy. Only a

small portion of the sample (18%) achieved "Average" scores, and no one scored in the "High" or "Very High" ranges which suggests that majority of the High school adolescents have low empathy skills.

The gender comparison of empathy skills shows that in average the distribution is equal between both male and female high school students with (9%) male and (9%) female. Another significant portion of the high school students falls into the Low category with more females (19%) compared to males (15.5%). The Very Low category has the largest number of high school students with (25.5%) male (22%) female.

The table shows that males high school students are more represented in the 'Very Low' empathy category, making up more than half of the group in this range. They also have a smaller percentage in the 'Low' range compared to females. Females show a more balanced distribution across the empathy levels, with equal representation in the Average range but slightly higher representation in the 'Low' category compared to males. There appears to be a slight trend where females have relatively higher empathy scores than males, as seen in their stronger presence in the Low and Average categories compared to males' dominance in the Very Low range.

Many students face difficulties in understanding and managing their own emotions, which often impairs their ability to identify and respond appropriately to the emotions of others. This limited emotional awareness can have a detrimental impact on their interpersonal relationships and overall mental well-being. In numerous educational environments, emotional intelligence is not explicitly or systematically taught, resulting in students lacking the necessary skills to effectively regulate, express, and cope with their emotions.

Effective Communication Skills

The World Health Organization (WHO) emphasizes the importance of effective communication skills for a healthy development and wellbeing. A person is considered to have effective communication skills when he or she is able to express himself or herself clearly and confidently both verbally and non-verbally, listen

actively without interrupting, and respond appropriately according to the context and needs of the situation. The ability to negotiate and assert oneself respectfully, particularly in challenging situations, along with the capacity to interpret non-verbal cues such as body language, tone of voice, and facial expressions are essential components of effective communication. An individual who is able to communicate effectively is more likely to build healthy relationships, resolve conflicts, express their needs and emotions appropriately, and avoid misunderstandings.

In order to achieve academic success and increase grades, high school students must develop effective communication skills as part of their personal development and academic success. Active listening helps students gain a deeper understanding of and retain information by expressing their ideas clearly in class discussions, presentations, and writing assignments.

To build stronger and healthier relationships with their peers, students must be able to communicate effectively. It is important that students express their feelings and seek assistance when needed in order to manage stress, anxiety, and emotional challenges effectively. It also encourages openness and reduces feelings of isolation. Furthermore, it enhances the self-esteem and self-confidence of the student. An effective communication skill is essential for all types of interpersonal interactions, including job interviews, teamwork, and leadership. Communicating effectively is a vital life skill that will assist individuals in their future success in college, at work, and in society at large.

Table 5.3 Effective Communication Skills of the Respondents

Effective Communication skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 40	0 (0)	0 (0)	0 (0)
High	36 to 40	1 (0.5)	0 (0)	1 (0.5)
Average	26 to 35	21 (10.5)	34 (17)	55 (27.5)
Low	20 to 25	54 (27)	43 (21.5)	97 (48.5)
Very low	Below 20	24 (12)	23 (11.5)	47 (23.5)

Source: Computed

Figures in parentheses are percentages

Table 5.3 indicates that a little less than a half (48.5%) of the respondents falls in the low category. Followed by a little less than a fourth (23.5%) falls in the very low category. Combining the low and very low score a vast majority of the respondents fall in the lower score ranges, indicating that majority of the respondents has low effective communication skills. This distribution suggests that interventions or strategies is very much needed to improve performance in terms of Effective communication. A little more than a fourth (27.5%) of the respondents falls within the "Average" category which indicates that about a quarter of the respondents achieved a moderate level in terms of effective communication. Only 1 (0.5%) of the respondent scored in the "High" range. This suggests that high scores are very uncommon in terms of Effective communication.

The table also displays gender differences in effective communication scores of High school students. And as it shows in the above table only (0.5%) male high school achieved scored in the High range of effective communication and no females students achieved a high score in effective communication. In the Average range in

effective communication, more females (17%) fall into this category compared to males (10.5%). The majority of the high school students 48.5% fall into the Low range of effective communication with (27%) males and (21.5%) females. In the very low range, more male (12%) falls in this category compared to female with (11.5%)

The majority of the high school students (71.5%) scored in the Low or Very Low ranges, indicating a general deficiency in effective communication skills across the sample. Females high school students tend to have slightly higher effective communication scores overall, as evidenced by their stronger representation in the Average category and smaller representation in the Low category compared to males. The rarity of High scores (0.5%) suggests that strong communication skills are uncommon among the high school students.

It is unfortunate that many students are not given sufficient opportunities to practice their communication skills in real-life situations. It is common for schools to place a greater emphasis on academic subjects than interpersonal skills, which leaves students unprepared for conversations, debates, and public speaking. Several students come from backgrounds in which open communication is not encouraged, making it difficult for them to express themselves confidently.

Interpersonal relationship skills

The World Health Organization (WHO) considers interpersonal relationship skills to be among the ten most important life skills for promoting health and well-being. It entails the ability to establish and maintain healthy relationships with family, peers, teachers, and others, establish positive relationships based upon trust, respect, and mutual understanding, respect and recognize others' feelings and perspectives, cooperate and work well in teams, which includes sharing responsibilities and resolving conflicts peacefully, as well as providing and seeking assistance if required.

Interpersonal relationship skills are particularly important for high school students, as they are at a developmental stage where social interactions play a crucial

role in both academic and personal growth. These skills promote empathy, cooperation, and kindness in everyday interactions, enabling students to build meaningful, respectful, and supportive friendships. Students with strong interpersonal skills are also more likely to resolve conflicts peacefully, as they learn to manage disagreements in a calm and respectful manner. This, in turn, helps reduce incidents of bullying, peer pressure, and social isolation within the school environment. Moreover, fostering interpersonal skills contributes to a greater sense of belonging and emotional security among students, thereby enhancing teamwork and collaboration. As students acquire and strengthen these skills, they are better prepared to navigate various aspects of life beyond school, including romantic relationships, workplace dynamics, and community engagement.

Table 5.4 Interpersonal relationship skills of the respondents

Interpersonal relationship skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 49	0 (0)	0 (0)	0 (0)
High	45 to 49	2 (1)	2 (1)	4 (2)
Average	35 to 44	24 (12)	32 (16)	56 (28)
Low	30 to 34	28 (14)	31 (15.5)	59 (29.5)
Very low	Below 30	46 (23)	35 (17.5)	81 (40.5)

Source: Computed

Figures in parentheses are percentages

The table provides a breakdown of the frequency and percentage distribution of scores within specific ranges in relations to Interpersonal skills of the respondents, it categorized into five levels which Very High, High, Average, Low, and Very Low. The table shows that more than a third (40.5%) of the respondents score 'Very low' in interpersonal relationships, followed by a little more than a fourth (29.5%) of the respondents are in the 'Low' category, another more than a fourth (28%) of the

respondents score 'Average' in interpersonal relationship which also shows that a considerable number of high school students fall within the mid-range of performance in their interpersonal relationship skills, a small number of (2%) of the respondents' are in the 'High' category whereas none of the respondents achieved the 'Very High' score in terms of their interpersonal relationship. With a total sample size of 200, the distribution highlights a skewed pattern, with the majority (70%) scoring in the Low and Very Low categories, and relatively few achieving Average or higher scores (30%). This indicates that a significant portion of the high school students struggles to achieve higher scores, suggesting challenges or difficulties among high school students in terms of interpersonal relationship.

This table above also provides an insight into the relationship levels categorized by gender. Among the male high school students, the largest proportion of male's high school students (23%) falls under the "Very Low" category, indicating challenges in maintaining strong interpersonal relationships. (14%) are in the "Low" category, while (12%) have "Average" interpersonal relationships. Only (1%) males high school students show "High" interpersonal relationships, highlighting a minimal presence in the most positive category.

Females high school students show a slightly more balanced distribution compared to males' students. The "Very Low" category has (17.5%) of females, smaller than the male proportion for this category. The largest group of females (16%) is in the "Average" category, suggesting better interpersonal connections than males on average. Similar to males, only 2 females (1%) fall into the "High" category.

A higher percentage of males (23%) compared to females (17.5%) fall into the 'Very Low' category, indicating males are more likely to have weaker interpersonal relationships. Females have a slightly larger representation in the "Average" category (16%) compared to males (12%), while the "Low" category is relatively similar (15.5% for females and 28% for males). Both male and female high school students have an equally low percentage (1%), reflecting a general scarcity of

individuals with very strong interpersonal relationships. Females high school students appear to have slightly stronger interpersonal relationships overall.

Creative thinking skills

Creative thinking refers to the ability to generate original ideas and develop innovative solutions to problems or challenging situations. It enables individuals to think beyond their immediate experiences and approach tasks or decisions from new perspectives. This skill is particularly valuable in education, the workplace, and everyday life. For example, creative thinking is essential in resolving conflicts peacefully, designing new learning strategies, adapting to changes in school or work environments, and exploring alternative solutions to problems. Recognized by the World Health Organization (1997) as one of the ten core life skills essential for healthy development and effective living, creative thinking plays a key role in fostering adaptability and flexibility in daily life. It encourages individuals to approach situations with an open mind and equips them with the capacity to respond constructively to life's complexities and uncertainties.

Creative thinking provides high school students with the opportunity to solve problems in new and creative ways. It strengthens students' capacity to think creatively and generate innovative solutions, a valuable skill that extends beyond academic achievement and proves beneficial in addressing real-life challenges. Students who are able to think creatively are better equipped to cope with unexpected challenges in a world that is constantly changing. A student's ability to generate original ideas gives them a sense of pride and ownership, and it also enhances their learning in subjects such as writing, science, art, and math, which value innovation and new approaches. In addition, creative thinking skills enhance collaboration and communication, since many creative tasks require teamwork, which allows students to share ideas and build on each other's contributions. Several modern occupations place an emphasis on innovation, problem-solving, and fresh thinking. The ability to be creative enhances these skills.

Table 5.5 Creative Thinking skills of the respondents

Creative Thinking skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 38	0 (0)	0 (0)	0 (0)
High	35 to 38	0 (0)	0 (0)	0 (0)
Average	26 to 34	14 (7)	18 (9)	32 (16)
Low	20 to 25	51 (25.5)	58 (29)	109 (54.5)
Very low	Below 20	35 (17.5)	24 (12)	59 (29.5)

Source: Computed

Figures in parentheses are percentages

Table 5.5 shows the scores in Creative thinking skills of the high school students. And as it shows in the table above, more than half (54.5%) of the high school students has 'Low' score in creative thinking skills followed by a little less than a third (29.5%) on the 'Very low' score. More than a tenth (16%) of the high school students achieved 'Average' score which also indicates that a significant number of the respondents has an average creative thinking skill. None of the high school students could score 'High' and 'Very high' score in creative thinking.

The table highlights that the majority of participants (84%) combining "Low" and "Very Low" categories scored below average, suggesting a general trend of low performance in terms of creative thinking among the high school students. The absence of scores in the "High" and "Very High" categories further reinforces this observation. The result of the above table indicates that the scores levels of the respondents in terms of creative thinking skew heavily towards the lower end, with only a small proportion achieving average scores and none reaching high or very high levels. This could suggest underlying challenges in terms of creative thinking of the high school students which further indicates the importance of enhancing the creative thinking among the young mind of school students.

In terms of gender differences most of the males' high school students fall into the "Low" category with (25.5%) followed by a significant proportion of male high school students in the "Very Low" category with (17.5%) male students. Only a small group of (7%) males' students' scores in the "Average" range in terms of Creative thinking.

Similar to males' high school students, the majority of females high school students fall into the "Low" category with (29%) but fewer females' students with (12%) are in the "Very Low" category compared to males with (17.5%). Females high school students have a slightly higher representation in the "Average" category.

On the average level of creative thinking a slightly higher percentage of females with (9%) of them compared to males' students with (7%) of them fall into this category, suggesting that females high school students may demonstrate slightly stronger creative thinking abilities overall. Both male and female students have a high proportion in the low category, with females slightly outnumbering males (58 vs. 51). Males' students have a larger proportion in the very low category compared to females, indicating that males may face more significant challenges with creative thinking. Overall, the females high school students slightly outperform the males' students in creative thinking, as evidenced by higher representation in the "Average" category and lower representation in the "Very Low" category.

Critical Thinking Skills

Critical thinking involves the capacity for clear, rational, and independent thought. It encompasses the ability to analyse information, evaluate evidence, and make logical judgments rather than accepting ideas at face value. According to the World Health Organization (1997), critical thinking is one of the ten essential life skills that empower individuals to make informed decisions and lead healthier, more responsible lives. Within the WHO's framework for life skills education, critical thinking is emphasized as a core skill for analysing complex situations and considering multiple options before arriving at a decision. More recently, through its Immunity Patrol initiative, the WHO (2024) has highlighted the importance of critical thinking in evaluating the credibility of online sources, particularly in the

context of health education. This initiative aims to equip individuals especially youth with the skills needed to assess digital information, make informed health-related choices, and build resilience against misinformation. As such, critical thinking is increasingly recognized as a vital competency for both personal and public well-being, enabling individuals and communities to navigate information, assess alternatives, and make sound, evidence-based decisions.

The ability to think critically is an essential skill for students since it facilitates their ability to understand things more clearly. The goal of students is not simply to memorize facts, but rather to gain a deep understanding of ideas and to make connections between them. By cultivating critical thinking skills, students are able to come up with intelligent, thoughtful solutions to problems that they encounter in schoolwork or in their daily lives. By doing so, students learn to weigh different options carefully rather than making snap decisions on the spur of the moment. Furthermore, critical thinking encourages students not to simply follow the opinions of others, but to form their own opinions based on evidence. It also helps them to improve their communication skills so that they are able to clearly explain their ideas, support them with evidence, and discuss topics respectfully with others. Students who are able to think critically will gain the tools they need to succeed both academically and in everyday life.

Table 5.6 Critical Thinking skills of the respondents

Critical Thinking skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 52	0 (0)	0 (0)	0 (0)
High	48 to 52	1 (0.5)	0 (0)	1 (0.5)
Average	36 to 47	9 (4.5)	24 (12)	33 (16.5)
Low	30 to 35	40 (20)	39 (19.5)	79 (39.5)
Very low	Below 30	50 (25)	37 (17.5)	87 (43.5)

Source: Computed

Figures in parentheses are percentages

The table above indicates that less than a half (43.5%) of the high school students falls into the level of very low in critical thinking skills. This also contribute the highest and it reflects that nearly half of the participants struggled significantly and achieved the lowest scores in critical thinking skills. A significant proportion of more than a third (39.5%) scored in the "Low" category. This indicates that a large portion of participants had below-average performance in their critical thinking skills. A moderate number of the high school students with more than a tenth (16.5%), scored in the "Average" range. This represents participants whose performance was relatively moderate compared to others in terms of critical thinking skills. Only 1 respondent (0.5%) scored in the "High" category, indicating that a very small portion of participants performed at a high-level critical thinking.

The table demonstrates a pronounced tendency towards lower performance levels, with most respondents scoring in the "Low" and "Very Low" categories. The majority of participants (83%, combining "Low" and "Very Low" categories) scored below average, showing a strong skew towards the lower end of performance. Only

(0.5%) of participants reached the "High" category, and none achieved "Very High" scores, highlighting a lack of exceptional performance in critical thinking skills.

The table also represents the distributions of score of male and female high school students in terms of their critical thinking skills. Most males high school students (45%) are concentrated in the Low and Very Low categories, with the largest proportion (25%) in the Very Low range. Only (0.5%) of males fall into the High category, and none in the Very High category. Females high school students also primarily fall into the Low and Very Low categories, but they have a slightly better score in critical thinking compared to males, with a larger proportion in the Average category (12%). As it shows in the above table neither males nor females have any representation in the "Very High" category. Only 1 male (0.5%) falls into the "High" category, compared to none for females. Females significantly outnumber males in the Average category (12% vs. 4.5%), indicating a stronger presence in the middle range of the distribution. A larger proportion of males (45%) compared to females (38%) fall into the Low and Very Low categories combined, suggesting that males face more challenges with Critical thinking skills.

Overall, female high school students exhibit a more favourable distribution in critical thinking skills, with a higher proportion falling within the *Average* category and a lower proportion in the *Very Low* category compared to their male counterparts. This distribution suggests that, on average, female students may demonstrate slightly stronger critical thinking abilities than males.

One of the key challenges in developing critical thinking skills among students is the continued emphasis of the education system on rote memorization rather than analytical thinking. A curriculum that prioritizes core academic subjects often lacks interdisciplinary approaches, limiting opportunities for students to apply critical thinking across various contexts. Traditional lecture-based teaching methods tend to be passive, offering few opportunities for active engagement, discussion, or problem-solving—elements essential for fostering critical thinking. Furthermore, if students are not regularly exposed to structured critical thinking activities and exercises, their ability to develop such skills may remain underdeveloped. The

increasing prevalence of digital distractions, such as social media and smartphones, further compounds the problem by reducing students' ability to concentrate, reflect deeply, and engage meaningfully with complex issues.

Decision-Making skills

An individual with good decision-making skills is capable of making a sound decision between different options or solving problems in a successful manner. Decision-making requires logical thinking as well as consideration of emotions, values, and goals. Developing these skills is an essential part of life in the classroom, at work, and in relationships. Among the ten essential life skills recommended by the World Health Organization (WHO), decision-making plays a vital role in promoting healthy development. It enables individuals to make thoughtful and informed choices, which are crucial for personal growth, responsible behaviour, and effective problem-solving in both academic and everyday life situations.

A decision-making skill is defined as the ability to make informed decisions regarding one's own behaviour and social interactions in a constructive and responsible manner (WHO, 1997). Specifically, it involves assisting young people in analysing situations, assessing risks, considering options, predicting outcomes, and choosing actions that are safe and beneficial to themselves and others. This is closely related to the ability to think critically, solve problems, and manage emotions.

For high school students, decision-making skills are particularly important, as they must make many more complex choices, such as selecting subjects, choosing friends, engaging in extracurricular activities, and determining their future careers. In high school, students are expected to make more independent decisions without the guidance of their parents or teachers. By being able to make good decisions, they will be able to resist unhealthy influences and stick to what is best for them. It should be noted that a high school student's academic choices, personal habits, and social behaviour can have a significant impact on the college career, career path, and personal relationships in the future. Making thoughtful decisions allows students to feel more in control of their lives, thus reducing stress, increasing confidence, and

reducing anxiety. For students to develop into strong, responsible, and happy adults after high school, they must possess a strong sense of responsibility and good decision-making abilities.

Table 5.7 Decision-making skills of the respondents

Decision making skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 48	0 (0)	0 (0)	0 (0)
High	44 to 48	0 (0)	1 (0.5)	1 (0.5)
Average	34 to 43	26 (13)	24 (12)	50 (25)
Low	29 to 33	34 (17)	36 (18)	70 (39.5)
Very low	Below 28	20 (10)	39 (19.5)	79 (39.5)

Source: Computed

Figures in parentheses are percentages

Table 5.7 shows that more than third (39.5%) of the high school students scored in the "Very Low" category which shows that nearly two-fifths of the high school students struggled significantly in decision making and achieved the lowest scores. A little more than a third (35%), scored in the "Low" category, indicating that more than a third of the high school students has low decision-making skills. A fourth (25%), fell within the "Average" range. This represents participants with moderate or satisfactory in terms of decision making. Only very few (0.5%) scored in the "High" category, signifying that very few participants reached a high level of performance in decision making.

The table highlights a distribution where most participants having difficulty in terms of decision making, with a substantial concentration in the "Low" and "Very

Low" categories which accounts for (74.5%) combining together reflecting a performance trend skewed towards the lower end. About a quarter of participants scored in the "Average" range, while very few scored well enough to enter the "High" category in terms of decision-making skills.

The table also provides an insight of the distribution of male and female high school students across different levels in terms of their decision-making skills. And it shows that males high school students predominantly fall into the "Low" category with the total number of 34 individuals (17%) and "Very Low" with the total number of 40 individuals (20%) categories, totalling (37%) of all males' high school students. The "Average" level also represents a significant portion, with 26 male high school students (13%). There are no males high school students that scored in the "Very High" or "High" categories in terms of Decision-making skills.

Similar to males, females high school students are mostly in the "Low" category in terms of decision-making skills with 36 female high school students (18%) and "Very Low" category with 39 individuals (19.5%). The "Average" level has (12%). Only 1 female (0.5%) falls into the "High" category, and none are in the "Very High" category.

Overall, both males and females high school students have similar distributions, with no significant differences in terms of decision-making skills. "Very Low" and "Low" levels dominate for both male and female high school students. Both male and female students show no representation in the "Very High" category. The only slight difference is in the "High" level, where females have 1 individual (0.5%), and males have none.

It is not uncommon for students to be hesitant to make decisions due to a fear of failure or making the wrong choice, and rely heavily on authority figures such as parents and teachers, which further reduces their ability to make decisions. As students have not been exposed to enough real-life situations to develop strong decision-making habits, they require more guidance, practice, and encouragement in order to develop strong decision-making skills. Moreover, young people may be

impacted by emotions such as fear, excitement, or frustration, which are still forming a foundation for their judgment.

Problem Solving skills

As the term suggests, problem-solving skills refer to the ability to identify, analyse, and effectively resolve difficult or complex situations. The steps involved in these processes include identifying a problem, analysing it, imagining possible solutions, evaluating those solutions, and implementing the most effective solution.

The World Health Organization (WHO) considers problem-solving to be one of the most important life skills for promoting mental well-being and helping individuals cope with the demands and challenges of daily life. As defined in WHO's framework, problem-solving skills are described, particularly in documents such as the Life Skills Education for Children and Adolescents in Schools document, as the capacity to identify problems clearly and accurately, develop alternative or possible solutions, evaluate the pros and cons of each solution, determine what actions to take, and take effective action upon the chosen solution (WHO, 1997).

According to the WHO, problem solving is important because it is associated with coping with stress, resolving conflicts, and making thoughtful decisions rather than reacting impulsively. The development of positive behaviours, the maintenance of mental health, and the prevention of violence are all considered important components of positive behaviour development.

Developing problem-solving skills is important for high school students, since they will need them in school, in their careers, and in their personal lives. It is important for students to be able to solve problems in order to be successful in school. This is achieved by allowing them to think critically and creatively when approaching assignments, projects, and tests. By learning how to solve problems, students are prepared for careers in the workplace, as every job requires the ability to solve a variety of problems, from simple daily problems to complex situations requiring high levels of pressure. Furthermore, students learn to weigh options carefully instead of acting on impulse by solving their own problems, leading to an

increase in self-confidence and self-reliance as well as improved decision-making skills. Furthermore, by resolving interpersonal conflicts calmly and logically, problem-solving enables students to deal with frustrations and setbacks without giving up and develops stronger friendships and teamwork skills. In addition to helping one feel more in control of one's life, the process of problem-solving is also conducive to reducing feelings of helplessness and anxiety. It is imperative that students develop good problem-solving skills so that they can grow into adaptable, responsible, and successful adults.

Table 5.8 Problem solving skills of the respondents

Problem solving skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 45	0 (0)	0 (0)	0 (0)
High	41 to 45	0 (0)	0 (0)	0 (0)
Average	31 to 40	19 (9.5)	23 (11.5)	42 (21)
Low	25 to 30	33 (16.5)	28 (14)	61 (30.5)
Very low	Below 25	48 (24)	49 (24.5)	97 (48.5)

Source: Computed

Figures in parentheses are percentages

The table provides a breakdown of scores of the high school students in terms of problem-solving skills. A little less than a half (48.5%) of the high school students are in the 'Very low' range in terms of problem-solving skills. A third (30.5%) of the high school students are in the 'Low' category. This suggests a significant number of the high school students are having problem in their problem-solving skills compared to average expectations. A little more than a fifth (21%) fall into the 'Average' category in terms of problem-solving skills which indicates a reasonable portion of

the students is performing at an average level in terms of problem-solving skills. No high school students could achieve the score in 'High' and 'Very High' category suggesting that there is lack of high school students achieving good problem-solving skills.

The table shows a skewed distribution towards lower performance levels, with (79%) of the sample scoring in the "Low" and "Very Low" categories. The absence of the high school students scoring in the "Very High" and "High" ranges suggests that the high school students generally lack the skills of problem solving.

The gender differences reveal that males high school students predominantly fall into the "Very Low" score with (24%) and "Low" level score with (16.5%), together comprising (40.5%) of the total sample. Only (9.5%) are in the "Average" category. No males' students are in the "High" or "Very High" categories.

Similar to males' high school students, females' students are also mostly in the "Very Low" (24.5%) and "Low" level with (14%), together making up (38.5%). Slightly more females with (11.5%) are in the "Average" category compared to males with (9.5%). No females are in the "High" or "Very High" categories.

Both male and female high school students display similar trends in terms of problem-solving skills, with no representation in the "High" or "Very High" categories. Males' students have a slightly higher proportion in the "Very Low" category (24% of the total population vs. 24.5% for females). Females have a marginally higher representation in the "Average" category (11.5% of the total population vs. 9.5% for males).

Coping with Emotion skills

An individual's ability to cope with emotions refers to their ability to manage feelings in a healthy manner. This includes self-awareness, which involves recognizing and identifying one's emotions, such as anger, sadness, excitement, as well as being able to control impulses and remain calm in the face of strong emotions. It involves the ability to relax and reduce stress through breathing

techniques, as well as talking to oneself in a kind, realistic manner instead of harsh criticism.

An individual who is equipped with these skills will be able to find practical solutions to the situation that is causing strong emotions and will be able to seek support as necessary. In addition to observing emotions without judgment, it involves exercising, such as walking or playing sports, to release emotional tension, and expressing feelings through art, writing, music, or dance. The practice of mindfulness also involves setting boundaries, such as saying no when necessary or leaving stressful situations when necessary.

As noted by the World Health Organization (WHO), coping with emotions is one of the ten core life skills essential to healthy development. A person's ability to cope with emotions encompasses a wide range of skills, including recognizing emotions in oneself and others, managing strong emotions such as anger, fear, sadness, and anxiety, developing resilience during times of loss, trauma, or stress, expressing emotions in a healthy manner, and coping with emotional responses to situations without becoming overwhelmed (WHO, 1997).

It is important to balance emotional reactions, avoid harmful behaviours, and develop emotional strength over time in order to cope with emotions, according to the World Health Organization. This skill is closely related to other life skills they promote, such as self-awareness, critical thinking, and interpersonal skills.

The development of coping skills is extremely important for school students, as they will be able to deal with stress when facing exams, peer pressure, and other changes. The development of coping skills allows students to remain focused and calm during times of stress. Additionally, it enhances students' learning experience because when they manage their emotions well, they are able to concentrate better and perform better on academic tasks. If students are able to control their emotions more effectively, their communication will be more respectful, and they will be able to develop stronger friendships, which will ultimately lead to better relationships.

When students are able to cope with their emotions well, anger outbursts, bullying, and classroom disruptions decrease, resulting in fewer behavioural problems.

It also promotes mental health by lowering the risk of anxiety, depression, and emotional burnout in addition to teaching students' resilience as they learn how to recover from failures, mistakes, or difficult circumstances. It also encourages positive decision-making by allowing them to think clearly and make safer, wiser choices regardless of their emotional state. It is imperative to teach students how to cope with emotional stress in order to ensure their academic success and maintain a positive outlook on life.

Table 5.9 Coping with emotion skills of the respondents

Coping with Emotion skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 47	0 (0)	0 (0)	0 (0)
High	43 to 47	4 (2)	0 (0)	4 (2)
Average	32 to 42	26 (13)	34 (17)	60 (30)
Low	26 to 31	47 (23.5)	42 (21)	89 (44.5)
Very low	Below 26	23 (11.5)	24 (12)	47 (23.5)

Source: Computed

Figures in parentheses are percentages

The above table shows the score of the high school students in terms of Coping with emotion and the table indicates that less than half (44.5%) score in the 'Low' category in terms of their coping with emotions. Followed by a third (30%) who are in the average category, this also shows that a good number of the high school students performs at a typical level in coping with their emotions. A little more than a fourth (23.5%) scored in the very low range. This reveals a smaller but

notable group that performs very low in terms of coping with their emotions. Only a small number (2%) fall in the 'high' range of score, suggesting that a very small proportion of the sample achieved moderately high scores.

The table distribution is skewed toward lower performance levels, with (68%) of participants combining in the "Low" and "Very Low" categories suggesting that high school students are poor in terms of coping with their emotions even though a good number of high school students (30%) are relatively average in dealing with their emotions. Only 2% of the sample achieved "High" scores, and none achieved "Very High" scores, highlighting a lack of high-performing in terms of coping with their emotions.

In term of the score's differences between male and female high school students in Coping with emotions skills, males high school students show the highest representation in the Low category with (23.5%) accounting for nearly half of all males. (13%) of the male high school students are in the 'Average' category and (11.5%) of the male high school students scores in the very low category in terms of coping with emotions. 4 males' students (2%) score in the 'High' category indicating some representation at a higher level. No males' students fall into the Very High category.

With regards to female high school students the highest proportion of females' students is also in the 'Low' category with (21%) females high school students fall into this level. (17%) of the students score in the 'Average' category which is a slightly higher proportion than males high school students. (12%) score in the 'Very low' category. Unlike males' students, females have no representation in the 'High' category. As with males, no females fall into the 'Very High' category.

Both male and female students follow a similar distribution pattern, with most individuals in the Low and Very Low categories. Males have a slight advantage in the High category (2%), while females have no representation here. Females have a slightly higher proportion in the Average category (17% vs. 13% for males).

Neither gender has representation in the Very High category, suggesting systemic or contextual factors affect both genders equally.

Students may struggle to cope with stress, anxiety and other emotions when they are under pressure to perform well in their academic studies. In addition, they may not receive adequate support from parents and teachers in order to cope with these emotions. Most rural students come from families that do not model healthy emotional regulation, which leads to a lack of skills in this area in rural areas such as Nongstoin.

Coping with stress skills

Coping with stress skills refers to a variety of techniques that allow a person to deal with pressure, tension, and anxiety in a positive and healthy manner.

The WHO and general mental health frameworks suggest that it is essential to identify the sources of stress by identifying what is causing pressure, such as exams, relationships, etc. In addition to time management skills, it is important to develop relaxation techniques such as deep breathing, progressive muscle relaxation, and mindfulness. Equally essential are problem-solving skills, which help individuals identify and implement realistic solutions to stressful situations, thereby enhancing their ability to cope with pressure effectively. And also seeking social support through talking to friends, family, teachers, or counsellors and positive thinking and self-talk such as statements like "I can handle this," instead of "I'm going to fail." It likewise includes healthy lifestyle habits such as eating healthy, getting enough sleep, exercising regularly, breaking tasks into smaller steps, setting boundaries to avoid feeling overwhelmed and the use of hobbies and activities for balance such as drawing, sports, music, and ways to recharge emotionally (WHO, 1997). A person can manage and reduce stress by understanding, managing, and reducing its causes as well as its emotional effects. In the midst of challenges, it assists both students and adults in remaining healthy, focused, and resilient.

Students in high school are especially in need of stress management skills since they are faced with a high level of academic pressure as they take exams, complete assignments, and make career decisions. Burnout, anxiety, and lowered performance may result from a lack of stress management skills. Good coping skills will help teenagers to remain balanced and prevent harmful behaviour, such as aggression or withdrawal, as they experience intense emotional changes as a result of hormonal changes and life changes. Additionally, it is important to note that social challenges at this stage are gaining in importance, such as friendships, peer pressure, harassment, and the exploration of one's identity. A healthy approach to managing these pressures will prevent long-term emotional damage for students. As high school is a critical time to prevent depression, anxiety, and self-esteem issues, the development of coping skills will assist them in protecting their mental health. In addition, the ability to cope with stress will help them build emotional resilience that will last throughout their lives. As a result of being able to cope with stress, students can make better decisions in terms of their relationship, their studies, their health, and their safety. As well as preparing students for adulthood, early coping skills allow them to transition into independent living more easily. Finally, stress management contributes to an overall sense of well-being, since it improves sleep, physical health, happiness, and energy levels, all of which are essential for a healthy adolescent. To teach high school students coping skills is more than just about getting through school, it is about building a strong, healthy, and successful adult population.

Table 5.10 Coping with stress skills of the respondents

Coping with Stress skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 35	0 (0)	0 (0)	0 (0)
High	31 to 35	3 (1.5)	0 (0)	3 (1.5)
Average	22 to 30	18 (9)	23 (11.5)	41 (20.5)
Low	16 to 21	60 (30)	49 (24.5)	109 (54.5)
Very low	Below 16	19 (9.5)	28 (14)	47 (23.5)

Source: Computed

Figures in parentheses are percentages

The table 5.10 indicates the scores of the high school students in coping with stress of the high school students. More than a half (54.5%) scored between 16 and 21 which falls in the 'Low' category, indicating that more than half of the high school students have poor coping stress strategies. A little less than a fourth (23.5%) scored below 16, representing a category where performance is considered 'Very low'. A little more than a fifth (20.5%) scored 'Average' in coping with stress, this also indicates that roughly one in five high school students performed at an average level in coping with their stress. Only (1.5%) of the total scored in the range of 'High' category, this group represents a small portion of the population, indicating that only a few individuals performed well in coping with their stress.

The distribution shows a clear skew towards lower scores, with most respondents falling into the "Low" and "Very Low" categories. It suggests that the high school students have difficulties and challenges in coping with their stress.

The table also present male and female high school students and their skills in coping with stress across five levels viz., Very High, High, Average, Low, Very Low. Among the males' high school students, the majority i.e. (30%) of them are in the

"Low" category, followed by (9.5%) in the "Very Low" category. A smaller proportion of (9%) falls under "Average," while "High" level accounts for only (1.5%) could achieve the high level. No males' students are in the "Very High" category.

For females' high school students, the largest group (24.5%) students are also in the "Low" category, but it is smaller than the proportion of males in this category. A greater proportion of females (14%) of them are in the "Very Low" category compared to males with (9.5%). Females have a larger proportion in the "Average" category (11.5%) compared to males. Interestingly, no females fall into the "Very High" or "High" categories, whereas males have at least a small percentage (1.5%) in the "High" category.

Males' students are slightly more likely to be in the "High" category than females (1.5% vs. 0%). Females are more concentrated in the "Very Low" category (14% vs. 9.5%). Both male and female students have similar distributions in the "Low" category, but males have a slightly higher percentage. Overall, males appear to have a slightly more even distribution across the lower levels, while females are more concentrated at the extreme ends ("Very Low" and "Low").

Students may lack the skills to manage their stress because of a lack of stress management education in schools, teachers may not have adequate training to help them develop these skills, and schools may not have adequate resources to provide students with life skills education training and counselling services that could assist them in coping with stress.

Overall Life skills

In order to promote mental health, it is essential to master life skills. It is through these skills that individuals are able to cope with emotions, stress, and psychological challenges in a healthy manner. By improving communication, empathy, and interpersonal relationships, it promotes social well-being. Developing life skills is also beneficial in terms of decision-making, since it enables individuals

to make thoughtful, safe, and responsible decisions throughout their lives. It enhances resilience by preparing individuals to recover from failures, crises, or setbacks. The development of skills such as critical thinking, problem-solving, and creativity can enhance academic and professional performance. Additionally, it contributes to preventing risky behaviours such as substance abuse, violence, and unsafe practices, as well as enabling young people to participate in society in a meaningful and responsible manner. Moreover, it promotes the development of lifelong learning skills through adaptability, curiosity, and an openness to growth.

As stated by the World Health Organization, promoting the development of these 10 life skills at an early age (for example, in school) benefits the health and well-being of individuals, communities, and societies. It is particularly important for high school students to develop these life skills since they are at a critical developmental stage in their personal, emotional, social, and academic lives. Having these life skills allows high school students not only to succeed in school, but also to thrive in life, to develop emotional strength, to form healthy relationships, and to shape a successful future.

Table 5.11 Overall Global score on Life Skills of the respondents

Overall global score on Life skills	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Very High	Above 417	0 (0)	0 (0)	0 (0)
High	387 to 417	0 (0)	0 (0)	0 (0)
Average	325 to 386	4 (2)	7 (3.5)	11 (5.5)
Low	293 to 324	29 (14.5)	29 (14.5)	58 (29)
Very low	Below 293	67 (33.5)	64 (32)	131 (65.5)

Source: Computed

Figures in parentheses are percentages

The above table shows the Global score of the high school students on Life skills. And it reveals that a vast majority (65.5%) of the high school students scored below 293, placing them in the "Very Low" category. A little less than a fourth (29%) of the high school students scored in the "Low" range with the score 293 to 324. A small number (5.5%) scored within the "Average" range. This is a small fraction of the group, indicating that average performance is relatively uncommon. No high school students could achieve a score in the 'High' and 'Very high' category, indicating that the 'High' and "Very High" performance level is entirely absent among the high school students.

Overall, the table indicates that the vast majority with 65.5% falling into the "Very Low" category. A minimal (5.5%) of participants achieved average scores. No respondents scored in higher ranges, indicating a lack of top performance in the group.

In term of gender differences in the global score of LSAS, it shows that among the males' high school students (33.5%) of them fall in the "Very Low" category which is the largest group, followed by (14.5%) in the "Low" category. Only (2%) students fall under "Average", and there are no males in the "High" or "Very High" categories.

Among females' high school students similar to male's student, the majority (32%) of them are in the "Very Low" category, followed by (14.5%) in the "Low" category. (3.5%) fall under "Average," which is slightly higher than the proportion of males in this category which is (2%). Like males' students, there are no females in the "High" or "Very High" categories.

Both males and females have a very similar distribution, with the majority in the "Very Low" category (33.5% for males, 32% for females). The proportion in the "Low" category is identical for both genders (14.5%). Females have a slightly higher proportion in the "Average" category (3.5%) compared to males (2%). Neither gender has any representation in the "High" or "Very High" categories.

There is evidence in this table that the overall life skills (in the ten areas of life skills according to WHO) of high school students are very low. As evident from the table, a higher score reflects a greater level of life skills. However, it is clear that the high school students did not attain high or very high scores, suggesting that their overall life skills are insufficient and may require targeted intervention and support.

Our educational system places a great deal of emphasis on academics at the expense of practical skills. Oftentimes, schools place a greater emphasis on academic subjects like mathematics, science, and literature than on life skills such as communication and emotional intelligence. In most cases, students spend their time in a controlled environment where decisions are made for them and they are largely sheltered from the outside world. There are insufficient opportunities for them to practice skills such as problem-solving and decision-making in real-life situations. Often, students are dependent on their parents or teachers for guidance, which delays their ability to develop independence. Because they do not always have to deal with the natural consequences of their actions, they do not learn accountability at an early age. Despite the fact that technology is wonderful, many skills have become less necessary as a result of it. In addition, excessive use of screens may result in a reduction of hands-on learning experiences that enhance students' life skills. There are some parents who take on too much responsibility for their children (for example, managing their schedules, solving their problems, or making decisions for them). In this manner, children are prevented from developing independence and resilience. A lack of formal Life Skills Education in schools, which rarely provide students with life skills lessons, contributes to the lack of life skills that are essential for today's youth.

5.2 Level of Mental health (Anxiety, Depression and Stress) of the High school students

It is well known that students in high school are subjected to a great deal of pressure, both emotionally and academically. It is important to recognize anxiety, depression, and stress in high school students early on and to teach them coping strategies and life skills as a means of enhancing their quality of life.

Tables and descriptions below present an overview of the level of mental health among high school students, with an emphasis on anxiety, depression, and stress using the Anxiety, Depression and Stress Scale (ADSS) developed by Bahtnagar et al. (2011).

Anxiety

Anxiety is a feeling of fear, anxiety, or nervousness in response to something that might happen in the future. Occasionally, everyone experiences this emotion, for example before an important test, a big game, or a speech. The impact of anxiety can, however, begin to affect a person's daily life when it is extremely intense, frequent, or long-lasting. The effects of this may be detrimental to a person's academic performance, their relationships, or their health. When anxiety is not recognized and treated early, it can negatively affect a student's academic performance and future prospects. Providing students with academic and emotional support requires collaboration between schools, families, and communities.

Table 5.12 Anxiety level of the Respondents

Anxiety level of the respondents	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Grade A – Extremely High	Above 17	7 (3.5)	9 (4.5)	16 (8)
Grade B – High	13 to 16	51 (25.5)	54 (27)	105 (52.5)
Grade C – Above average	10 to 12	31 (15.5)	28 (14)	59 (29.5)
Grade D – Average	4 to 9	9 (4.5)	9 (4.5)	18 (9)
Grade E – Below average	1 to 3	2 (1)	0 (0)	2 (1)

Sources: Computed

Figures in parentheses are percentages

The Anxiety sub-scale comprises of 19 items covering various symptoms that are manifestation of anxiety. Responses on the items of anxiety sub-scale are in terms of 'Yes' or 'No'. Each item is scored 1 if endorsed 'Yes' and 0 if endorsed 'No', the range of the score is 0 to 19 for anxiety. Higher the score indicates experiencing greater anxiety.

The above table 5.12 show the anxiety level of high school students. The table indicate that more than a half (52.5%) high school students has anxiety with Grade B indicating of high anxiety level, followed by a little less than a third (29.5%) of the respondents has anxiety with Grade C indicating of above average anxiety level, a little less than a tenth (9%) of the respondents has Grade D anxiety indicating an average anxiety level and another less than a tenth (8%) of the respondents has Grade A anxiety level indicating having an extremely high anxiety level. The table indicates that anxiety problems is highly prevalence among the high school students.

The table also highlight the gender differences in experiencing anxiety and as it shows (27%) of female students and (25.5%) of male students experiences high anxiety level, (14%) of female students and (15.5%) of male students experience above average anxiety, (4.5%) of female students and (3.5%) of male students experience extremely high anxiety and (4.5%) of both male and female students experience average anxiety level. Though there is not much differences the table shows that female high school students experience a little higher anxiety than male students. The table shows the anxiety experience by male and female high school students. And from the table it reflects that there is not much differences between anxiety experience by male and female students, though majority, a little higher anxiety is experience by female student in comparison to the male students.

Several factors contribute to high levels of anxiety among school students, including academic pressures such as high expectations, fears of failure, heavy workloads, and competitive environments, as well as social challenges such as peer pressure and bullying, and personal expectations as well as a lack of coping skills.

Depression

Depression is one of the most prevalent and serious mental health disorders that affects how an individual feels, thinks, and manages their daily activities. It is important to recognize that depression is not simply a feeling of sadness or experiencing a difficult time, but a persistent condition that interferes with an individual's everyday functioning. Globally, depression among high school students is on the rise and poses a serious concern, as it significantly affects their academic performance, interpersonal relationships, and overall well-being. This growing mental health issue highlights the urgent need for early identification, support systems, and mental health education within schools. It is important to understand that during this stage of life, people are subject to a number of changes on a physical, emotional, and social level that can increase their vulnerability to mental health issues such as depression.

Table 5.13 Depression level of the respondents

Depression level of the respondents	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Grade B – High	13 to 15	5 (2.5)	7 (3.5)	12 (6)
Grade C – Above average	9 to 12	59 (29.5)	66 (33)	125 (62.5)
Grade D – Average	3 to 8	32 (16)	26 (13)	58 (29)
Grade E – Below average	0 to 2	3 (1.5)	1 (0.5)	4 (2)

Source: Computed

Figures in parentheses are percentages

Depression sub-scale comprises of 15 items representing the different symptoms of depression. Responses on the items of depression sub sub-scale are in terms of 'Yes' or 'No'. Each item is scored 1 if endorsed 'Yes' and 0 if endorsed 'No', the range of the score is 0 to 15 for depression. Higher the score indicates experiencing greater depression.

The table shows the depression experiencing by high school students and the table shows that majority (62.5%) of the respondents experiencing depression on the 'Above average'. More than a fourth (29%) of the respondents has average depression level, less than a tenth (6%) of the respondents has high level of depression and only a small number (2%) of the respondents showing the score of below average depression.

In terms of gender and depression experiencing by high school students, female high school students experiencing higher depression on the above average level of depression with (33%) comparing to male high school students with (29.5%). Similarly on the high level of depression female high school students experiencing more with (3.5%) comparing to male high school students with (2.5%). But on the average level of depression the male high school students are higher with (16%) compared to female high school students with (13%). On the below average and low level of depression also the male high school students are higher in number.

From this table we could say that the female high school students experiencing a little more depression comparing to the male students though the differences are not so much. This table also highlight that many of the high school students are experiencing depression ranging from mild to moderate level. Depression among school students is a growing concern, often linked to academic pressure, social challenges, and mental health stigma. Lack of support and awareness is another reason that leads to students developing depression.

It is common for both males and females to feel pressure at school to perform well. There are many social pressures that affect both genders, including peer relationships, bullying, and social media comparisons. There are a number of factors that contribute to stress, including parental pressure and family conflicts. There is no difference between male and female students when it comes to career concerns and self-doubt. Fear of judgment often prevents many students from seeking assistance, regardless of their gender.

There are notable similarities between male and female students regarding mental health issues, as both genders are increasingly acknowledging and experiencing these challenges. While traditional social expectations such as the notion that boys should be "tough" still persist, more male students are beginning to speak openly about their mental health. Additionally, factors such as social media influence, economic uncertainty, and academic pressure impact both male and female students in comparable ways, highlighting the need for inclusive mental health support across genders.

Stress

We are surrounded by challenges and threats in our daily lives that cause us to experience stress. There is no doubt that everyone experiences some degree of stress at some point in their lives (WHO, 2023). Students' academic performance, physical health, and mental health may be adversely affected by stress in high school. A number of factors may contribute to the stress of high school students, including academic pressure, time management to balance schoolwork, extracurricular activities, parental and teacher expectations, social challenges, such as peer pressure, bullying, relationships, and social media stress, as well as family conflicts, financial difficulties, or health-related stresses.

Table 5.14 Stress level of the respondents

Stress level of the respondents	Range of Scores	Male (n=100)	Female (n=100)	Total (n=200)
Grade B – High	12 to 14	34 (17)	35 (17.5)	69 (34.5)
Grade C – Above average	9 to 11	48 (24)	49 (24.5)	97 (48.5)
Grade D – Average	5 to 8	17 (8.5)	16 (8)	33 (16.5)
Grade E – Below average	0 to 2	1 (0.5)	0 (0)	1 (0.5)

Source: Computed

Figures in parentheses are percentages

Stress sub-scale consists of 14 items covering the symptoms that people experiencing in the state of stress. Responses on the items of stress sub sub-scale are in terms of 'Yes' or 'No'. Each item is scored 1 if endorsed 'Yes' and 0 if endorsed 'No', the range of the score is 0 to 14 for stress. Higher the score indicates experiencing greater stress.

The table indicating the stress experiencing by high school students and it shows that a little less than a half (48.5%) of the high school students are experiencing 'Above average stress level. A little more than a third (34.5%) of the high school students experiencing high stress level. A little more than a tenth (16.5%) of the high school students are experiencing average stress level and only very few (.5%) of the respondents showing having low stress level.

This shows that many of the high school students are experiencing stress and it is highly prevalence among the high school students.

The table also depicts the gender differences in experiencing stress among high school students. As it shows when we look at the level of stress on the 'high' and 'above average' it shows that the female high school students are slightly higher in terms of experiencing stress with (17.5%) and (24.5%) respectively comparing to male high school students with (17%) and (24%).

Though the differences between male and female students are not much different in terms of experiencing stress we could say that the female high school students have a higher percentage in experiencing stress.

There is no difference in the degree of stress experienced by male and female students; however, their sources and methods of coping with stress may vary. Though academic pressure, social expectations, and uncertainty about the future effect both of them, the way in which they internalize and express stress may differ. Among the common stresses that students experience are academic pressures such as exams, homework, and competition, as well as social pressures such as making friends, fitting in, and fear of judgment. As a result of parental pressure and career uncertainty, there is pressure to succeed. Both males and females are affected by

cyberbullying and unrealistic comparisons. There are high academic and career expectations for both genders today. It is equally stressful for both males and females to compare themselves online and receive social validation. The Changing Gender Roles may result in females feeling pressure to excel in all areas, while males may feel pressure to be emotionally strong.

5.3 Association between Gender and Life skills Dimension & Mental health dimension

This section examines the association between gender and the ten dimensions of life skills as defined by the World Health Organization (WHO), along with the association between gender and the key mental health dimensions of anxiety, depression, and stress. To assess whether there are statistically significant differences between male and female participants across these variables, independent samples *t*-tests were conducted. The results of these analyses are presented in the following tables.

A *t*-test was employed in this study because it is a suitable statistical technique for comparing the mean scores of two independent groups on continuous variables. Since gender categorizes participants into two distinct groups (male and female), and the life skills and mental health scores are treated as interval-level measurements, the use of a parametric test is justified. The *t*-test enables the assessment of whether the differences observed between the two gender groups are statistically significant rather than occurring by chance. Furthermore, when the assumptions of normality and homogeneity of variances are met, the independent samples *t*-test provides a robust and reliable method for evaluating whether gender influences variations in life skills and mental health dimensions.

Table 5.15 Association between Gender and the Dimension of Life skills: t-test

Dimensions of Life skills	T	Df.	P. Value	Mean difference	Std. Error Difference
Self- awareness	1.512	198	.132	.18000	.11907
Empathy	.654	198	.514	.07000	.10700
Effective Communication	1.166	198	.245	.12000	.10288
Interpersonal Relationship	1.545	198	.124	.19000	.12299
Creative thinking	1.607	198	.110	.15000	.09333
Critical Thinking	2.500	198	.013**	.2600	.10401
Decision Making	.087	198	.930	.01000	.11431
Problem solving	.268	198	.789	.03000	.11184
Coping with emotion	-.091	198	.928	-.01000	.11046
Coping with stress	-.997	198	.320	-.1000	.10025
Global score of LSAS	.714	198	.476	.06000	.08398

Source: Computed

** P< 0.01

*P< 0.05

To examine gender differences in various dimensions of life skills, an independent samples t-test was conducted. Based on the results of the study, only the critical thinking dimension of life skills showed a statistically significant difference between groups, $t(198) = 2.50$, $p = .013$, indicating a meaningful variation in the skill. Contrary to this, no significant differences were found in the total life skills score, $t(198) = 1.14$, $p = .255$. Other life skills dimensions, such as self-awareness, empathy, effective communication, interpersonal relationships, creative thinking, decision making, problem solving, coping with emotions, and coping with stress, did not differ significantly ($p > .05$). In light of these results, critical thinking emerged as a significant differentiator among genders despite most life skill measures remaining consistent.

5.16 Association between Gender and the Mental health dimension: t-test

Mental health problem dimension	T	Df	P. value	Mean Difference	Std. Error Difference
Anxiety	.966	198	.335	.11000	.11383
Depression	1.694	198	.092	.15000	.08855
Stress	.485	198	.629	.5000	.10320
Total Mental Health Score	1.162	198	.247	.31000	.26682

Source: Computed

** P< 0.01

*P< 0.05

Based on independent samples t-tests, gender differences were examined across various dimensions of mental health problems, including anxiety, depression, stress, and overall mental health. According to the results of the analysis, there were no statistically significant differences between the groups. There was no significant difference between male and female anxiety scores ($t(198) = 0.97$, $p = .335$), and no significant difference between male and female depression scores ($t(198) = 1.69$, $p = .092$). The level of stress also did not show a significant difference, $t(198) = 0.49$, $p = .629$ ($p .05$). There was no significant difference in the total mental health score, $t(198) = 1.16$, $p = .247$. Based on these results, it appears that the dimensions of mental health problems are generally consistent across genders, without statistically significant differences.

5.4 Correlation between Life Skills and Mental Health

This section presents the correlations between Life skills and mental health. It is further divided into three parts:

1. The correlations between Mental health and the ten-life skills dimension (Self-awareness, empathy, effective communication, interpersonal

relationship, creative thinking, critical thinking, decision making, problem solving, coping with emotion and coping with stress).

2. The correlations between overall life skills and anxiety, depression, and stress of the respondents.
3. And the relationship between overall life skills and the overall mental health of high school students.

To examine these associations, Pearson correlation tests was conducted. The results of these analyses are summarized in the following tables.

The Pearson correlation test was employed as this statistical method is appropriate because it measures the strength and direction of linear associations between continuous variables. Since both life skills scores and mental health indicators (anxiety, depression, and stress) are quantified on interval-level scales, Pearson's correlation provides an accurate and reliable way to determine how changes in one variable correspond with changes in another. Using this test allowed the study to assess whether higher life skills are associated with better mental health outcomes and to explore how specific life skills dimensions relate to students' mental well-being. Additionally, examining the correlation between overall life skills and overall mental health helped identify broader patterns that may influence the psychological functioning of high school students.

Table 5.17 Correlation between Mental Health with ten dimensions of Life skills

Dimension of Life skills	Pearson Correlations	Sig. (2-tailed)
Self-awareness	-.211**	.003
Empathy	-.124	.081
Effective Communication	-.192**	.006
Interpersonal relationship	-.184**	.009
Creative Thinking	-.272**	.000
Critical Thinking	-.141*	.047
Decision Making	-.247**	.000
Problem Solving	-.246**	.000
Coping with emotion	-.244**	.000
Coping with stress	-.075	.291

Source: Computed

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The table above indicates the correlations of mental health and the life skills dimensions among respondents using Pearson correlation coefficients.

Self-awareness: The Pearson Correlation between Self-Awareness and Mental Health is -.211, with a p-value of .003. Since the p-value is less than 0.01, this correlation is statistically significant at the 0.01 level. The negative correlation (-.211) suggests that as self-awareness increases, mental health challenges slightly decrease, or vice versa.

Empathy: The Pearson Correlation between Mental Health and Empathy Score is -.124, with a p-value of .081. The p-value (0.081) is greater than .05, indicating that this correlation is not statistically significant at the conventional .05 level. The negative correlation (-.124) suggests a very slight inverse relationship, where higher

empathy might be associated with slightly better mental health, but this relationship is not strong enough to be considered statistically meaningful. A lack of a significant correlation between empathy skills and mental health suggests that empathy alone may not be a reliable indicator of mental health. Even though empathy enhances understanding and connection with others, it is mainly outward-focused and does not necessarily equip individuals with the internal coping mechanisms they need to manage personal emotional challenges. In fact, a high level of empathy without proper emotional boundaries can sometimes result in empathy fatigue or emotional burnout, potentially resulting in an increase in mental strain instead of a reduction. Additionally, empathy may impact mental health through other skills, such as self-awareness, emotional regulation, and problem-solving. It appears that while empathy supports social relationships, its contribution to mental health outcomes is limited unless it is accompanied by strong self-regulation and coping strategies. Therefore, in order to foster mental well-being, life skills other than empathy must be developed holistically.

Effective communication: The Pearson Correlation between Mental Health and Effective Communication is $-.192$, with a p-value of $.006$. Since the p-value is less than $.01$, this correlation is statistically significant at the $.01$ level. The negative correlation ($-.192$) indicates that as effective communication skills improve, mental health challenges tend to decrease, or vice versa.

Interpersonal Relationship: The Pearson Correlation between Mental Health and Interpersonal Relationship is $-.184$, with a p-value of $.009$. Since the p-value is less than $.01$, this correlation is statistically significant at the $.01$ level. The negative correlation ($-.184$) suggests that as interpersonal relationship skills improve, mental health challenges tend to slightly decrease and vice versa.

Creative Thinking: The Pearson Correlation between Mental Health and Creative Thinking is $-.272$, with a p-value of 0.000 . Since the p-value is less than $.01$, this correlation is statistically significant at the 0.01 level. The negative correlation ($-.272$) indicates that as creative thinking skills improve, mental health challenges tend to decrease, and vice versa.

Critical Thinking: The p-value is .047, which is less than .05. This means the relationship is statistically significant. The correlation is negative (-.141), indicating that higher critical thinking skills are associated with fewer mental health challenges. This suggests that improving critical thinking skills can have a positive impact on mental health. This could be because critical thinking allows for better processing of stressful situations, more effective decision-making, and clearer problem-solving strategies.

Decision Making: The p-value is 0.000, which is highly significant ($p < 0.01$). This indicates strong evidence that the relationship is not due to random chance. the correlation is negative (-.247), indicating that stronger decision-making abilities are associated with less mental health challenges. This inverse correlation suggests that enhancing decision-making skills could significantly reduce mental health challenges. Students with strong decision-making abilities are likely to handle stress and anxiety better due to their capability to assess options and make confident choices. Incorporating decision-making exercises, scenario-based learning, and real-life simulations in educational programs may help students improve their mental health resilience.

Problem solving: The p-value is .000, which is highly significant ($p < 0.01$). The negative correlation (-0.246), indicating that higher problem-solving skills are associated with lesser mental health challenges. This suggest that fostering problem-solving abilities can significantly reduce mental health challenges. Students who can effectively tackle problems may feel more in control, reducing anxiety and stress levels. Educational interventions that include problem-solving workshops, group activities, and real-life scenario exercises could improve students' mental health outcomes.

Coping with emotion: The p-value is 0.000, which is highly significant ($p < 0.01$). The correlation is negative (-.244), indicating that students who are better at coping with their emotions generally experience lesser mental health challenges. This finding highlights the ability to manage emotions is significantly connected to mental

health. Emotional regulation workshops and mindfulness practices may improve outcomes in this area.

Coping with stress: The p-value is .291, which is greater than 0.05, indicating that the correlation is not statistically significant. The negative correlation (-.075), suggesting a very slight decrease in mental health challenges as coping with stress improves. However, the relationship is minimal. The results of this study suggest that simply possessing stress-coping skills is not sufficient to improve mental health without also addressing deeper emotional or cognitive factors. Furthermore, it might suggest that more effective integration of stress management techniques into life skills programs is necessary for meaningful improvements to occur.

The findings suggest that merely possessing stress-coping skills does not necessarily result in improved mental health. There is a possibility that this can be attributed to the quality and effectiveness of the coping strategies employed. It is possible that individuals' mental health may not improve or could even deteriorate if they rely on avoidance or denial as coping mechanisms rather than proactive problem-solving or emotional regulation. Furthermore, stress is often influenced by external factors (e.g., academic pressure, family problems) that cannot be fully mitigated by coping skills alone. Additionally, mental health encompasses factors other than stress management, such as emotional regulation, self-awareness, and resilience, which go beyond stress management. The results of this study indicate that effective mental health improvements require a comprehensive set of life skills in addition to stress-coping methods.

Table 5.18 Correlation between overall life skills and anxiety, depression and stress

Overall Life skills	Dimension of Mental health	Pearson Correlations	Sig. (2-tailed)
	Anxiety	-.254**	.000
	Depression	-.301**	.000
	Stress	-.171*	.016

Sources: Computed

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

In order to evaluate the relationship between overall life skills and mental health dimensions such as anxiety, depression, and stress among respondents, Pearson correlation coefficients were calculated. Firstly, the analysis revealed that there is a statistically significant negative correlation between life skills and anxiety, $r = -0.254$, $p < .01$. This suggests that individuals with higher levels of life skills tend to report lower levels of anxiety. Second, the results indicate a statistically significant negative correlation between life skills and depression, $r = -.301$, $p < .01$, indicating that higher levels of life skills are associated with lower levels of depression. Lastly, the correlation between life skills and stress was statistically significant negative, $r = -.171$, $p = .016$, suggesting that individuals with higher life skills reported lower levels of stress. It is therefore concluded that life skills have a correlation with all three indicators of mental health (Anxiety, Depression, and Stress). These correlations are statistically significant, indicating that life skills play an important role in promoting mental health.

Table 5.19 Correlations between overall Life skills and overall Mental Health

Dimension	Mean	Std. Deviation	Pearson Correlation	Sig. (-tailed)
Mental Health	8.5450	1.88833	-.263**	.000
Life skills	45.6400	5.95632		

Sources: Computed **. Correlation is significant at the 0.01 level (2-tailed).

As shown in the table, the Pearson correlation coefficient is calculated between two variables, namely mental health of high school students and life skills of high school students. The results revealed a statistically significant negative correlation, $r = -.263$, $p < .001$. The results suggest that students with higher life skills scores ($M = 45.64$, $SD = 5.96$) reported fewer mental health problems ($M = 8.55$, $SD = 1.89$). Statistical significance (2-tailed): The p-value = 0.000 indicates that the observed correlation is statistically significant at a level of 0.01. In light of this, there is strong evidence to suggest that the relationship between mental health scores and life skills scores is not the result of chance.

It can therefore be concluded that students who possess higher life skills will also have fewer mental health issues and vice versa, i.e. individuals who are mentally unhealthy will also possess lower life skills. There is a close relationship between life skills and mental health. Having strong life skills can enhance mental well-being, whereas having weak life skills can contribute to stress, anxiety, and poor emotional regulation.

5.5 Reliability test for LSAS and ADSS tools used in the study

Performing a reliability test on the instruments used in a study is critical because it ensures that the instruments measure what they are intended to measure. It is important to assess the reliability of research tools, such as questionnaires and

scales, in order to ensure that the measurements obtained are consistent and reproducible. A reliable tool will produce similar results under consistent conditions, enhancing the credibility and validity of the study's findings. In the absence of adequate reliability, any observed relationships or differences in the data may result from random measurement errors rather than true variations in the variables. A high level of reliability is crucial for accurate interpretation of and meaningful conclusions in psychological and social research, where constructs such as mental health and life skills are often assessed using self-report scales. The Cronbach's alpha is one of the most commonly used indicators of internal consistency, with higher values (e.g., above 0.7) indicating that the items within a scale measure the same underlying concept.

Table 5.20 Reliability Statistics: Cronbach's Alpha

Tools	No of items	Cronbach's Alpha
Life Skills Assessment Scale (LSAS)	10	.888
Anxiety, Depression and Stress Scale (ADSS)	3	.838

Source: Computed

The Cronbach's alpha reliability test was conducted using SPSS software to determine the internal consistency and reliability of the scales used in the study. There is a normal range of reliability between 0 and 1 for Cronbach's alpha reliability coefficient. In terms of reliability, scores below 0.6 are considered questionable or poor, while scores above 0.7 but less than .8 are considered satisfactory or good. Furthermore, a score greater than 0.8 is considered excellent, and a score greater than 0.9 is considered extremely excellent. Based on the results of the test, the Life Skills Assessment Scale (LSAS) demonstrated excellent reliability with a Cronbach's alpha of .888. Similarly, the Anxiety, Depression, and Stress Scale (ADSS), which consists of three items, showed good reliability, with a Cronbach's alpha of .838. Based on these results, it can be concluded that both instruments used in the study are

psychometrically sound and reliable for assessing life skills and mental health dimensions among high school students.

This chapter have given an explanation on the level of Life skills of the High school students focusing on the ten core life skills given by WHO and the level of mental health of high school students particularly focusing on anxiety, depression and stress experiences by the high school students and the association and correlations between different variables. The next chapter will focus on the qualitative analysis on the insight and understanding of the school teachers about students' mental health and mental health problems, current practices to deal with mental health issues of school going students and the barriers in implementing life skills education and mental health services in school.

CHAPTER VI

MENTAL HEALTH AND BARRIERS IN LIFE SKILLS EDUCATION

In the previous chapter, quantitative data was presented on the level of life skills and mental health (anxiety, depression, stress) among school-going students, as well as the relationship between various variables. In this Chapter, a qualitative analysis of the insight and understanding of school teachers regarding student mental health and mental health problems, current practices in dealing with mental health issues among school students, and barriers to implementing life skills education and mental health services in schools is discussed.

Qualitative analysis is essential for understanding teachers' perspectives on students' mental health, the existing support systems, and the barriers schools face in implementing life skills education and mental health services. While quantitative data reveal patterns and prevalence, qualitative insights capture the lived experiences of teachers who interact with students daily and observe early signs of emotional or behavioural difficulties. Their narratives provide rich context on how mental health issues manifest in classrooms, the strategies schools currently employ, and the effectiveness or limitations of these approaches. Additionally, qualitative inquiry highlights practical challenges teachers encounter, such as limited training, heavy workloads, stigma, insufficient resources, and institutional constraints, which often hinder the delivery of comprehensive mental health and life skills programs. By uncovering these nuanced realities, qualitative analysis offers a deeper, holistic understanding that is vital for developing responsive, evidence-based interventions tailored to the needs of both students and educators.

6.1 Focus Group Discussion

Focus group discussions (FGDs) are among the most effective qualitative research methods for gaining in-depth insights into people's attitudes, perceptions, beliefs, and experiences. By facilitating open dialogue in a group setting, FGDs

encourage participants to express their views freely, often revealing shared concerns, social dynamics, and underlying motivations that may not emerge through other methods. The discussion is guided by a moderator and takes place among a small, diverse group of participants. Due to the interactive nature of the group, both collective views can be explored along with individual insights that may not have surfaced through other methods of data collection. The use of Focus Group Discussions is widespread in the field of research, particularly when the objective is to understand the social context or meaning behind certain behaviours and attitudes. To identify patterns and key findings relevant to the research objectives, the data collected is recorded, transcribed, and analysed thematically.

To gain deeper insights into teachers' understanding of mental health and the mental health challenges faced by school students, as well as the current practices in addressing these issues and the barriers to implementing mental health services and Life Skills Education, five focus group discussions (FGDs) were conducted. These discussions involved a total of 34 teachers from five different schools. The detailed information regarding each focus group discussion is presented in the tables below.

The teachers who participated in the focus group discussions (FGDs) were purposively selected from the same schools that were included in the study for student participants. This purposive sampling was intended to ensure that the teachers had direct experience and familiarity with the student population being studied, allowing them to provide relevant insights into students' mental health, the existing support systems, and the challenges in implementing life skills education and mental health programs. Selecting teachers from the same schools also facilitated a more contextualized understanding of school-specific practices, barriers, and strategies, thereby enriching the qualitative data collected through the FGDs.

Following are the inclusion and exclusion criteria for the teachers participating in the FGDs:

Inclusion criteria

- Current employment as a teacher in the target high schools (grades 9 & 10) which has direct experience with high-school students.
- Minimum teaching experience of at least 1 year of continuous teaching at the same school to ensure some classroom exposure and observations of student behaviour over time.
- Direct contact with students in curricular or co-curricular roles (class teacher, subject teacher, counsellor, sports/club teacher as teachers involved in pastoral care or co-curricular activities may have different insights on mental health and life skills than subject-only teachers.
- Willing and able to participate in an FGD of approximately 60–90 minutes and provide informed consent because voluntary participation and ability to attend are required.

Exclusion Criteria

- Teachers not currently teaching high-school students (e.g., only primary school teachers, administrative staff with no student contact) because their experiences won't be directly relevant to high-school life skills education and mental health.
- Less than 1 year of teaching experience at the relevant level as they may lack adequate exposure to student behaviour and school processes.
- Inability or unwillingness to provide informed consent or to participate in a group discussion (e.g., severe time constraints, discomfort with group setting).
- Currently on long leave or unavailable for the planned FGD dates.

Table 6.1 Details of the Focus Group Discussion (FGDs)

Sl. No	Name of the School	No. of Teachers participants	Duration
1.	Anderson Higher Secondary School, Upper New Nongstoin.	07	1 Hour
2.	St. Peter's Higher Secondary School, Pyndengrei, Nongstoin	08	1 Hour
3.	Sibsingh Secondary School, Nongpyndeng, Nongstoin	07	1 Hour
4.	Nongstoin Public Schhol, New Nongstoin,	06	1 Hour
5.	Presbyterian Secondary School, Siejlieh, Nongstoin	06	1 Hour
Total		34	5 Hours

Source: Computed

Table 6.1 illustrates the names of the schools where the Focus Group Discussions (FGDs) were conducted, the number of teachers who participated in the FGDs, and the duration of each of the FGDs. According to the table, five focus group discussions (FGDs) were conducted with school teachers from five different schools. A total of 34 teachers participated in the Focus Group Discussions (FGDs). In each school, the Focus Group Discussion lasted one hour. During the five FGDs that were conducted, the following topics were discussed:

1. Mental Health
2. Commonly seen mental health problems among school students
3. Psychosocial challenges of school going adolescents
4. About Mental health programme and services
5. Current practices of schools to promote students' mental health
6. The barriers and challenges of the schools in implementing mental health services and life skills education in schools.

Table 6.2 Demographic Profile of the Teachers participating in the FGDs

High School Teachers	Gender		Age group			Qualification	
	Male	Female	25 – 35 years	36 – 45 years	46 Years and above	Graduate with B. Ed	Master with B.Ed
	15	19	13	16	5	20	14
	Total = 34		Total = 34			Total = 34	

Source: Computed

Table 6.2 presents detailed demographic information about the teachers who participated in the Focus Group Discussions (FGDs). The participants' ages ranged from 25 years and above, with the majority falling within the 25–45 age bracket. Both male and female teachers contributed to the discussions, with 19 female and 15 male participants. All teachers involved in the FGDs were professionally qualified. Specifically, 20 teachers held a Bachelor's degree with a Bachelor of Education (B.Ed.), while the remaining 14 had completed a Postgraduate degree along with a B.Ed. qualification. This demographic distribution highlights the diversity and professional preparedness of the participants, enhancing the depth and credibility of the qualitative data collected through the FGDs.

6.2 Thematic Analysis

The recordings of the FGDs were transcribed and analysed using thematic analysis. The analysis followed the six-step process (Bruan & Clarke, 2006) using an interpretive approach through iterative phases of:

1. Data familiarization
2. Code generation
3. Theme development
4. Reviewing themes
5. Theme refinement, and
6. Writing up.

Following is the details description of the steps of Thematic analysis

Phase I: Data Familiarization - As a first step, audio recordings and notes were used to transcribe the FGDs. Following the transcription and recording, the researcher reviewed them for errors. As a result of reviewing the context, the participants' written comments from the meeting were incorporated into the analysis, providing additional depth and supporting the interpretation of the data. These contributions offered valuable insights that enriched the overall understanding of the participants' perspectives. As part of the research process, the researcher read the transcripts of the focus groups and wrote down initial thoughts and observations. Based on the familiarization process, the subsequent steps of the analysis were guided by identifying relevant codes and emerging themes. This process also included the development of reflection points and consideration of alternative explanations, allowing for a more nuanced and comprehensive interpretation of the data.

Phase II: Code generation - Codes are concise labels used to capture key aspects of the data that are relevant to addressing the research question. During the coding process, specific sections of text typically phrases or sentences are highlighted, and descriptive shorthand labels or "codes" are assigned to summarize their content. This helps organize and interpret the data systematically, making it easier to identify patterns and develop meaningful themes. Initial codes were generated independently for the entire sample of transcripts from FGDs by the researcher. In order to identify similarities between these initial codes, they were collated and mapped. During this stage, the researcher should be thorough: go over the transcript and highlight

everything that is relevant or potentially intriguing. Also, highlight all the phrases and sentences that match these codes. Once the researcher has gone through the text, the researcher organizes all the data into groups identified by codes. As a result of applying these codes, it gains a condensed and organized understanding of the key points and recurring meanings within the data.

Phase III: Theme Development - Upon reviewing the final list of codes generated by the researcher, further changes were made to the list of codes before grouping them into tentative themes and subthemes. For the purposes of this study, themes are defined as clusters of related codes that collectively offer deeper insight into the participants' perspectives on various aspects, including mental health and mental health problems among school-going adolescents, their psychosocial challenges, the availability and effectiveness of mental health services and programs, existing school practices, and the barriers faced in addressing these issues. These themes help to structure and interpret the qualitative data in a meaningful way.

Phase IV: Reviewing Themes - The researcher reviewed the final list of themes and subthemes to determine whether it accurately reflected the data (an explanation that addressed the research questions). To ensure coherence and consistency, raw data were revisited under each theme and subtheme. When the researcher encounters issues with the initial themes, they may revise them by splitting, combining, discarding, or creating new ones to ensure they are more accurate, coherent, and useful in capturing the essence of the data. After making these necessary revisions, a final set of themes was established through careful reflection and analysis, with consensus reached by the researcher to ensure clarity and consistency in the interpretation.

Phase V: Defining and naming Themes- The researcher then wrote descriptions and names for each theme.

Phase VI: Producing the Report - The researcher also plays a key role in writing the analysis and presenting the findings. In the results or findings section, each theme is typically discussed individually, with a clear explanation of its meaning and relevance to the research objectives. To support and illustrate each theme, direct

examples or quotations from the data are included, providing evidence and enhancing the credibility of the analysis.

The analysis of the Focus Group Discussions (FGDs) surfaced the following objectives:

1. The insight and understanding of the school teachers about mental health and mental health problems of High School students in Nongstoin, West Khasi Hills District, Meghalaya.
2. To explore the current practices of schools to promote the mental health of High School students and to understand the barriers that prevents the school in imparting life skills education and Mental health services to the students.

Based on the above objectives, this study identified several key themes and sub-themes that emerged from the data. These themes reflect the perspectives of teachers working with school-going students and are directly aligned with the stated research objectives. All participants contributed to the development of these themes, which were found to be central to understanding the issues under investigation.

6.3 Understanding Mental Health and Mental Health Problems

Following are the themes that emerge from the FGDs on the topic of Mental Health and commonly seen Mental Health problems among the high school going students.

Mental Health: Teacher's perspective - The figure below represents the themes on understanding Mental Health from the teacher's perspective

Figure 6.1 Mental Health: Teachers Perspective



Source: Focus Group Discussion (FGDs)

Ability to cope and adapt: Coping refers to the use of one or more psychological strategies or mechanisms intended to manage, reduce, or adapt to psychological stress. These mechanisms help individuals deal with challenging situations, emotions, or pressures in ways that support their mental and emotional well-being. There are both healthy as well as unhealthy coping style of any individual. The teachers felt that mental health means the ability of the students to cope in a healthy way with academic stress, relationships and other problems as well as the ability of the students to adapt to the changing situations in the family, school and society as a whole.

As teachers in FGD 1 noted:

Mental health is the ability of the person to cope with difficult situations in a positive way (FGD1)

The ability of the student to adapt to the ever-changing society (FGD 1)

A strong coping ability can act as a protective factor against mental health conditions such as depression and anxiety. It also helps individuals handle risk factors like bullying or traumatic experiences more effectively. As shared by teachers from the Focus Group Discussions:

If a student has any mental health problems such as anxiety and stress, being able to cope in a positive way can help them have better mental health. (FGD 2)

Being able to cope with tough events and situations. When something bad happens, and the person still feel anger, grief and pain. But they're able to keep going, both physically and psychologically is what it means mentally strong and healthy. (FGD 3)

The ability to cope and adapt is not merely about enduring difficult situations or handling challenges alone. Instead, a crucial aspect of effective coping involves recognizing when to seek support from others. Reaching out for help, whether from friends, family, or professionals, plays a vital role in managing stress, building resilience, and moving forward in a healthy and constructive way.

Being Resilience: The teachers emphasized that mental health is closely connected with resilience. Resilience refers to an individual's capacity to harness inner strength in order to recover from setbacks such as academic failure, illness, disaster, or the loss of a loved one. A resilient person is more likely to maintain good mental health, as they can navigate challenges without becoming overwhelmed. Conversely, individuals who lack resilience may become stuck in negative experiences, feel like victims, and may resort to unhealthy coping mechanisms such as substance use, eating disorders, or engaging in risky behaviours.

While resilience does not eliminate problems or stressors, it enables individuals to look beyond adversity, find moments of joy, and manage stress more effectively. As one teacher in the FGD stated:

Mental Health is marked by an ability to manage emotions in the face of stress. It doesn't mean that mentally healthy people don't experience strong emotions such as anger, sadness, or fear. It means that they recognize those feelings are temporary and can be managed until they pass. (FGD 4)

The presence of a strong support system is also seen as a hallmark of resilience. Teachers noted that resilient individuals understand the importance of seeking help when needed, and that building resilience is a process that requires time, practice, and self-awareness.

As expressed by one teacher in the FGD:

Mental Health refers to a person's ability to adapt to change and uncertainty. People who possess good mental health are flexible and calm during times of crisis. They use mental strength to solve problems, move forward, and remain hopeful even when they are facing setbacks. (FGD 5)

While some individuals may seem naturally resilient due to certain personality traits, resilience is not an innate quality limited to a select few. Instead, it emerges from a complex interplay of internal and external factors, including genetics, physical health, mental well-being, and environmental conditions. Teachers in the study described resilience as a "mental reservoir of strength" that individuals draw upon during periods of stress or adversity, highlighting its dynamic and developable nature.

Life inevitably involves change and loss, and all individuals face varying degrees of adversity. These may range from relatively minor disappointments, such as not being accepted into a program, to major traumatic events like natural disasters or acts of violence. Those who lack resilience may become overwhelmed, ruminate on problems, and fall back on unhelpful coping mechanisms. The teachers viewed

resilience as a key component of mental health providing individuals with the psychological tools needed to cope with life's challenges, bounce back from adversity, and continue functioning in the face of difficulties.

Being productive: Another key theme that emerged from the focus group discussions is the link between mental health and productivity. Teachers expressed that successful and healthy performance, leading to productive activity, is both an outcome and indicator of good mental health. Being productive is not simply about working long hours; rather, it involves using time efficiently and effectively to achieve meaningful goals.

According to the teachers, productivity involves setting clear goals, creating structured plans, and using effective tools and techniques to maximize output. These practices are not only applicable to adults in the workplace but also to students in their academic and personal lives. Managing distractions, maintaining focus, and prioritizing important tasks are all skills that enhance productivity. Moreover, teachers highlighted the importance of physical and mental well-being in sustaining productivity. Taking care of oneself through adequate rest, healthy eating, and mental self-care contributes significantly to a person's ability to perform at their best.

One teacher noted:

People who are mentally healthy are happier and also tend to be more productive at work, school and in the community. (FGD 1)

Similarly, another participant from FGD 2 emphasized the impact of well-being on performance:

The person who has a healthy mind, they get more sleep, eat healthier, they stay energized and focused throughout the day. And when you're healthy and happy, you can achieve even more. (FGD 2)

On the other hand, poor mental health marked by stress, anxiety, or emotional exhaustion can impair productivity. When individuals are mentally unwell, they may

struggle to concentrate, feel overwhelmed, and find it difficult to manage their tasks. This not only reduces their effectiveness but can also create a cycle of stress and decreased motivation. As highlighted by the teachers, mental health challenges can manifest as physical fatigue, lack of focus, and an inability to cope, ultimately leading to reduced productivity and performance.

In summary, being productive is both a sign and a result of good mental health. A mentally healthy individual is more likely to set and achieve goals, maintain balance, and contribute meaningfully to their personal, academic, or professional environment.

Well-being: The teachers also emphasized that mental health is fundamentally about an individual's mental well-being. Well-being arises from the way individuals think, behave, and engage with the world around them factors over which people often have some level of control. For instance, positive thinking tends to enhance emotional well-being, while cultivating meaningful relationships contributes to social well-being. Conversely, experiences such as job loss or academic failure may diminish one's sense of well-being.

As one participant in FGD 4 described:

Mental health, for me, refers to an individual's overall well-being, encompassing emotional, psychological, and social aspects. It influences how we think, feel, handle stress, interact with others, make healthy choices, and perform effectively in school or society. (FGD 4)

The teachers acknowledged that mental well-being is a core component of overall health, though it is often overlooked in favour of physical health. They noted that true health must include the inner self our emotional balance, resilience, and ability to thrive despite life's inevitable ups and downs.

One teacher observed:

Unfortunately, in the present scenario not everyone experiences the same benefits of experiencing an overall well-being and when we do not, we are not healthy. (FGD 5)

Mental well-being does not mean the absence of problems, but rather the capacity to thrive in various areas of life including relationships, academics, and personal growth even when facing challenges. It reflects the understanding that a person is not defined by their struggles, and it is underpinned by the belief that individuals can manage difficulties, grow through adversity, and maintain a sense of self-worth. The teachers viewed mental well-being as a holistic and dynamic state that encompasses emotional, psychological, and social health. It is integral to how individuals navigate life, form connections, make decisions, and sustain both personal and societal functioning.

Additional themes emerged during the FGDs related to mental health, particularly concerning the perceived causes of mental health problems. These themes were often closely linked to cultural beliefs and local understandings of mental well-being.

Witchcraft and Black magic: A significant theme that emerged from the focus group discussions was the belief in witchcraft and black magic as perceived causes of both physical and mental illnesses. This reflects the influence of cultural beliefs on how mental health issues are understood and interpreted by some teachers. This belief remains deeply rooted in many communities, including among the Khasi people, where it is referred to as “*Myn ai ksuid*.” According to participants, *Myn ai ksuid* is a practice believed to involve casting evil spirits to harm or kill others. It is thought to cause individuals to fall sick physically or mentally with gradual deterioration that may even result in death.

Another related practice mentioned is the use of poison, allegedly mixed into food or drink that is either sold or offered to others with malicious intent. Those who consume such food may suffer from sudden illness, long-term health complications, or develop mental health disorders. It is believed by some that individuals who

perform such acts possess a special charm or power, often passed down from generation to generation particularly to the youngest daughter as a means of continuing the practice.

A powerful example was shared during FGD 1:

There was a young (Teenage) girl who was slowly and gradually becoming weak physically and started to have social withdrawal and stop interacting with people and shut oneself from the society, the family members and relatives said that it was due to black magic and the person who did the black magic was known to them. (FGD 1)

Similarly, participants in FGD 2 reported:

There are so many people in our community which is believe that they became mad because of black magic and going for prayers to remove the spell is the common treatment. (FGD 2)

These accounts highlight how traditional beliefs continue to influence explanations of mental health and mental illness, often attributing symptoms of psychological distress to spiritual or supernatural causes. As a result, community members may seek spiritual or religious interventions such as prayers or rituals rather than medical or psychological treatment.

This theme emphasizes the importance of cultural sensitivity in mental health awareness and intervention. Understanding such beliefs is crucial for mental health professionals working in these communities, as it provides context for help-seeking behaviour, stigma, and the complex interplay between traditional knowledge and modern health systems.

Possess by evil spirit: Another prominent belief shared by the teachers during the focus group discussions is that mental illness may be caused by possession by an evil spirit. This view remains deeply ingrained in certain communities, influencing how symptoms of mental distress are understood and treated.

Participants described two primary ways in which possession is believed to occur:

1. **Contact with an Invisible Evil Spirit:** It is believed that individuals with a weak aura are more vulnerable to possession. When such individuals come into contact with an evil spirit, they are thought to be easily overtaken, leading to mental and behavioural changes.
2. **Presence in Haunted or Spiritually Unclean Places:** If a person with a weak aura visits a location associated with unnatural deaths such as accidents, suicides, or homicides they may be possessed by the spirit of the deceased. These locations are believed to harbour lingering spiritual energy that can affect the living.

In such cases, it is commonly believed that only a traditional healer has the spiritual authority and knowledge to expel the spirit and heal the afflicted individual. These healers perform specific rituals and ceremonies to remove the spirit and restore the person to a healthy mental state.

As shared by the teacher in FGD 3:

The traditional healer performs rituals to treat mental illness such as for a person possessed by the evil spirit. (FGD 3)

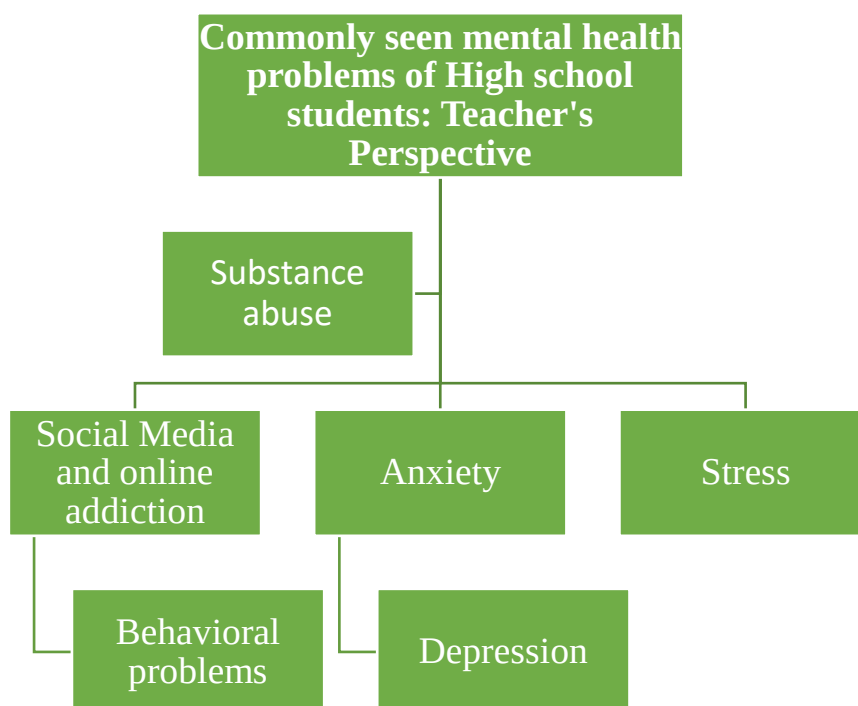
This belief underscores the continued influence of traditional healing systems in addressing mental health concerns. For many, mental illness is not solely a medical condition but is intertwined with spiritual and cultural dimensions. As such, people may first seek help from spiritual or traditional practitioners rather than medical professionals.

Understanding such beliefs is essential for developing culturally responsive mental health care. It highlights the importance of fostering collaboration between traditional healers and modern mental health professionals, as well as implementing educational initiatives that respect cultural frameworks while promoting awareness of mental health as a manageable and treatable condition.

6.4 Common mental health problem among High School students: Teachers' perspective

The figure below is representing the themes that emerged on the commonly seen Mental Health problem of High school students from the teacher's point of view.

Figure 6.2 Commonly seen Mental Health problem of High school students



Sources: Focus Group Discussion (FGDs)

Substance abuse: Substance abuse is one of the very common problems seen among the high school today. Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol, tobacco, cannabis, and other illicit drugs. The impact of such use extends beyond the individual, affecting their physical and mental health, while also causing significant strain on their families and communities through social, economic, and emotional consequences. It places a significant burden on public health systems, affects academic and work performance, and often leads to emotional, psychological, and financial strain.

A teacher from FGD 2 shared:

Substance use is a rising concern among the high school students today and awareness programme and prevention programme for substance use is very limited especially in places like Nongstoin, West Khasi Hills. (FGD 2)

Another teacher participants in FGD 3 said:

I think the lack of resources and support are also the major contributing factors to this issue. (FGD 3)

Students often begin using substances due to peer pressure, curiosity, or as a means to enhance social experiences. For others, substance use serves as a coping mechanism for stressful events or emotional struggles.

Usually, students who drink or use drugs start due to peer influence, a desire to experiment, or to improve their sense of well-being and social life. Sometimes, they use substances to escape stress. (FGD 3)

Teachers identified alcohol, tobacco, and cannabis as the most commonly used substances among students in the region, with alcohol and tobacco being more prevalent. As stated by one teacher participants:

The substances that students usually use in this area are alcohol, tobacco, and also cannabis, though cannabis users are fewer than tobacco and alcohol users. (FGD 4)

With growing academic and social pressures, mental health has become a significant concern for Indian students. When students are unable to cope, many turn to substances as a form of escape or temporary relief. Unfortunately, this often results in a vicious cycle, where substance use contributes to worsening mental health, and in turn, individuals may rely more heavily on these substances as a way to cope, deepening the cycle of addiction and psychological distress.

Students may turn to alcohol as a way to escape the demands of their daily lives and to temporarily alleviate mental health issues. This can lead to addiction and further problems.” (FGD 5)

The mental health impacts of substance abuse can be severe. It may lead to depression, anxiety, and psychosis, alongside long-term physical consequences such as liver damage, cognitive decline, and addiction. Moreover, substance abuse doesn't only affect the individual it also creates ripple effects in the family and broader community, often resulting in financial difficulties, family conflicts, and social isolation.

As the teachers in FGDs emphasize

Many students feel pressure to fit in and be accepted by their peers, which leads them to engage in substance abuse. (FGD 4)

Students may turn to alcohol as a way to escape the demands of their daily lives and to temporarily alleviate their mental health issues. This can lead to a cycle of addiction and further mental health problems. (FGD 1)

This theme highlights the urgent need for prevention, early intervention, awareness programmes, and better mental health support systems in schools especially in underserved areas like Nongstoin, West Khasi Hills. Community education and peer-led initiatives can also play a critical role in reducing stigma and promoting healthier coping strategies among youth.

Social media and online addiction: Social-media and online addiction have emerged as pressing concerns, especially among students in high school. While social networking platforms offer opportunities for connection, entertainment, and even education, their excessive or maladaptive use has been linked to a range of mental health issues and academic decline. Social media becomes problematic when it is used as a primary coping mechanism to escape from feelings of loneliness, stress, or depression. These platforms offer instant gratification and continuous rewards of likes, comments, and shares that some individuals may not experience in their offline lives. As a result, they become increasingly dependent on online interactions, which gradually impacts their real-life relationships, academic performance, and physical health.

Social media use provides continuous rewards that people aren't receiving in real life, so they end up engaging in the activity more and more. This creates a cycle where they become psychologically dependent. This cyclical pattern using social media to manage dysphoric moods can exacerbate emotional and psychological distress over time. As individuals spend more time online, they may withdraw from real-life connections and responsibilities, further deepening their reliance on digital platforms. The popularity of platforms such as TikTok, Instagram, and YouTube has skyrocketed in recent years, especially among teenagers and young adults. While many use them to socialize or consume content, others may become drawn into an unhealthy routine of excessive screen time.

As shared by one of the teacher's participants in FGD 1:

Since the time of the pandemic and lock down happen, schools started online classes and though it also a challenge for many, parents tried their best to buy smart phone for their children even those from rural areas so that they don't lose their education, however it also has a negative impact and students becomes addicted to social media, games etc since they get access to it. (FGD 1)

A teacher in FGD 2 further highlighted the issue:

We had to call for a parent meeting because students started playing online games like Free Fire and PUBG even in the classroom. Their academic performance has decreased a lot. (FGD 2)

Increased digital connectivity has also contributed to what is referred to as emotional transmission where distressing emotions like anxiety and fear can spread quickly across networks. Moreover, constant texting and online engagement have led to emotional distancing within families. Many students have become disconnected from their parents and relatives, leading to increased family conflict and reduced emotional bonding. This detachment from family and real-life experiences can significantly impact students' emotional regulation, social skills, and overall mental

well-being. As digital dependency grows, so does the risk of isolation, sleep disorders, anxiety, and low self-esteem.

Anxiety: Anxiety was identified by teachers as one of the most common mental health issues among high school students. While occasional anxiety is a normal part of adolescence particularly in response to academic pressure, social challenges, or new experiences chronic or intense anxiety can be debilitating. It becomes a concern when it persists over time and interferes with a student's daily functioning, including academic performance, social interactions, and emotional well-being.

As shared by one of the teachers in the FGD 1:

It's normal to feel anxious sometimes, but if the anxiety doesn't go away and affects how a student functions, it becomes a serious problem. (FGD 1)

Anxiety disorders are characterized by persistent and excessive fear or worry, which can cause individuals to avoid activities or situations they previously found enjoyable. If left untreated, these disorders can significantly hinder a student's potential and may contribute to additional challenges, such as social isolation, poor academic performance, or substance use.

As stated by teachers in the FGDs:

Students perform poorly in school, skip social events, and even start using alcohol or substances due to anxiety. (FGD 2)

Students have many reasons to be anxious. Tests, examinations, relationships all pop up in these important years especially during and after the lock down we observed more cases of anxiety, they show symptoms of nervousness, shyness, isolationist behaviours, and avoidance. (FGD 3)

The effects of the COVID-19 pandemic and the result of lockdown further intensified anxiety levels among students. Teachers observed increased symptoms such as nervousness, shyness, withdrawal, and avoidance behaviours, which were particularly prevalent during and after the lockdown period. In parallel, anxiety

emerged as another critical mental health concern. The increasing academic expectations and competitive environment have resulted in high levels of stress among adolescents. Students are often expected to excel in all areas - academics, sports, and extracurriculars leading to emotional exhaustion, panic attacks, and even depression in severe cases.

Students today face stress daily just like adults and it affects their ability to perform well in exams. (FGD 4)

Parental pressure to succeed, societal expectations, and the desire to be "perfect" all add to the stress students endure. This chronic stress can result in physical symptoms such as headaches and tension, as well as mental health disorders like anxiety and depression. In extreme cases, unmanaged stress has been linked to self-harm and suicide. As one of the teachers shared:

Moderate stress is necessary for motivation, but when it becomes chronic, it can lead to serious health issues even suicide. (FGD 5)

Teachers expressed concern that schools currently lack the professional resources to support students dealing with anxiety and stress. They emphasized the need for mental health education and support systems within the school environment to help students manage these issues effectively.

As one of the teachers' participants stressed:

We need mental health programs in schools, and caregivers must understand the root causes of student behaviour instead of calling them lazy or attention-seekers. (FGD 5)

Addressing anxiety and stress among students requires a holistic approach that includes awareness, early identification, supportive school environments, and accessible mental health care. Without such support, students remain vulnerable to the escalating pressures of modern academic life.

Stress: The mental health of students particularly the impact of stress has become a growing concern among researchers and policymakers. One of the most alarming

outcomes is the increasing incidence of student suicides globally, underscoring the urgency of addressing this issue. Students are often pressured by parents and society to excel, especially academically. For some, the burden becomes too overwhelming, leading to emotional collapse or breakdowns when expectations are not met.

In today's rapidly changing and highly competitive world, stress has become a common experience not only for adults but also for students. Just as adults encounter pressures in their professional and personal lives, students today are increasingly overwhelmed by academic demands, social expectations, and personal challenges. These factors collectively place a significant strain on their mental health and overall well-being, often affecting their emotional stability, academic performance, and ability to cope effectively with daily life.

One of the teachers have rightly mentioned:

Students too are stressed at school and in daily lives, just like adults. (FGD 4)

At school, students encounter a wide range of stress-inducing factors, including the pressure to perform, fear of poor grades, competition, high parental expectations, and a heavy academic workload. This constant pressure can negatively impact their academic performance and self-esteem.

There is a range of academic pressure perfectionism, worry over grades, competition, sports, or a tough class load. (FGD 5)

Teachers reported observing signs of nervous breakdowns, panic attacks, burnout, and even depression among younger students. While a moderate level of stress can be beneficial helping to maintain motivation and responsibility chronic or severe stress can lead to significant physical and psychological health problems. These include headaches, tension, cardiovascular issues, anxiety disorders, mood disturbances, and, in severe cases, suicidal thoughts or actions.

As stated by one teacher in FGD 1:

Chronic stress may lead to stress-related diseases physically like heart disease, and mentally like anxiety and mood disorders. In extreme cases, it may even lead to suicides. (FGD 1)

Despite the prevalence of stress among students, many schools lack professional resources and mental health support systems to address these issues adequately. Teachers emphasized the need for structured mental health programs that can teach students effective stress and anxiety management strategies.

Students need to be trained on how to manage stress and anxiety, but schools lack professional help. (FGD 2)

Moreover, teachers, parents, and caregivers must be made aware of the mental health challenges students face. Mislabelling stressed students as lazy or inattentive without understanding the root causes only exacerbates the problem.

Caregivers should understand students' stress before labelling them as lazy or attention seekers. (FGD 3)

Integrating mental health education and support programs at the school level is a critical step toward promoting students' emotional resilience, academic performance, and overall well-being.

Depression: Teachers widely recognized depression as one of the most pressing mental health issues affecting high school students today. Depression is a mood disorder marked by a persistent feeling of sadness, hopelessness, and a significant loss of interest or pleasure in activities that were previously found enjoyable. It affects the way individuals think, feel, and behave, often leading to a range of emotional, behavioural, and physical difficulties. Among adolescents, depression may manifest in less obvious but deeply concerning ways. Teachers observed that many students have increasingly turned to the virtual world and online interactions as substitutes for real-life relationships. This excessive screen time and reliance on virtual connections have been linked to mood swings, irritability, social withdrawal,

irregular sleep and eating habits, reduced concentration, and a growing disconnect from family and the real world.

As the teachers said during the FGDs:

There are many students today who have turned towards the virtual world... further detaching from family or the real world. (FGD 1)

Our students are stressed, worried and anxious about the uncertainties of the future especially during and post pandemic. (FGD 1)

There is a significant loss of sports, play, movement, exercise, sleep, rest and outdoor activities among the students. (FGD 2)

Teachers also shared disturbing accounts of suicidal behaviour among students, linking these cases directly to unrecognized or untreated depression.

We have come across cases of students committed suicide and many also attempted suicides, before when we come across cases like this, we think it's their weakness but now we do realise that students undergone depression to take such a step. (FGD 3)

There was a female student who attempted suicide by pouring kerosine and burn herself due to relationship problems, I think that is a case of depression, she was unable to cope with the emotional breakdown. (FGD 4)

There are suicide cases every year even in the village of 200 household of this area and most of the cases are of teenagers. (FGD 4)

These insights underscore the urgency of early detection and intervention. Teachers emphasized the need for schools to become more proactive in identifying symptoms, offering support, and being approachable to students in distress. As stated by one of the teachers:

As a school we need to take steps to control stress, recognize early signs, and be more approachable to students. (FGD 5)

Psychological treatments are considered the first line of care for depression. These may include evidence-based approaches such as CBT, talk therapy, and other counselling-based approaches. Such interventions help students develop healthier coping mechanisms, emotional regulation skills, and better interpersonal relationships. One of the teachers have rightly said:

Talk therapy can happen in person or online and schools today need this kind of mental health programme. (FGD 5)

Behavioural problem: The behaviour of students serves as a key indicator of their overall adjustment and adaptation to their environment. However, not all students are able to adapt successfully to the school or home setting, and may instead exhibit behavioural problems. These are patterns of conduct that deviate from what is generally considered acceptable in school, family, or social contexts. While occasional disruptive behaviour or lapses in judgment are normal in adolescence, behavioural problems become a concern when they are persistent, consistent, and impact learning or relationships.

Following the reopening of schools after the COVID-19 lockdown, many teachers observed a marked shift in student behaviour. The transition back to the classroom brought challenges in adjustment, with students displaying signs of emotional and behavioural difficulties.

Since post lockdown, we observed that many students have difficulty adjusting in school and show symptoms such as bullying others, absenteeism, agitation, aggression, disinterest, self-injury, and excessive talking. (FGD 5)

Teachers reported an increase in cases that are difficult to manage within the traditional classroom environment and often go unaddressed due to lack of support or training.

We have had difficulty handling some students' behaviour it's beyond our capacity. Many times, we don't know what to do, so we simply ignore it. (FGD 3)

Several contributing factors were identified as possible causes of these behavioural issues. Teachers highlighted that stressful life events or unstable family environments can manifest in students' behaviours.

The teachers also noted that behavioural problems in students can often be linked to specific life events or challenging family situations. These factors may contribute to emotional distress, which can manifest as disruptive or problematic behaviour in the school setting.

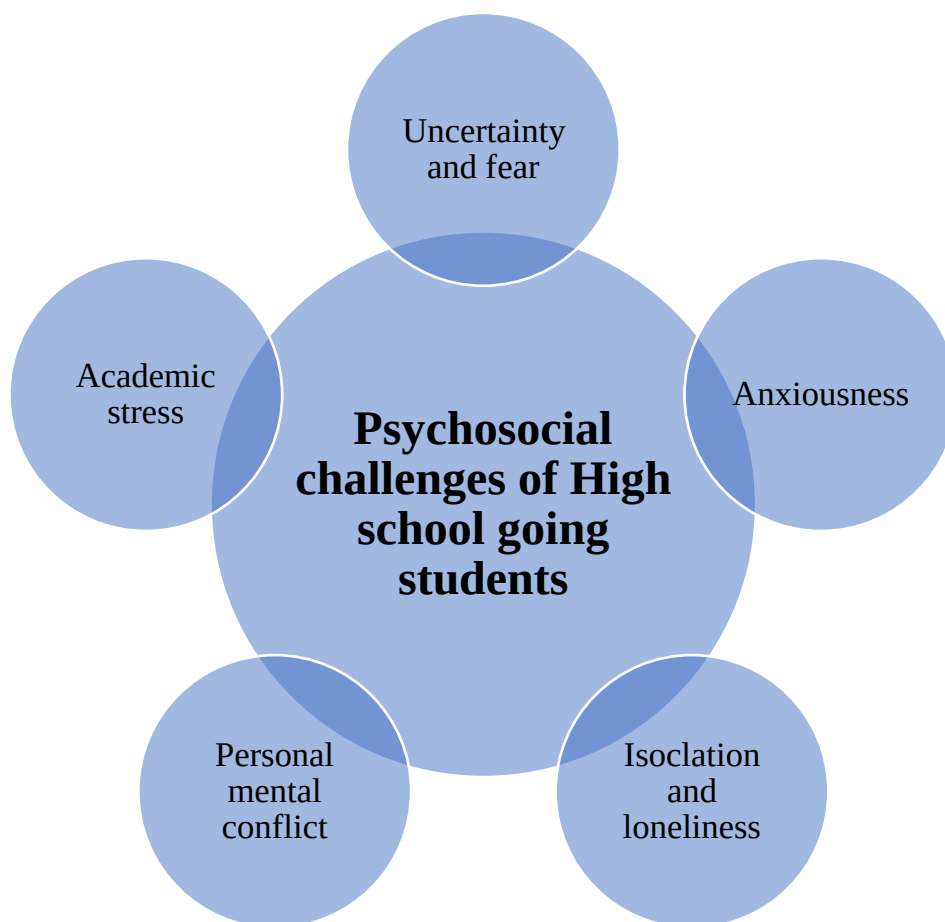
*Students might have family conflict, struggle with poverty, feel anxious, or have had a death in the family which then shows in their behaviour at school.
(FGD 4)*

The absence of proper guidance, mental health support, and behavioural interventions in schools contributes to the escalation of these problems, making it difficult for students to engage meaningfully in academic and social life.

6.5 Psychosocial Challenges of High School students

The figure below is representing the summary themes under the Psychosocial challenges of High school students according to the teacher's point of view.

Figure 6.3 Psychosocial challenges of High School students



Sources: Focus Group Discussion (FGDs)

Uncertainty and fear: One of the problems that the teachers mentioned during the Focus Group Discussions (FGDs) is their uncertainty and fear that students face regarding their future particularly their studies beyond high school and the pressure of board examinations.

Adolescence is a transitional phase marked by change, growth, and exploration. However, for many high school students, this period is also accompanied by a growing sense of insecurity and apprehension about what lies ahead. Teachers shared that a common source of distress among students is the fear of the unknown, particularly related to their academic future.

The young adolescents preparing for their board exams are uncertain of what to expect, how they will give their exams, and what to prepare, which has created a lot of anxiety about their future studies. (FGD 1)

For students in their final years of school, the transition to higher education brings not only academic pressure but also emotional turmoil. Many are unsure of their career path, lack access to adequate guidance or resources, and are overwhelmed by the competitive environment and expectations from parents, teachers, and society.

They are uncertain of the future and are unsure of what the future holds. (FGD 2)

This fear of failure and indecisiveness about the next steps often leads to increased stress, anxiety, and low self-esteem. In some cases, it may even contribute to academic disengagement, mental health struggles, or poor decision-making.

Academic stress: Adolescents today are increasingly burdened by academic stress, a common yet serious issue that affects their psychosocial well-being and academic performance. While academic pressure is a normal part of student life, chronic or excessive stress can become harmful, especially when students are unable to manage it effectively.

One of the most significant contributors to heightened academic stress in recent years has been the Covid-19 pandemic, which dramatically altered the learning environment. Students had to quickly adapt to online learning systems, which brought with it a host of challenges such as increased workloads, unfamiliarity with technology, unreliable internet access, and a lack of face-to-face support from teachers and peers.

As shared by one of the teachers in the FGD 2:

When I spoke to the students, I could sense that they were so worried about their studies and exams, that they were having difficulty adjusting to the new situation. (FGD 2)

These abrupt transitions created a sense of overwhelm and confusion among students. Many found themselves struggling to complete assignments, stay focused, and remain motivated in a less structured and more isolating learning environment.

Another teacher in FGD 3 shared:

There is a tendency for them to become irritable and angry when they are having difficulties doing their assignments and studies. Their concentration level has decreased, they complain of headaches frequently, and they neglect their responsibilities. (FGD 3)

Given the increasing academic demands and the long-term effects, there is an urgent need to Implement stress management and coping skills programs in schools, academic counselling and time management support. Helping students navigate academic stress effectively can significantly improve their mental health, academic outcomes, and overall development.

Anxiousness: Anxiousness is a significant challenge associated with schools and examinations for high school students. The teachers shared that at the beginning of the lockdown, students initially felt relieved and even happy during the first week. However, over time, their concerns about academics grew. As schools reopened, their anxiety became more pronounced. The constant changes and uncertainty made it difficult for them to adjust.

Students reported feeling anxious about falling behind in their studies, struggling to catch up with the syllabus, and preparing for exams under unfamiliar conditions. Many were uncertain about their future, including admissions in higher education and career paths. Socially, students found it challenging to reconnect with peers after months of isolation post pandemic, while others experienced emotional exhaustion from the shift back to in-person learning.

As noted by one of the teachers in the discussion:

When the lockdown began, they were not anxious; in fact, they were happy in the first week, but gradually they looked and expressed worry over their studies, and they were anxious after the school reopened. It was impossible for them to adjust to all these changes. (FGD 4)

Covid-19 and post pandemic is an anxiety-provoking and stressful time for everyone, and while being anxious is expected and normal during a pandemic and post-pandemic situation, too much of it can be harmful. Having to deal with stress and fear every day has a negative impact on a student's health and wellbeing.

Isolation and loneliness: Isolation from friends, family, and familiar social activities emerged as one of the most frequently mentioned concerns during the Focus Group Discussions (FGDs). The teachers highlighted how such social disconnection can significantly impact students' emotional well-being and contribute to a range of mental health challenges. Young adolescents experiencing isolation often reported feelings of loneliness, which in turn led to unhealthy coping mechanisms such as overeating, excessive video game use, prolonged mobile phone engagement, and binge-watching movies.

As one of the teacher participants said:

There are many students who are isolating themselves from their friends and family, especially at that age when they are starting to use their phones and social media. Social media allows them to express themselves, but they isolate themselves from friends and teachers. (FGD 3)

Another teacher in the FGD mentioned:

Students today are lonelier than a few years ago, they have thousands of friends online, but don't have real friends. (FGD 4)

This digital dependence, while offering a sense of belonging, often deepens the feeling of isolation rather than alleviating it.

Personal mental conflict: A lack of direction in life, limited access to healthy entertainment, and the development of a negative self-concept are key factors contributing to psychosocial problems among students. These internal struggles often lead them to withdraw from the outside world and isolate themselves.

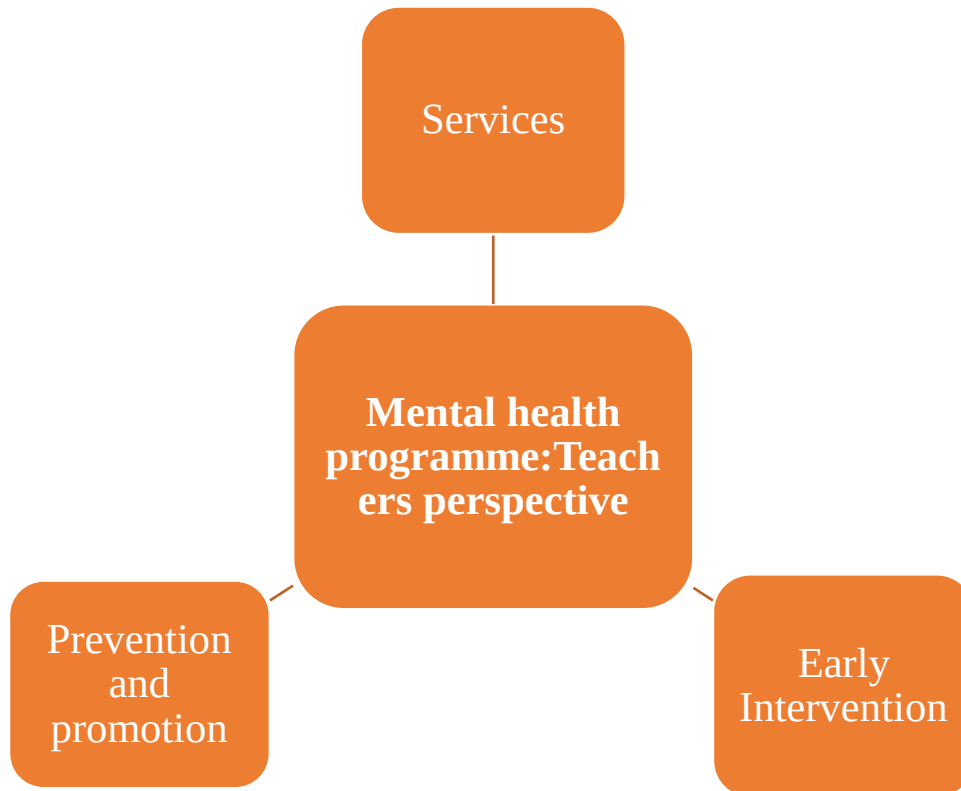
They become unable to recognize their worth in the world, or find themselves worthless and attracted to negative thoughts of suicide, criminal activities, etc. (FGD 1)

Erik Erikson, a renowned developmental psychologist, first introduced the concept of an "identity crisis," emphasizing adolescence as a critical stage in identity formation. During this phase, young individuals grapple with questions related to love, sex, marriage, gender roles, and their broader place in society. This period of exploration and vulnerability makes the development of a healthy self-concept, self-respect, and confidence especially important—and particularly challenging. Schools, families, and communities play a vital role in supporting adolescents through these formative years and in helping them build a strong, positive sense of identity.

6.6 Mental Health Programme: Teachers' Perspective

The figure below displays the summarization of the themes under Mental Health Programme from the Teacher's perspective.

Figure 6.4 Mental Health Programme: Teacher's Perspective



Sources: Focus Group Discussion (FGDs)

Schools hold a unique and powerful position to improve the lives of young people. As countries increasingly commit to universal education, schools are also being called upon to broaden their responsibilities beyond academics, particularly by offering health services including mental health support to address the various factors that impact learning and development. With the full cooperation of families, communities, and governments, schools are currently the most effective setting for implementing comprehensive mental health programmes. This is largely because nearly all children attend school at some point, the necessary infrastructure already exists, and teachers who interact with students daily can play a central role when they are actively involved in mental health initiatives.

During the Focus Group Discussions (FGDs), teachers expressed a shared understanding of an agreement with the importance of mental health programmes for

school-going students. Their perspectives and insights on mental health Programme were grouped under the following themes:

Services: Teachers strongly emphasized that mental health programmes in schools should primarily focus on providing essential services to support students particularly psychosocial support during times of difficulty and personal challenges.

As teachers shared in FGDs:

In my opinion, the presence of mental health services in every school is essential to effectively support students who are experiencing mental health challenges. Such services play a crucial role in early identification, timely intervention, and promoting the overall well-being and academic success of students. (FGD 1)

The mental health services in the school are very important as they can provide screening, counselling for common adolescents' concerns, information about substance abuse, sexuality, HIV/AIDS, reproductive health, depression, stress and anxiety which affects the learning process of school children. (FGD 2)

Another teacher in the FGD added:

These mental health programme and services are helpful to students to deal and cope with stress and improve interpersonal relationships. (FGD 3)

One of the teacher participants further added in FGD 4:

Having these programmes in school it will help the students who experiences anxiety, stress, depression and other related problems. It will help the students overcome various challenges they face if the services are available at school. (FGD 4)

Teachers collectively recognized the crucial role of these services in promoting the mental wellbeing of school-going children. However, they also expressed concern about the lack of such programmes in India, particularly in rural areas. Despite widespread acknowledgment of their importance, there is currently no

comprehensive mental health programme that reaches all school children across the country. Teachers spoke urgently about the need for immediate psychological services in cases of severe mental health issues, yet noted that these discussions have not translated into concrete action or implementation so far.

Prevention and promotion: Many factors influence the student mental health and while it isn't possible to stop all mental health problem from developing, many mental health problems can be prevented with the right approach and the right help. Teachers recognized the importance of adopting a preventive and promotive approach to student mental health. The aim is twofold: to stop the development of mental health problems and to foster positive mental health and wellbeing for all students.

Prevention efforts often include school-wide initiatives such as anti-stigma campaigns, Mental Health Awareness Week, and integrating lessons about emotions, resilience, and mental ill-health into the curriculum. Mental health promotion focuses on equipping students with the knowledge and skills they need to maintain their own wellbeing, while also cultivating a supportive school environment that fosters emotional safety and collective wellness.

As stated by one teacher in the FGD:

It is very important if the school management is able to conduct school mental health program and services. This will enable us the teachers to identify a mental illness child and likewise to help him or her in his or her future. (FGD 3)

Similarly, another teacher added in FGD 4

The programme and services focus on preventing and treating mental health problems hence they are essential for providing accessible and affordable mental health services to all individuals especially the school students. (FGD 4)

Teachers also acknowledged their own role in promoting student wellbeing. Simple acts such as being approachable, actively listening to students, creating a supportive classroom atmosphere, and building positive relationships can go a long way in preventing mental health issues.

As one teacher participants rightly pointed out:

There are things we can all do to take care of ourselves and those around us, especially the students we interact with daily. (FGD 5)

These small yet meaningful actions help students feel heard, valued, and less alone in times of stress.

Early Intervention: The teachers also felt that Mental Health programme would help in early identification and intervention of cases of mental health problems. Teachers highlighted that one of the key benefits of having a school-based mental health programme is its ability to support early identification and intervention for mental health issues. Recognizing the warning signs of mental health or substance use challenges at an early stage allows for timely action, reducing the risk of the condition worsening.

As one participant in FGD 5 noted:

Mental health programme would help us in recognizing the warning signs of a mental health or substance use challenge and taking action before it gets worse. When we realize and observe the signs and symptoms of a mental health challenge early, it may be easier to get appropriate help from a counsellor or professional before it becomes worse. (FGD 5)

Another teacher participants in FGD1 shared that:

Early intervention has the potential to prevent more serious symptoms from developing, ease stress for both the individual and their loved ones, and reduce the likelihood of further complications at school, in relationships, or with substance use. (FGD 1)

Teachers also stressed that early action is particularly critical for school-aged children and high school students, as mental health problems during this phase can have long-lasting and profound consequences on their education, health, and social relationships. Such interventions may include the identification of children at higher risk of developing mental illness or showing signs of severe behavioural and developmental challenges. As noted in the discussions, mental health difficulties are among the major risk factors for adolescents failing to complete school and struggling with long-term emotional, physical, and social well-being.

The teachers agreed that while mental health professionals play an important role, the responsibility for early identification and support must be shared. It is unrealistic to expect specialists to manage this alone. Teachers, parents, and the broader community must work together to recognize issues early, refer students to appropriate services, and create environments that support positive mental health. Encouragingly, as one teacher from FGD 2 pointed out:

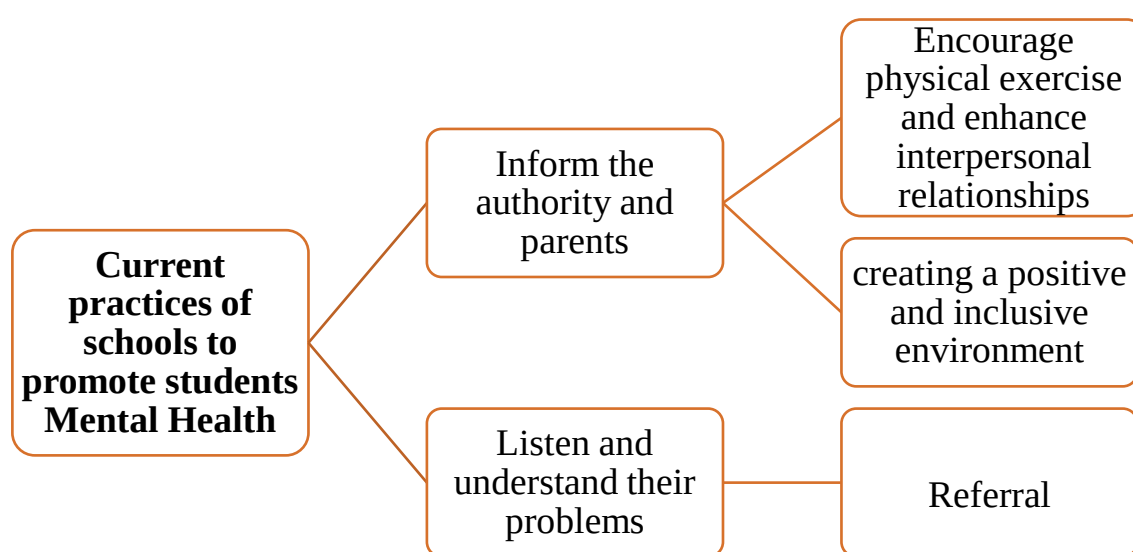
Though it is still a challenge, we are doing much better in terms of understanding mental health problems of students compared to the past. (FGD 2)

This reflects a growing awareness and willingness to engage with student mental health in proactive, supportive ways.

6.7 Current Practices of Schools to promote students' Mental health

To summarize the currents practices of Schools to promote student's Mental health, a figure is shown below

Figure 6.5 Current Practices of Schools to Promote students' Mental Health



Source: Focus Group Discussion (FGDs)

A significant concern raised during the Focus Group Discussions (FGDs) was the lack of adequate training for teachers in supporting students with mental health challenges. While conversations around mental health have become more open and accepted, many schools and their staff remain ill-equipped to handle such issues effectively. The majority of teachers expressed that they often feel unprepared to identify or support students who may be struggling. Despite their willingness to help, educators frequently find themselves unsure of how to respond to emotional or behavioural issues in a sensitive and effective manner. One common outcome of this gap is a reactive approach to mental health responding only when a crisis occurs,

such as a suicide attempt rather than having a proactive and preventive system in place.

Teachers shared that they are not always able to recognize early warning signs of mental distress or recognize students who may be at risk. This lack of awareness and training contributes to delayed interventions and missed opportunities for support. Many educators find themselves in situations where they feel helpless, lacking the tools and strategies needed to address their students' emotional needs appropriately. This also highlights an urgent need for targeted professional development and training for teachers, enabling them to play a more active and confident role in school-based mental health initiatives.

Inform the authority and parents: Teachers shared that, due to their lack of training and confidence in handling student mental health issues, they often rely on informing school authorities and parents when a concern arises. Recognizing their limitations in providing direct mental health support, they see communication with guardians and professionals as a necessary step in ensuring the student receives appropriate help.

As one teacher mentioned in FGD 1

As of now there is no services or practices adopted to promote mental health of school students. We inform the parents or guardians and guide them to reach to mental health hospital or to the psychologists. (FGD 1)

Similarly, another teacher in FGD 2 emphasized the importance of involving parents and encouraging them to consult a psychiatrist when necessary:

Teachers should involve the parents and let them know about their child and advise them to visit a psychiatrist when necessary. (FGD 2)

In some cases, teachers attempted to create a safe space by initiating one-on-one conversations with students to allow them to express their concerns. If a student shared something troubling or indicative of deeper emotional distress, the teachers took the initiative to report the issue to both the relevant school authorities and the

student's parents. This process, while well-intentioned, also highlights the need for a more formal structure within schools for reporting, referral, and follow-up of mental health concerns, supported by trained professionals and clear protocols.

Listen and understand their problems: The teachers emphasized that the COVID-19 pandemic and extended school closures had a noticeable impact on students' mental health and wellbeing. While acknowledging their lack of formal training in mental health care, many teachers emphasized the importance of listening to students with empathy and fostering a safe, supportive environment that encourages open communication.

As one teacher noted in FGD 2:

As a school teacher when we identify mental health problems among students in the school, even though we are not specifically trained to handle behavioural and emotional challenges faced by children and adolescents, we try to understand the struggles of students. (FGD 2)

This sentiment was also echoed in FGD 3:

The first thing we should do as teachers is talk to the students and also listen to them, allow them to express themselves. (FGD 3)

Teachers recognized that simply being available to listen, showing care, and validating a student's emotions can provide significant relief. Even without professional expertise, this human connection can help students feel seen, supported, and less alone in their struggles. This approach reflects the critical role that empathetic and observant educators can play in the early stages of identifying and addressing mental health concerns.

Encourage physical exercise and enhance interpersonal relationships: The teachers acknowledged that fostering a supportive and active school environment plays an important role in promoting students' mental health. One key strategy they use is encouraging students to engage in physical activity and social interaction. Providing regular opportunities for play, movement, and peer bonding helps students

cope with stress and anxiety, while also strengthening their support systems and interpersonal relationships. As highlighted by one teacher in FGD 4

As teachers we try providing opportunities for students to engage in physical activities and exercises and promoting positive relationships between students and teachers. (FGD 4)

Teachers also recognized that they serve as role models for their students. The ways in which teachers manage stress, communicate, and handle challenges are closely observed and often emulated by students. This underscores the importance of educators demonstrating calmness, honesty, empathy, and a consistently positive attitude. By promoting physical well-being and healthy relationships within the school setting, teachers contribute to a more resilient, emotionally balanced, and socially connected student community.

Creating a positive and inclusive environment: Many teachers recognized that while School Mental Health Programmes (SMHPs) have been widely acknowledged at the global level as a crucial strategy for improving the mental health and wellbeing of school children, the implementation in India, particularly in rural areas like the West Khasi Hills District remains severely lacking. There is currently no comprehensive SMHP that reaches all students, especially those in remote or under-resourced regions. Despite this gap, teachers shared the proactive steps they take at the school level to support student mental health. A key approach to promoting student well-being is creating a positive, inclusive, and supportive environment where students feel safe, respected, and valued. Such an atmosphere encourages open communication, builds trust, and fosters emotional security, which are essential for healthy development and academic success.

As one teacher from FGD 5 shared:

At school we help students maintain their mental health by creating an inclusive and supportive environment such as having a strong anti-bullying policy in the school. (FGD 5)

Teachers expressed that cultivating a friendly and welcoming school atmosphere helps students open up about their problems. It also enables educators to better understand the root causes of their students' emotional or behavioural challenges. In such an environment, teachers are also able to plan and deliver mental health awareness initiatives more effectively, further promoting a culture of openness and care.

Creating this type of environment is not just about reducing stressors, it is about building a community where students feel connected, understood, and empowered to seek help when they need it.

Referral: Teachers acknowledged that mental health is a critical factor in a student's academic success. Poor mental health can significantly affect self-esteem, concentration, stress levels, and overall classroom performance. While teachers strive to support their students, they also recognize the limits of their capacity and the importance of professional intervention when necessary.

Apart from informing family members, teachers shared that they refer students to mental health professionals in cases where more specialized help is needed. However, access remains a significant challenge. Most professionals such as psychiatrists, psychologists, psychiatric social workers, and counsellors are located in Shillong, the capital city of Meghalaya. While the District Mental Health Programme (DMHP) has a team based in Nongstoin, the district headquarters of West Khasi Hills, many teachers reported being unaware of its existence or how to access its services.

As shared by one teacher in FGD 1:

...there was a case where one student often has fits in the schools, initially we thought it was just an act to get attention however later on we realised it was not and we inform the parents and suggested the parents to take the student to a psychiatrist. (FGD 1)

Teachers stressed the necessity of referrals, as highlighted by one teacher in FGD 2:

Referrals are very important and necessary because we do not have the capacity and not trained to deal and we do not have any school counsellor. And when we do not have the services the best thing to do is refers to the professional. (FGD 2)

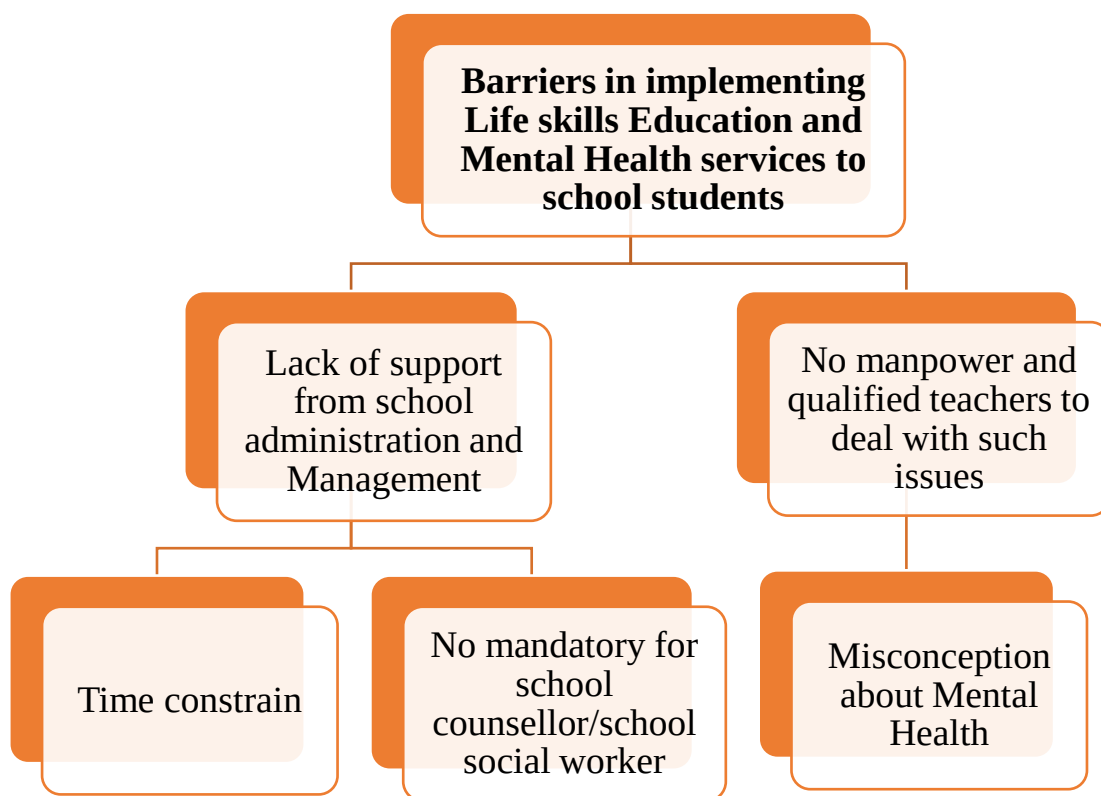
Teachers recognized that while they can offer emotional support and be attentive to students' needs, they are not meant to replace mental health professionals. Instead, schools should adopt a whole-school approach, in which teachers, mental health professionals, and families work collaboratively to create a supportive and inclusive environment that addresses students' needs in a comprehensive and holistic manner.

Schools are increasingly recognizing that their primary role is not to replace therapists or counsellors, but to collaborate with them through a whole-school approach. This strategy focuses on creating a cohesive and supportive environment within the school, where students who spend a significant portion of their time can feel understood, cared for, and supported in their mental health and overall well-being.

6.8 Barriers in implementing life skills education and mental health services to school students

To summarize the barriers in implementing life skills education and mental health service to school students a figure is shown below.

Figure 6.6 Barriers in implementing Life skills education and Mental Health services to school students



Source: Focus Group Discussion (FGDs)

The teachers expressed that implementing mental health services and life skills education in schools is essential, but it comes with several barriers. These challenges as shared by the teachers during the Focus Group Discussions (FGDs) can be broadly categorized into the following.

Lack of Support from School Administrators and Management: Whether life skills education and mental health services can be introduced and sustained effectively in school settings is highly dependent on the role played by school management. In the Focus Group discussions with the teachers, the absence of strong leadership support was a recurring theme, which adversely affected the implementation of the program. A lack of support from school management and administration is one of the most significant barriers to the implementation of mental health services in schools and

life skills education. Participants indicated that the success of such an initiative depends heavily on the school's openness and willingness to embrace it.

As one of the teachers emphasizing the foundational role of leadership support during the focus group discussions noted:

It all depends on if the school is ready and open to such program. (FGD 1)

The statement is representative of a broader sentiment that school readiness and willingness are essential to any meaningful intervention. In the absence of active administration endorsement and engagement, even well-planned initiatives often fail to succeed.

It was also noted by another participant that although plans were made to invite external professionals, such as counsellors and mental health experts, these efforts were never implemented due to lack of management support:

Though we had planned it, it never happens because there is no support from the management. (FGD 2).

This highlights how management's inaction or lack of prioritization can stall critical programs before they even begin.

Teachers reverberated that when school leadership actively supports a program, it becomes much easier to engage teachers, students, staff, and parents, effectively overcoming logistical and implementation barriers. Conversely, where management is disinterested or non-committal, it creates significant roadblocks, especially for sensitive or complex programs such as life skills education or reproductive and sexual health initiatives. In essence, the success or failure of life skills and mental health programs often rests on the commitment and involvement of school leadership. Their support is not just administrative it sets the tone for the entire school's culture and openness to addressing students' holistic development.

No manpower and qualified teachers to deal with such issues: Another major barrier to implementing life skills education and mental health services in schools is the lack of trained and qualified personnel. Many teachers openly expressed that they are not equipped to handle mental health issues or to facilitate life skills training, primarily because they have never received any formal training in these areas.

As one teacher explained:

We would not be successful in delivering the programme or services to the students until we are trained in acquiring the skills and knowledge suitable for carrying out the responsibilities. (FGD 3)

This view was echoed in another focus group discussion as well:

Teachers' lack of knowledge is one of the barriers that prevent us from having these programmes" (FGD 4).

In some schools, especially in regions like West Khasi Hills, life skills education is virtually non-existent, particularly for adolescent students in classes IX and X.

As one participant pointed out:

Many schools here... do not provide Life Skills education/training... because schools do not have qualified teachers to deal with issues such as mental health problems. (FGD 5)

This gap significantly limits students' access to essential psychosocial support during a critical developmental stage. Teachers also highlighted the absence of staff development initiatives as a root cause of this issue. In many schools, Teacher Development Programs are rarely, if ever, organized, leaving educators without opportunities to build the competence needed to deliver such services. As noted in the focus group discussions:

It is right to say that both administrators and teachers cannot be successful in implementing life skills education and provide psychosocial services to students without they themselves get trained first. (FGD 1)

The need for ongoing manpower training and development has become increasingly evident. Without structured professional development, schools face ongoing problems of incompetence, inefficiency, and ineffectiveness. Investing in teachers' personal and professional growth is not only vital for individual development but also essential for institutional capacity to support student wellbeing.

Time Constraint: One of the most commonly cited barriers to implementing life skills education and mental health services in schools is the time. Constraint. Teachers consistently shared that their schedules are already overburdened with academic responsibilities, leaving little to no space for additional programs that are not mandated by the curriculum. As one participant shared:

We have to accommodate time for teaching, mid-term and revision exams as well final exams all within a short span of time. (FGD 2)

For teachers handling higher classes, particularly Classes IX and X, the pressure is even more intense.

It is a race against time to complete teaching the syllabus and prepare students for the board examinations and sometimes we have to take some extra classes to complete the syllabus. (FGD 3)

Since life skills education and mental health services are not officially integrated into the academic curriculum, they are often sidelined in favour of completing syllabus requirements. Teachers expressed frustration that even though they are deeply passionate about their students' overall growth and well-being, they are overwhelmed by the day-to-day demands of teaching. The teachers explained that between lesson planning, grading, test preparation, administrative tasks, parent meetings, and extracurricular obligations, there is simply no time left in the school day to accommodate additional programs.

This heavy workload leads to chronic time constraints, making it nearly impossible to consistently deliver life skills education or offer meaningful psychosocial support. As expectations and accountability continue to rise, especially in exam-oriented environments, teachers are left with little flexibility, even when they recognize the importance of non-academic learning for students' holistic development.

No mandatory for school counsellor/school social worker: One of the critical gaps in the implementation of mental health services in schools across Meghalaya is the absence of school counsellors or social workers, particularly in government and rural schools. Currently, only a few elite private schools mostly situated in Shillong, the capital city have appointed such professionals. As one participant shared:

As far as I know in the whole of West Khasi Hills District, no school has ever had a school counsellor or a school social worker. (FGD 4)

The lack of school-based mental health professionals means that teachers and students are left without essential psychosocial support. While teachers do their best to connect with students, participants acknowledged that students often develop a different level of trust and comfort with counsellors or social workers. These professionals are specifically trained to address sensitive issues, and students are generally more willing to open up to them about personal or emotional challenges.

One teacher emphasized the need for policy-level intervention:

It would be good if the government made every school mandatory to appoint a school counsellor/social worker, it would help the students greatly and also for us teachers. (FGD 5)

This reflects a broader concern among educators who feel unequipped to manage the growing emotional and behavioural needs of their students without expert support.

While educational boards such as the Central Board of Secondary Education (CBSE) have mandated the appointment of counsellors in schools, this requirement does not extend to the State Education Board, which governs the majority of schools in Meghalaya. Consequently, the majority of students especially those outside urban centres, lack access to structured mental health support. This absence of mandatory school counsellors or social workers continues to pose a significant barrier to the overall wellbeing and development of students. Without institutional mandates and government support, schools are unlikely to prioritize or fund these critical services on their own.

Misconceptions about Mental Health: A major barrier to the implementation of mental health services in schools is the widespread misconception that mental health is synonymous with mental illness. This misunderstanding is deeply rooted in the beliefs of many parents, students, and the wider community, creating resistance towards mental health initiatives in educational settings.

As one participant explained:

Mental health is often taken as mental illness by many people including the parents, students, and the whole society, which is wrong. (FGD 1)

This stigma not only discourages open conversations about mental wellbeing but also affects the willingness of schools and policymakers to prioritize mental health education and support services. It is essential to understand that mental health is not simply the absence of mental illness, but rather a positive state of emotional, psychological, and social well-being. It involves the harmonious functioning of an individual's cognitive, emotional, and interpersonal capacities. Importantly, a person may appear outwardly successful, active, and efficient, yet still experience significant internal struggles. This underscores the reality that external achievements do not always reflect true mental well-being.

Mental health has been linked to a wide range of outcomes, including educational attainment, interpersonal relationships, reproductive and sexual health,

substance use, and behavioural issues. However, because of prevailing misconceptions, mental health continues to be viewed primarily through a negative lens, often associated only with disorders or dysfunction.

Another participant noted the damaging effects of these beliefs:

This misconception adversely affects the minds of children, creates discrimination in them, and forces them to think differently from society. (FGD 2)

Another teacher rightly noted that changing this misconception is a huge challenge

It is also a big challenge to remove this misconception from the mind of parents, community/society. (FGD 3)

Such stigma can alienate students who may be struggling, discourage them from seeking help, and reinforce feelings of isolation.

Changing these deep-seated societal beliefs remains a significant challenge. Educating parents, communities, and school stakeholders about the true meaning and importance of mental health is essential for building supportive school environments. Without addressing these misconceptions, efforts to integrate mental health services and life skills education will continue to face significant cultural and social resistance.

This chapter has provided an in-depth explanation of school teachers' insights and understanding of mental health and mental health problems among high school students in Nongstoin. It also explored the current practices implemented by schools to promote students' mental well-being and highlighted the barriers that hinder the delivery of life skills education and mental health services. These findings were presented through a thematic analysis of the data. The next chapter will present the integrated findings from both the quantitative and qualitative components of the study, along with suggestions and the overall conclusion.

CHAPTER VII

CONCLUSION

This study aims to evaluate the level of life skills and mental health (anxiety, depression, and stress) among high school students in Nongstoin, West Khasi Hills District, Meghalaya, as well as to explore teachers' perspectives on mental health, mental health issues, mental health services, and the challenges schools face in implementing life skills education and mental health programs. The earlier chapters provided a detailed analysis of both quantitative and qualitative findings, while this chapter presents a concise summary of the integrated findings, including the socio-demographic characteristics of the high school students, the results on the level of the ten core life skills identified by WHO, and the levels of anxiety, depression, and stress among the high school students. Additionally, it includes insights from Focus Group Discussion (FGDs) with school teachers. Based on these findings, the study offers implications, appropriate social work interventions, suggestions, and a conclusion. A comprehensive summary of the study is also included to provide a holistic understanding of its findings and implications.

7.1 Integration of Findings

The study's major findings are presented in distinct sections aligned with its objectives. The first section highlights the demographic profile of respondents, including their age, gender, socio-economic details, religious practices, parental education and occupation, and family assets. The second section examines the respondents' life skills across various dimensions. The third section focuses on the mental health levels of high school students. Gender differences in life skills and mental health are analysed in the fourth section, while the fifth section explores the relationship between life skills and mental health. The sixth section summarizes qualitative data from FGDs, providing insights from school teachers on students' mental health and mental health problems. Finally, the last sections discuss the current practices of schools in promoting mental health and the barriers they face in delivering life skills education and mental health services to the students.

7.1.1 Socio-Demographic characteristics of High School students

The socio demographic characteristics of the high school students are characterized into different categories such as their age, education, religion, categories based on SC/ST/OBC, family type, parental occupation, parental education, family income and the family assets. The students are grouped into three age ranges i.e. 13-15 years, 15-18 years, and 19 years. All respondents fall between the ages of 13 and 19. The data shows that more than half (58%) of the respondents fall under the age group of 15 - 18 years old, followed by (41%) of respondents between the ages of 13 and 15 years old, there are very few respondents (1%) of 19-year-old age groups, and all are male. The gender of the respondents in the current study is representing the same number of male students (50%) and female students (50%). The distribution of respondents by their class of those who participated in the research study were fifty percent (50%) from class IX and fifty percent (50%) from class X. All the High school respondents practice Christian religion and are belonging to Schedule Tribe. Meghalaya being a tribal area and being a Christian state justify these findings.

The type of family of the respondents were classified into three categories viz., nuclear, joint and extended family and a vast majority of (91.5%) reside in a nuclear family with the other (4.5%) belonging to the extended family and (4%) reside in a joint family. The occupation of the respondents' parents were categories into viz., homemakers/unemployed, daily labourers, farmers, local vendors, teachers, business, government sector, private sector and those with no parents. Among these categories less than a third (29.5%) of the respondent's fathers are farmers, another (28.5%) is engaged in daily labourers, followed by a little more than a tenth (15.5%) are employed by the Government sector, (11%) are engaged as business persons. Likewise, based on the occupation of the respondent's mother's, more than third (39.5%) are farmers which contribute the highest, a little more than tenth (15.5%) of the respondent's mothers are engaged in daily labourers, (12%) are engaged in local vendors, (11.5%) are working as teachers, another (11.5%) are homemakers. The educational qualification of the respondents' parents were categories into viz., illiterate, lower primary, upper primary, high school, higher secondary school,

graduate, post graduate and no parents' figures. Overall, High school education is the most common highest level of education for both fathers (24%) and mothers (28.5%), indicating that while basic education is widespread, higher education beyond secondary school is less common.

The respondent's family monthly income is divided into four categories: Up to 10,000 Per Month, 10, 000 to 25, 000 Per Month, 25,000 to 1 lakh Per Month, 1 lakh to 2 lakh Per Month. A vast majority of the respondents (70%) family income belong to the Lower-Middle-Class Income with the monthly family income of 10,000 to 25,000 thousand followed by a little more than a fifth (22.5%) fall into the category of Lower-Class Income with a family monthly income of up to 10,000 per month. Less than a tenth (7.5%) of the respondent's family income falls into the category of Middle-Class Income with a family monthly income of 25,000 to 1 lakh per month.

The family assets of the high school respondents were characterized into different categories: television, four-wheeler ownership, two-wheeler ownership, desktop/laptop ownership, no of cell phones at home, musical instrument and house ownership. A vast majority of respondents families (68.5%) own one television, showing that most households have at least one TV. A vast majority of the respondents (70%) do not own a four-wheeler however, a notable portion of (26.5%) of respondent's family own one four-wheeler. Two-wheeler ownership among the respondent's family is very limited, with (91.5%) do not own a two-wheeler, suggesting that two-wheelers are not a prevalent mode of transport. Ownership of desktops or laptops is extremely low among participants with a vast majority of (91.5%) do not own a desktop or laptop, which suggests that access to personal computers is quite low in this group. A vast majority of the respondents' families (97%) own at least one cell phone. A large majority (79.5%) do not own a musical instrument, indicating that musical instruments are not commonly possessed by this group. A striking (93.5%) of respondent's family own their house, indicating that home ownership is high.

7.1.2 Level of life skills of High school students

The life skills of the high school respondents were categorized into ten dimensions according to the ten core life skills given by WHO viz., self-awareness, empathy, effective communication, interpersonal relationships, creative thinking, critical thinking, decision making, problem solving, coping with emotions and coping with stress (WHO, 1997). The levels of life skills in each dimension were categorised into very high, high, average, low and very low. Higher the score in Life skills indicates higher life skills.

The *self-awareness skills* of high school students reveals that a little more than a third (34.5%) of the high schools' students have very low self-awareness followed by another third (33.5%) high school students having low self-awareness. In *empathy skills*, nearly half of the participants (47.5%) have very low empathy skills, followed by more than a third (34.5%) with low empathy. In *effective communication skills*, less than half (48.5%) of the respondents falls in the low category, followed by less than a fourth (23.5%) having very low communication skills, indicating that majority of the respondents have low effective communication skills. In the dimension of *interpersonal relationship skills*, the result reveals that more than a third (40.5%) of the respondents score 'Very low' in interpersonal relationships, followed by a little more than a fourth (29.5%) of the respondents having 'Low' interpersonal relationships skills, another more than a fourth (28%) of the respondents score 'Average' in interpersonal relationship which also shows that a considerable number of high school students fall within the mid-range of performance in their interpersonal relationship skills. In *creative thinking skills*, more than half (54.5%) of the high school students has 'Low' score in creative thinking skills followed by a little less than a third (29.5%) on the 'Very low' score. More than a tenth (16%) of the high school students achieved 'Average' score which also indicates that a significant number of the respondents has an average creative thinking skill. In the *critical thinking* dimension of life skills, it indicates that less than a half (43.5%) of the high school students falls into the level of very low in critical thinking skills. This also contribute the highest and it reflects that nearly half of the participants struggled significantly and achieved the lowest scores in critical

thinking skills. A significant proportion of more than a third (39.5%) scored in the "Low" category. This indicates that a large portion of participants had below-average performance in their critical thinking skills. In *decision making skills*, more than third (39.5%) of the high school students scored in the "Very Low" and a little more than a third (35%) falls in the low category indicating that majority of the high school students has poor decision-making skills. In terms of the *problem-solving skills*, a little less than a half (48.5%) of the high school students are in the 'Very low' range in terms of problem-solving skills and a third (30.5%) of the high school students are in the 'Low' category. This suggests a significant number of the high school students are having problem in their problem-solving skills compared to average expectations. In *coping with emotions skills*, the results reveal that less than half (44.5%) score in the 'Low' category in terms of their coping with emotions which is followed by a third (30%) who are in the average category, this also shows that a good number of the high school students performs at a typical level in coping with their emotions. In the dimension of *coping with stress life skills*, more than a half (54.5%) falls in the 'Low' category, indicating that more than half of the high school students have poor coping stress strategies. The *overall life skills* scores reveals that a vast majority (65.5%) of the high school students scored below 293, placing them in the "Very Low" category. A little less than a fourth (29%) of the high school students scored in the "Low" range with the score 293 to 324.

The findings on the level of life skills among high school students in Meghalaya are similar to previous studies by Singh (2019) who found that the majority of school students demonstrated low to very low levels of life skills, mirroring the current observations. Similarly, Wahlang et al. (2022), in their study titled "*Assessment of Life Skills among Adolescents Residing in Child Care Institutions (CCIs) in Meghalaya*", reported low levels of life skills among respondents. However, these findings contrast with several other studies that indicate a more optimistic scenario. For instance, Dey et al. (2022) found that more than half of the adolescents possessed a medium level of life skills. This is further supported by Sudha and Mythili (2022), whose research in South India revealed that most adolescents demonstrated average life skills. Additionally, Bala et al. (2024)

observed that nearly half of the senior secondary school students had average life skills, while Thippeswamy et al. (2025) reported that almost half of the adolescents showed moderate levels of life skills. These contrasting findings suggest that life skills development may be influenced by regional, cultural, and educational factors, warranting a deeper exploration into the unique challenges faced by students in Meghalaya. School curriculums in Meghalaya tend to place an emphasis on academic content rather than holistic development, leaving little room for skills such as problem-solving, communication, and emotional resilience. Additionally, tribal and Christian cultures may place greater emphasis on collective values and traditional learning than on modern life skills that are necessary for professional and personal growth. Schools in rural and semi-urban areas are often lacking in specialized programs and trained educators, which further widens the gap in life skills education. Furthermore, socioeconomic factors limit exposure to extracurricular activities and community programs that would otherwise enhance these skills. Because of this, many students are ill-equipped to cope with the challenges of modern life and careers.

7.1.3 Levels of Mental Health (Anxiety, Depression and Stress) of the High school students

The mental health of high school respondents was evaluated based on anxiety, depression, and stress. These three mental health issues were categorized into five levels: Extremely High, High, Above Average, Average, and Below Average. A higher score indicates a greater experience of anxiety, depression, and stress.

Anxiety level of the high school students shows that more than a half (52.5%) high school students have high anxiety level, followed by a little less than a third (29.5%) having above average anxiety level, a little less than a tenth (9%) of the respondent's average anxiety level and another less than a tenth (8%) of the respondents experiencing extremely high anxiety level. *Depression* level of the high school students reveals that majority (62.5%) of the respondents experiencing depression on the 'Above average'. More than a fourth (29%) of the respondents has

average depression level and less than a tenth (6%) of the respondents has high level of depression. *Stress* level of the respondents reveals that a little less than a half (48.5%) of the high school students are experiencing 'Above average stress level followed by a little more than a third (34.5%) of the high school students experiencing high stress level.

The findings on the level of mental health problems among high school students which includes anxiety, depression, and stress are supported by several studies. Srinivasan et al. (2014) highlighted that mental health problems are common among adolescents in India. Walsh et al. (2010), in their study on anxiety among high school students in India, found that anxiety was prevalent, with 20.1% of boys and 17.9% of girls experiencing high anxiety levels. Similarly, Jayant and Thirunavukarasu (2015), in their study on the prevalence of depression among school-going adolescents in South India, reported that 45.7% of adolescents had a moderate degree of depression. Deb Strodl et al. (2015) observed high levels of stress among school students, with no significant gender difference. In an urban study conducted by Kumar & Akoijam (2017) among higher secondary school students in Manipur using the DASS, the prevalence rates for depression, anxiety, and stress were 19.5%, 24.4%, and 21.1%, respectively. This present study conducted in a suburban high school found even higher rates, with 52.5% of students experiencing high anxiety, 34.5% reporting high stress levels, and 62.5% showing above-average levels of depression. These findings are comparable to those of Gelban et al. (2009) in Saudi Arabia, where secondary school students showed prevalence rates of 41.5% for depression, 66.2% for anxiety, and 52.2% for stress. Similarly, Gupta et al. (2023) reported overall prevalence rates of 52.3% for depression, 47.4% for anxiety, and 33.7% for stress, with subscale scores indicating that 16.1% and 10.8% of students suffered from extremely severe depression and anxiety, respectively. These consistently high prevalence rates suggest a significant burden of mental health issues among school-aged adolescents. Khongwir et al. (2020) further emphasized that depression, anxiety, and stress are particularly common in students transitioning from lower to higher grade levels. Park et al. (2023) also revealed that there are high levels of depressive symptoms and anxiety symptoms among high school students.

These findings are highlighting the need for early guidance and support to prevent academic stress, school dropouts, and severe mental health outcomes, while promoting overall psychosocial and academic well-being.

The high prevalence of anxiety, depression, and stress among high school students is a result of a combination of academic pressures, developmental changes, and psychosocial challenges. High school adolescents are often faced with intense academic demands, such as exams, performance expectations, and career choices, which can lead to chronic stress and anxiety. Additionally, during this period, teens will experience significant physical, emotional, and hormonal changes, which are likely to have an impact on their mood and behaviour, making them more susceptible to mental health issues. Further complicating these conditions are social challenges such as peer pressure, bullying, social media influence, and the pressure to fit in or meet unrealistic standards of success or appearance. Additionally, mental illness is often stigmatized by society, discouraging open communications and help seeking. This stigma, combined with limited access to mental health services and counselling in rural areas, prevents many students from receiving timely intervention. The socioeconomic challenges, including poverty and family obligations, add to the psychological burden faced by adolescents and the majority of adolescents also lack adequate coping skills and emotional resilience to deal with these challenges. As a result of these factors, anxiety, depression, and stress during this critical phase of life are highly likely to develop. Addressing these mental health concerns requires community-focused strategies that promote awareness, integrate school-based mental health programs, and provide culturally sensitive support to students.

7.1.4 Gender differences in life skills and Mental Health of High school students

The gender differences in the level of life skills and mental health among high school students were examined based on the ten core life skills dimensions and three mental health issues (anxiety, depression, and stress). To determine if there are statistically significant differences between male and female participants across these variables, an independent samples t-test was conducted to test the following hypothesis.

1. 'There is no significant difference in overall life skills between male and female high school student'.
2. 'There is no significant difference in anxiety, depression, and stress levels between male and female high school student'.

Gender differences in life skills: In *self-awareness skills*, the findings indicate that female high school students slightly outperform their male counterparts. Females tend to achieve higher scores overall, with fewer students falling into the lowest performance category. This suggests a marginal gender difference favouring females in terms of understanding and recognizing personal strengths, weaknesses, and emotions. *Empathy skills* show a balanced distribution among female students, with a tendency for higher scores compared to males. The findings reflect that females are generally more empathetic, which aligns with broader research indicating stronger emotional intelligence in female populations. In terms of *effective communication*, female students tend to score slightly higher overall. This may be linked to stronger verbal skills and social expressiveness often observed in female adolescents, contributing to better articulation of thoughts and emotions. Females also display stronger *interpersonal relationship skills*, with a notable advantage in building and maintaining social connections. This suggests that female students may be more adept at forming supportive peer networks and engaging in cooperative behaviours. Analysis shows that female students slightly outperform males in *creative thinking*. They are more frequently represented in the "Average" category and less frequently in the "Very Low" category, indicating a modest gender difference in favour of females. In the realm of *critical thinking*, female students again demonstrate a more favourable distribution, with a higher percentage scoring in the "Average" category and fewer in the "Very Low" category compared to males. This reflects stronger evaluative and analytical skills among females. Both genders show similar distributions in *decision-making skills*, with no significant differences observed. Similar to decision-making, *problem-solving skills* are evenly distributed among male and female students, indicating no major gender-based disparities. The coping mechanisms for *coping with emotions* are similarly distributed across genders. Both male and female students exhibit comparable abilities in handling emotional stress

and challenges. In *coping with stress*, males display a slightly more even distribution, though the difference is marginal. Overall, both genders reflect a very similar distribution in *global life skills*, with the majority positioned in the "Very Low" category. The proportion in the "Low" category is also identical, suggesting that despite minor gender-based variations in specific skills, the overall competency in life skills remains largely equivalent.

To explore gender differences, an independent samples t-test was conducted. The analysis focused on the ten dimensions of life skills given by WHO, including self-awareness, empathy, effective communication, interpersonal relationships, creative thinking, decision-making, problem-solving, coping with emotions, and coping with stress (WHO, 1997). The results revealed that among the various dimensions of life skills, only critical thinking showed a statistically significant difference between genders, $t(198) = 2.50$, $p = .013$ with females outperforming males. Other dimensions showed no statistically significant differences ($p > .05$). This suggests that in most life skill areas, there is no gender differences in life skills.

And hence the hypothesis of the study – ‘*There is no significant difference in overall life skills between male and female high school students*’ is accepted.

The findings of this study are supported by several other studies. Mathew and Jose (2018) found no significant difference in the levels of life skills based on gender among high school students. Similarly, Rawat and Singh (2018) concluded that gender does not significantly influence life skills, as the difference in mean scores between male and female students was not statistically significant. Biju and Anitha (2019) also reported that both boys and girls performed similarly in life skill assessments, with no substantial gender-based differences observed among higher secondary students. Further evidence is provided by Ilavarasi and Premila (2022), whose analysis revealed a t-value of 1.11, which was not significant at the 0.01 level, reinforcing the conclusion that gender does not impact life skill levels in high school students. Renu (2023) also supported this claim, finding that the mean life skill scores of adolescent boys and girls were not significantly different. Collectively,

these studies indicate that gender does not play a critical role in the development or expression of life skills among students.

Although the t-value of the mean life skill scores for boys and girls in the present study is not statistically significant, female students demonstrated a little higher life skill score than their male counterparts. Thippeswamy et al. (2025) reported similar findings, indicating that female students excelled in overall life skills, social skills, and emotional skills compared to male students. Contrary to the majority of studies supporting the present findings, Rani and Neeraj (2020) found a significant difference between boys and girls in life skill levels, with female students scoring higher across all life skill dimensions. In contrast, Wahlang et al. (2022) observed that male adolescents exhibited significantly higher life skill levels than female adolescents, highlighting a gender-based difference that opposes the trend observed in most studies.

Gender differences in Mental Health (Anxiety, Depression and Stress): While differences are not substantial, female high school students tend to experience slightly higher levels of *anxiety* compared to their male counterparts. Female students also report slightly higher levels of *depression*, though the difference is minimal. Although gender differences in stress levels are not pronounced, female students display a slightly higher percentage of experiencing *stress* than male students. These findings suggest that while emotional well-being indicators do not differ drastically, there is a slight trend of higher anxiety, depression, and stress among female students.

Based on independent samples t-tests, gender differences in mental health problems which include anxiety, depression, stress, and overall mental health were examined. The analysis revealed no statistically significant differences between male and female students ($p > .05$), indicating that both genders experience comparable levels of mental health challenges. These findings suggest that mental health support initiatives in schools should be universally targeted, focusing on enhancing overall well-being for all students, regardless of gender.

And hence the Hypothesis of the study – ‘*There is no significant difference in anxiety, depression, and stress levels between male and female high school students*’ is accepted.

This finding is consistent with the study by Jain and Pasrija (2016), which involved 150 ninth-grade students in Rohtak, Haryana. Their research found no significant differences in anxiety levels between male and female students. Similarly, a study by Deb et al. (2022) conducted during the COVID-19 pandemic in India examined anxiety and depression among school students, reporting no significant gender differences in these mental health domains. Supporting this, Zhang et al. (2024), in their research on gender differences in the mental symptom network of high school students in Shanghai, China, found no significant differences in overall network strength between males and females, with P-values greater than 0.05 across all comparisons. These studies indicate that gender may not play a significant role in determining anxiety, depression, or stress levels among high school students. Instead, factors like academic pressure, the school environment, and socio-cultural influences seem to have a greater impact on students' mental health.

Contradict to the above findings, Sandal et al. (2017) reported that the prevalence of depression, anxiety, and stress was higher among females. Similarly, in a study by Nag et al. (2019) it was found that anxiety was present across all age groups, with females experiencing more severe anxiety. Zhang et al. (2020) also observed that female students exhibited a higher rate and severity of mental health symptoms compared to males. In a study conducted in the Hooghly district of West Bengal by Gupta et al. (2023) found that 52.3% of adolescents were depressed, with higher rates among female students. Further, Garcia-Moya (2025) reported that female high school students experienced higher levels of stress than their male counterparts.

While many studies have reported gender differences in anxiety, depression, and stress, several research findings suggest no significant disparities between male and female students in these psychological domains, highlighting the complexity of mental health determinants beyond gender alone. This also explains the findings of

the present study where, despite the t-value for male and female students not being statistically significant, female students still showed slightly higher levels of anxiety, depression, and stress.

7.1.5 Correlation between Life Skills and Mental Health

The correlation between Life skills and Mental Health are divided into three parts:

1. The correlations between Mental health and the ten-life skills dimension (Self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with emotion and coping with stress).
2. The correlations between overall life skills and anxiety, depression, and stress of the respondents.
3. And the correlation between overall life skills and the overall mental health of high school students.

These correlations were assessed using Pearson correlation tests and answers the following hypotheses of the study:

- *There is a significant relationship between the overall life skills of high school students in Meghalaya and their levels of anxiety, depression and stress.*
- *There is a strong overall correlation between life skills and mental health among high school students.*

Correlation between Mental health and the ten dimension of life skills: To examine between the Mental Health and the ten dimension of life skills (self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with emotion and coping with stress) Pearson correlation coefficient were used.

The analysis revealed that several life skills are significantly correlated with mental health. Creative Thinking (-.272, $p < 0.01$) showed the strongest inverse correlation, indicating that individuals with higher creative thinking skills tend to

experience better mental health outcomes. This was closely followed by Decision Making (-.247, $p < 0.01$), Problem Solving (-0.246, $p < 0.01$), and Coping with Emotion (-.244, $p < 0.01$), all of which demonstrated strong negative correlations. This suggests that enhancing these skills contribute substantially to reducing mental health problems.

Other dimensions such as Self-awareness (-.211, $p < 0.01$), Effective Communication (-.192, $p < 0.01$), and Interpersonal Relationships (-.184, $p < 0.01$) also showed significant correlations, implying that these skills also contribute positively to mental health, though to a lesser extent. Meanwhile, Critical Thinking (-.141, $p < 0.05$) exhibited a significant correlation, indicating a benefit to mental health through improved judgment and analysis.

Interestingly, Empathy (-.124, $p = .081$) and Coping with Stress (-.075, $p = .291$) did not show significant correlations with mental health. This suggests that merely understanding others' emotions or managing stress is not sufficient to impact mental health meaningfully unless combined with stronger emotional regulation and decision-making skills. Wahjudi et al. (2019) in their study found no correlations between stress levels and empathy levels of students. Similarly, Pitanupong et al. (2023) concluded that empathy levels were not directly correlated with burnout or mental health. Rafi et al. (2023) also found that there was no statistically significant difference between empathy and stress levels ($r = 0.04$, $p = .40$). These studies indicate that the relationship between empathy, coping strategies, and mental health is multifaceted and can be influenced by various factors, such as cultural context, individual differences, and the specific coping strategies used.

In summary, the analysis highlights the vital importance of life skills related to self-regulation, decision-making, and creative problem-solving in fostering positive mental health outcomes. Programs designed to enhance these specific life skills can effectively improve students' mental well-being.

Correlation between Life Skills and Anxiety, Depression & Stress: To assess the correlations between overall life skills and mental health dimensions specifically

anxiety, depression, and stress, Pearson correlation coefficients were calculated. The analysis revealed the following:

1. **Life Skills and Anxiety:** A statistically significant negative correlation was found ($r = -0.254$, $p < .01$), indicating that individuals with higher levels of life skills tend to report lower levels of anxiety. Although the correlation is modest, it suggests that life skills may act as protective factors against anxiety.
2. **Life Skills and Depression:** The results indicated a moderate, statistically significant negative correlation ($r = -0.301$, $p < .01$). This demonstrates that higher levels of life skills are associated with reduced levels of depression, reinforcing the importance of these skills in supporting emotional well-being.
3. **Life Skills and Stress:** A weak but statistically significant negative correlation was identified ($r = -0.171$, $p = .016$), suggesting that individuals with enhanced life skills experience slightly lower levels of stress. This finding, while less robust than for anxiety and depression, still points to the value of life skills in stress management.

The findings consistently indicate that life skills are inversely related to anxiety, depression, and stress among high school students. This supports the hypothesis that *'There is a significant relationship between the overall life skills of high school students in Meghalaya and their levels of anxiety, depression, and stress.'* The practical implications are evident: incorporation life skills education into the school curriculum may serve as a strategic approach to enhance mental health outcomes among students, contributing to a more resilient and emotionally balanced student community.

Correlations between overall Life skills and overall Mental Health: To evaluate the association between overall life skills and overall mental health among high school students, a Pearson correlation coefficient was calculated. The analysis revealed a statistically significant negative correlation, $r = -0.263$, $p < .001$, suggesting that students with higher life skills scores tend to report fewer mental health problems. This negative correlation indicates that as life skills improve, the

severity or frequency of mental health issues, such as anxiety, depression, and stress, decreases. The descriptive statistics for the two variables are: Life Skills: $M = 45.64$, $SD = 5.96$, Overall Mental Health: $M = 8.55$, $SD = 1.89$. The p-value of 0.000 confirms the statistical significance of the observed correlation at the 0.01 level (2-tailed), providing strong evidence that the relationship is not due to random chance. This finding underscores the protective role that life skills play in enhancing mental health outcomes among high school students.

Therefore, the hypothesis of the study which state '*There is a strong overall correlation between life skills and mental health among high school students*' is accepted and supported by this finding. The results highlight the importance of life skills in mitigating mental health challenges. Enhancing life skills education within the school environment could serve as a preventive strategy to reduce anxiety, depression, and stress, promoting overall well-being among students.

The finding of this study on the correlations between the overall life skills and Anxiety, Depression and Stress and the overall life skills and overall mental health is supported by numerous previous studies. Jamali et al. (2016) found that life skills significantly reduced levels of violence, addiction, stress, and sensation-seeking behaviours among Iranian middle school students. Mohamed et al. (2023) and Navarro-Haro et al. (2019) reported that life skills interventions significantly improved adolescents' mental health. Similarly, Kaur & Joshith (2021) observed a marked reduction in depression, anxiety, and stress among participants following life skills training.

Naqvi & Khan (2022) further emphasized that life skills and mental health have an inverse relationship, where increased life skills correlate with decreased mental health issues. They found a correlation of -0.1287 between life skills and mental health among higher secondary students, highlighting a similar negative association.

Recent studies also highlight the importance of life skills in addressing mental health challenges. Chandrashekhar and Prabhakaran (2022) found that

emotional regulation and self-efficacy skills acquired through life skills training significantly reduced anxiety and stress in high school students. Winnarasunu et al. (2023) demonstrated that life skills training not only lowered anxiety levels but also boosted self-esteem. Tripathi & Dabral (2024) highlighted how life skills programs enhance coping strategies, thereby reducing anxiety and stress among adolescents. Swamy et al. (2024) concluded that Life Skills Training Programs (LSTPs) contribute to improved self-esteem and reduced symptoms of depression, anxiety, and stress. Finally, Mehreen et al. (2025) demonstrated that life skills training effectively mitigated emotional dysregulation, particularly in managing symptoms of Generalized Anxiety Disorder (GAD).

There is a strong correlation between Life skills and Mental health of high school students and Life skills play a significant role in mitigating mental health challenges, according to the results, which are supported by extensive literature. The enhancement of life skills education within the school environment could serve as a preventative strategy to reduce anxiety, depression, and stress, thereby promoting a student's overall wellbeing.

7.1.6 Insight and understanding of the school teachers regarding Mental Health and Mental health problems of high school students.

To understand the insights and perspectives of high school teachers regarding mental health and related challenges among students, five Focus Group Discussions (FGDs) were conducted across five different schools in Nongstoin, West Khasi Hills district. A total of 34 teachers participated in these discussions. Thematic Analysis, based on Braun and Clarke's six-step process, was used to analyse the data. This interpretive approach involved iterative phases of data familiarization, code generation, theme development, theme reviewing, theme refinement, and writing up.

Mental Health: Teacher's perspective: In the discussions with teachers about mental health, several key themes emerged from the Focus Group Discussions (FGDs). First is the student's *ability to cope and adapt*, Teachers associated mental health with students' ability to cope with academic stress, relationships, and other life

challenges. They emphasized that mental health involves the capacity to adapt to changing situations within the family, school, and broader society. Secondly the teachers highlighted *resilience* as a critical component of mental health. While resilience does not eliminate challenges, it helps individuals navigate adversity, find moments of joy, and manage stress effectively. According to the teachers, resilient students recognize the importance of seeking help when needed and understand that building resilience is a gradual process that requires practice and self-awareness. Thirdly, a recurring theme in the discussions was the connection between mental health and *productivity*. Teachers expressed that healthy mental states lead to effective performance and meaningful achievement. They emphasized that productivity is not merely about working longer hours but involves utilizing time efficiently to reach personal and academic goals. Fourth, teachers acknowledged that mental *well-being* is a fundamental aspect of overall health, although it is often overshadowed by concerns about physical health. They stressed the importance of recognizing mental well-being as vital to personal, community, and socio-economic development.

The above themes identified during the FGDs align with the World Health Organization's (WHO) definition of mental health, which describes it as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, work well, and contribute to their community." WHO further emphasizes that mental health is a basic human right and is crucial to decision-making, relationship-building, and shaping our communities (WHO, 2022). Similarly, Amanda et al. (2014) found that, from the teachers' perspective, mental health is linked to the balance between mind and body, which is essential for happiness. Most teachers expressed a strong interest in gaining knowledge about mental health and receiving educational materials on the topic. Television was identified as the primary source of information on mental health for teachers. The data suggests that there is a lack of mental health information available to teachers, indicating the need for strategies to promote mental health in schools (Amanda et al. 2014).

In contrast to the previous findings, Vidya Prabhu et al. (2019) reported that more than half of the teachers did not consider mental health disorders to be real medical illnesses. Additionally, most teachers viewed mental health issues as signs of personal weakness. These results reveal a significant presence of stigma and misconceptions among educators, emphasizing the need for comprehensive mental health education and awareness programs in schools.

In addition to these themes, cultural beliefs surrounding mental health also emerged during the discussions. Teachers attribute mental health and physical illnesses to *witchcraft and black magic*. Another related practice mentioned is the use of *poison*, allegedly mixed into food or drink that is either sold or offered to others with malicious intent. Another prominent belief shared by the teachers during the focus group discussions is that mental illness may be caused by *possession by an evil spirit*. This view remains deeply ingrained in certain communities, influencing how symptoms of mental distress are understood and treated.

Research across various cultural contexts has documented the association between beliefs in witchcraft, black magic, and mental health. In many societies, mental health problems are often attributed to supernatural causes such as witchcraft or possession by evil spirits. For instance, Razali et al. (1996) found that more than half of the participants in their study attributed their mental illness to supernatural agents, including witchcraft and spirit possession. Similarly, Campbell et al. (2017) reported that participants believed they had been bewitched by others out of jealousy, aligning with cultural explanations of jealousy-induced witchcraft. This belief influenced the nature of their delusions and underscored the significant role that culture plays in shaping mental health perceptions.

In India, Kate et al. (2012) observed that many patients with schizophrenia held magico-religious beliefs, attributing their illness to sorcery or spirit intrusion. These beliefs often coexisted with biomedical explanations but significantly influenced treatment choices, with some individuals relying exclusively on prayers or rituals (Stefanovics et al., 2016).

Cultural beliefs that link mental illness to supernatural causes can also have detrimental effects on mental health outcomes. In Ghana, Yakabu et al. (2024) found that women accused of witchcraft and confined to "witches' camps" reported severe psychological distress, including anxiety, depression, and sleep disturbances. These findings highlight the profound impact of cultural stigmatization on mental well-being. Similarly, a study conducted in Ethiopia's Borana community by Tefefera & Shibire (2012) revealed that severe mental disturbances were frequently linked to bewitchment or curses. These beliefs not only shaped local understandings of mental illness but also influenced communal responses and support mechanisms.

Commonly seen mental health problems of High school students: During the FGD discussions with teachers, several prevalent mental health issues among high school students were identified:

Substance Abuse: Teachers reported that alcohol, tobacco, and cannabis are the most commonly used substances among students, with alcohol and tobacco being particularly prevalent. This issue has raised concerns about students' health and well-being, influencing both their academic performance and personal lives.

Social media and Online Addiction: The rise of social media and online addiction has emerged as a significant concern, especially post-lockdown. Teachers noted that while many students use these platforms to socialize or consume content, others are drawn into unhealthy patterns of excessive screen time, impacting their mental and emotional health.

Anxiety: Anxiety was frequently highlighted as one of the most common mental health issues among high school students. Teachers observed symptoms such as nervousness, shyness, withdrawal, and avoidance behaviours, which were notably more prevalent during and after the COVID-19 lockdown. The pandemic intensified anxiety levels, making it a critical area for intervention.

Stress: Teachers identified stress as another widespread mental health concern. Signs of nervous breakdowns, panic attacks, burnout, and even depression were observed

among students. While moderate stress can be beneficial in maintaining motivation, chronic or severe stress can lead to significant physical and psychological health problems, including headaches, tension, cardiovascular issues, anxiety disorders, mood disturbances, and even suicidal thoughts or actions.

Depression: Depression is considered one of the most pressing mental health challenges affecting high school students today. Teachers observed that many students increasingly turned to the virtual world and online interactions as substitutes for real-life relationships. Additionally, there were disturbing accounts of suicidal behaviour, often linked to unrecognized or untreated depression, underscoring the need for timely mental health support.

Behavioural Problems: Following the reopening of schools post-COVID-19 lockdown, teachers reported noticeable shifts in student behaviour. Many students struggled with the transition back to the classroom, displaying signs of emotional and behavioural difficulties, suggesting a need for targeted support to aid adjustment.

Psychosocial Challenges of High School going students: During the Focus Group Discussions (FGDs), teachers highlighted several psychosocial challenges that high school students commonly face. The first one is their *uncertainty and fear* about the future. Teachers expressed concerns about students' uncertainty and fear regarding their post-high school plans, particularly around higher education and career paths. This uncertainty is often compounded by the pressure of board examinations. Secondly, *academic stress* and academic pressure is a significant source of stress for adolescents. While some level of pressure is typical in student life, chronic or excessive stress can harm psychosocial well-being and academic performance. Many students struggle to manage this pressure effectively, leading to burnout and anxiety. Thirdly the students often feel *anxious* frequently, they report of feelings of anxiousness about falling behind in their studies, catching up with the syllabus, and preparing for exams under unfamiliar conditions. This anxiety extends to concerns about higher education admissions and career prospects. *Isolation and loneliness* emerged as one of the most frequently mentioned issues. Adolescents experiencing social isolation often resort to unhealthy coping mechanisms, including overeating,

excessive video gaming, prolonged mobile phone use, and binge-watching movies. Teachers also observed *personal mental health struggles* among students, characterized by a lack of direction in life, limited access to healthy recreational activities, and the development of negative self-concepts. These internal conflicts often result in students withdrawing from social interactions and isolating themselves.

Mental health problems among high school students are widely prevalent, with teachers identifying various types of mental health issues during focus group discussions (FGDs). These findings are consistent with several research studies. For instance, Bansal et al. (2011) concluded that psychiatric problems among school adolescents are on the rise, noting that reported cases represent only the tip of the iceberg, while a substantial number remain undiagnosed and unreported. Similarly, Pathak et al. (2011) found that the prevalence of behavioural and emotional problems in adolescents is significantly high. Further supporting this observation, Reddy et al. (2011) and Srinivasan et al. (2014) highlighted that mental health challenges are common among the adolescent population in India.

In terms of substance abuse, Mohammad (2017) conducted interviews with teachers to gather insights into addiction among students, along with the efforts made to address it. The study found that the rate of drug abuse is alarmingly high, with serious psychological consequences for students. Mohammad also identified several challenges teachers face during the counselling process for addicted students, largely due to poor parental response and involvement. Furthermore, De Souza (2017) emphasized that many adolescents engage in harmful, unsafe, and unhealthy behaviours, reinforcing the need for mandatory, need-based educational programs in schools to promote awareness and prevention. Chandrasekar (2024) reported that students displayed high levels of conduct problems, hyperactivity, emotional issues, peer-related problems, and low prosocial behaviour. The study highlighted the importance of early detection and effective intervention to ensure the holistic development of students, contributing to a healthier and more resilient generation.

Regarding the psychosocial challenges of high school students, research indicates a significant prevalence of psychosocial problems among high school students. Bista et al. (2016) found that one-fifth of adolescent students suffered from psychosocial dysfunction, with the incidence increasing alongside age and grade level. Similarly, Timalina et al. (2018), in their study across various regions of Nepal, reported that school-going adolescents frequently faced psychosocial challenges, including internalizing problems, attention-deficit hyperactivity disorder (ADHD), and externalizing behaviours. More recently, Nimje et al. (2023) concluded that nearly one-third of adolescents experienced psychosocial issues, with attention problems being the most commonly observed.

7.1.7 Current practices and barriers that prevents the school in imparting life skills education and Mental health services to the students

This section summarizes the current practices of schools in addressing students' mental health issues, as well as the barriers that hinder teachers and schools from effectively delivering life skills education and mental health services. Data for this analysis was collected through Focus Group Discussions (FGDs) involving 34 teachers from five different schools. A Thematic Analysis, guided by Braun and Clarke's six-step process, was employed to interpret the findings. This iterative method involved phases of data familiarization, code generation, theme development, theme reviewing, theme refinement, and writing up, ensuring a thorough understanding of the challenges and practices identified.

Mental Health Programme – Teacher's perspective: During the Focus Group Discussions (FGDs), teachers collectively emphasized the importance of mental health programs for school-going students, highlighting three main themes: *services, prevention and promotion, and early intervention*. They stressed that mental health programs should prioritize providing essential services, particularly psychosocial support during times of personal difficulty, while also expressing concern over the lack of such programs in rural areas of India. Teachers further recognized the need for preventive and promotive approaches, acknowledging their own role in fostering student well-being through approachable attitudes, active listening, supportive

classroom environments, and positive relationships. Lastly, teachers highlight the significance of early intervention, noting that school-based mental health programs could facilitate the early identification of mental health challenges, enabling timely action to prevent conditions from worsening.

Current Practices of Schools to promote students' Mental health: A significant concern raised during the Focus Group Discussions (FGDs) was the lack of adequate training for teachers in supporting students with mental health challenges. Although awareness around mental health has increased, many schools remain ill-equipped to effectively address these issues. Teachers shared that they often feel unprepared to identify or support students who may be struggling with mental health problems. They highlight some of the important themes in their current practices to help students. As a first step, they typically *inform school authorities and parents*, acknowledging their own lack of training and confidence. Teachers also emphasized the impact of the COVID-19 pandemic and extended school closures on students' mental health, emphasizing the importance of *listening with empathy* and creating safe spaces for open communication. Furthermore, they highlighted the value of *encouraging physical exercise and enhancing interpersonal relationships* as part of promoting mental well-being. Despite the challenges, teachers strive to *create positive and inclusive classroom environments* where students feel safe and valued. However, they also recognized the limits of their capacity and the importance of professional intervention when necessary. In cases requiring specialized care, teachers reported *referring students* to mental health professionals, though they acknowledged that access to such services remains a significant barrier.

Barriers in implementing life skills education and mental health service to school students: The implementation of life skills education and mental health services in schools, although recognized as crucial, is hindered by several significant barriers. During the Focus Group Discussions (FGDs), teachers identified key challenges that can be broadly categorized into five main areas. Firstly, the *lack of support from school administrators and management* emerged as a major obstacle, with teachers emphasizing that effective implementation heavily depends on strong

leadership something many schools lack. Secondly, lack of *manpower and qualified teachers to deal with such issues* is another major barrier to implementing life skills education and mental health services in as many teachers are neither equipped nor formally trained to handle mental health issues or facilitate life skills education. Teachers pointed out that Teacher Development Programs are rarely organized, leaving them without the necessary skills to deliver such services. Thirdly, *time constraints* present a considerable barrier; teachers shared that their schedules are already overwhelmed with academic responsibilities, leaving little room for additional non-curricular programs. This chronic lack of time restricts opportunities for consistent delivery of life skills education and psychosocial support. Fourthly, the *absence of school counsellors or social workers* particularly in government and rural schools further hampers the ability to provide consistent mental health support. This is one of the most pressing challenges highlighted during the FGDs. Only a few elite private schools in urban areas like Shillong have appointed such professionals. Lastly, the widespread *misconceptions about mental health* also pose a substantial barrier to the implementation of mental health services in schools. Many parents, students, and community members equate mental health solely with mental illness, which creates stigma and resistance toward mental health initiatives. This misunderstanding makes it challenging to promote awareness and integrate mental health programs into the school environment.

Similar to the findings discussed above, the study by Rothì, Leavey, and Best (2008) highlights significant gaps in teachers' mental health literacy, barriers to effective support, and the need for targeted training. Although teachers recognized the importance of mental health and expressed a willingness to assist students, many reported a lack of confidence and sufficient knowledge to respond appropriately. One notable finding was the difficulty teachers faced in distinguishing mental health problems from behavioural issues, largely due to inadequate formal training. This uncertainty, coupled with limited referral mechanisms and concerns about stigma and mislabelling, further restricted their ability to intervene. Similarly, Reinke et al. (2011) found that many teachers had received minimal training in identifying early warning signs of mental health concerns and in applying appropriate classroom-

based strategies. Teachers also reported confusion regarding referral pathways and emphasized a lack of collaboration with mental health professionals. Despite these challenges, they expressed a strong interest in further professional development. Amanda et al. (2014) reinforced these findings, noting that insufficient information on mental health left teachers feeling insecure and unprepared to manage everyday classroom situations involving students with psychological difficulties. In line with this, Moldavsky et al. (2014) reported that teachers not only lacked knowledge about specialist mental health services but also expressed scepticisms toward their effectiveness, revealing critical gaps in both awareness and trust in the existing support structures. Collectively, these studies underscore the urgent need for integrated training programs, clear referral systems, and enhanced collaboration between schools and mental health services.

As a result of these barriers, it is essential that strategic planning, awareness campaigns, and capacity-building initiatives are implemented as part of school-based mental health services and life skills education. Through collaborative efforts between schools, communities, and government agencies, these challenges can be overcome and educational environments can become more inclusive and supportive.

7.1.8 Triangulated Findings

The study results indicate that high school students exhibit very low levels of life skills and experience significant anxiety, depression, and stress. These quantitative findings were strongly supported by qualitative data from focus group discussions with teachers, who reported observing similar mental health challenges among students in their day-to-day school interactions. Teachers described these issues as practical, visible, and real, demonstrating a clear understanding of students' mental health concerns and acknowledging the importance of addressing them within the school environment.

However, teachers also highlighted significant challenges in responding to these concerns, citing their limited capacity, lack of formal training, absence of structured programmes, and inadequate institutional support for systematic life skills

education. They emphasized the need for trained mental health professionals to provide appropriate support when required. While the quantitative data focused on student outcomes, the qualitative findings revealed implementation-level and institutional gaps, which help explain the low levels of life skills and poor mental health outcomes observed among students.

Additionally, qualitative findings identified key barriers, including academic workload, lack of trained personnel, absence of a structured curriculum, limited time, and inadequate mental health resources. These barriers contextualize the quantitative results by explaining why improvements in life skills and mental health outcomes were not uniformly evident across the student population.

7.2 Suggestions

The suggestions and recommendations part of the study discussed the social work implications, policymakers, and future research.

7.2.1 Implication for Social Work Practice

Social work is a profession focused on tackling a variety of social issues in a complex and multicultural society. Social workers aim to enhance the social functioning and well-being of individuals, families, and communities as a whole. A key role of social workers in students' lives is supporting mental health, fostering life skills, and establishing safe, inclusive learning environments. The following outlines several social work interventions that promote the well-being and development of high school students.

Social Casework: The purpose of social casework is to assist individuals in developing healthy social relationships and making effective social adjustments, in order to enable them to lead satisfying and meaningful lives. It has been stated by Gordon Hamilton (1940) that casework consists of administering practical services and providing counselling in such a way that arouses and conserves psychological energies on behalf of the client and engages them in using the service to resolve their dilemma. Often, students experiencing severe or moderate levels of stress, anxiety, or

depression are the result of challenges at home or at school, which prompt social workers to intervene. A key component of casework is the provision of personalized counselling and practical support in order to reduce emotional distress and promote positive coping mechanisms.

Social Group Work: The use of social group work is another significant method of intervention that encourages students to participate in structured group activities that are designed to foster an individual's intellectual, emotional, and physical development. Using this method enables students to develop their personal skills through collective engagement and shared experiences. A variety of group activities provide students with safe spaces for expressing themselves, building supportive peer relationships, and working towards shared goals, such as counselling sessions, recreational activities, and emotional and spiritual counselling groups. A social skill development program such as this fosters not only social skills, but also the development of resilience and a sense of community among students.

Community Organization: In community organization, efforts are made to plan and develop social services that meet the health and welfare needs of a community, including in school settings. Community organizing is conducted in the context of high school students by conducting awareness programs, facilitating parent meetings, coordinating teacher training sessions, and enhancing connections between the home and the school. Students have access to necessary support systems as a result of social workers' involvement in community outreach activities such as home visits and collaborative programs that bridge the gap between schools and families. Social workers can significantly contribute to the well-being of students by arranging mental health camps and motivational classes on a regular basis. These programs give instructors, parents, and students useful coping mechanisms to help them navigate life's problems. In addition, life skills training programs and awareness sessions on responsible use of social media platforms such as Facebook and WhatsApp are essential during the adolescent years in order to prevent cyberbullying and promote good digital citizenship.

Policy Advocacy: In order to create educational policies that improve the wellbeing of students, social workers are essential. They have a unique opportunity to advocate for the inclusion of life skills education in school curricula, which is essential for fostering mental health, emotional resilience, and positive behavioural outcomes in students. Social workers can influence decisions about mental health education at both the state and national level by engaging with policymakers, educational leaders, and community stakeholders. They can also ensure a supportive school environment by promoting interdisciplinary collaboration among educators, mental health professionals, and parents. Social workers can effectively advocate for effective policy initiatives that ensure that life skills education is not treated as a supplemental initiative, but as an essential part of a holistic education, which prepares students for the challenges they will face as they progress through adolescence and adulthood.

Stress Management Therapy (SMT): An important intervention for alleviating the adverse effects of stress on students is Stress Management Therapy (SMT). This term refers to a range of techniques that are administered by mental health professionals in order to assist individuals in managing stress, anxiety, and tension, which allows them to live balanced and healthy lives. The most common SMT techniques include relaxation training, biofeedback, cognitive behavioural therapy (CBT), yoga, meditation, and time management techniques. Considering the high rates of stress and anxiety prevalent among secondary school students, SMT provides a practical means of building resilience and improving mental health.

Relaxation Techniques: A relaxation technique, more commonly known as relaxation training, is a technique designed to assist individuals in controlling anxiety, stress, and anger by achieving a state of calmness. High school students who receive instruction in relaxation methods like progressive muscle relaxation, deep breathing, and guided imagery will be far more equipped to handle social and academic pressure.

Social work interventions, including social casework, group work, community organization, and stress management programs, are crucial in promoting the mental health and life skills of high school students. As agents of change, school

social workers ensure that students have access to the resources and support systems needed for both academic and personal success. It is vital for school social workers to address the social, emotional, and behavioural challenges that students face in order to promote student success and well-being. Providing direct mental health support, crisis intervention, and behavioural management is one of the ways in which they assist students in navigating personal and academic difficulties. School social workers serve as a critical link between families, schools, and community resources, advocating for vulnerable students, ensuring equitable access to services, and promoting a positive school climate through programs aimed at bullying prevention, conflict resolution, and life skill development. They play an important role in creating safe, inclusive learning environments where all students can flourish.

7.2.2 Implication for Policy Makers

In order for high school students to achieve academic success, make social connections, and maintain a healthy mental well-being, they must develop life skills and promote mental health. There is a need for policymakers to recognize that life skills education and mental health services are not merely supplementary; they are essential components of preparing students for life beyond school. Incorporating life skills education and mental health support into high school curricula does not merely fulfil a social responsibility but also serves as a strategic policy decision that has long-term benefits. Mental well-being and life skills are fundamental to the development of resilient, capable citizens in the future, and governments must adopt comprehensive policies that recognize this importance. The following are some suggestions for the policy implications of putting a high priority on life skills and mental health support in educational settings.

Mandatory policy for school counsellor/social worker and increase funding for School-Based Mental Health Services: A government mandate should be instituted that every school has a school counsellor or social worker and that the government allocate specific funds for hiring school counsellors and social workers as well as increasing funding for mental health programs, workshops, and awareness campaigns in schools. It is also important that the government supports the establishment of

mental health centres within schools in order to provide confidential counselling and crisis intervention services. This will facilitate early intervention to prevent escalation of mental health issues, provide greater access to mental health support, reduce stigma, and improve academic performance.

Integration Life Skills and Mental Health Education into National education standard: It is the government's responsibility to mandate that mental health and life skills education be included in the national curriculum. Ensure that topics such as self-awareness, empathy, problem solving, decision making, creative thinking, critical thinking, emotional intelligence, stress management, conflict resolution, and digital well-being are taught to all high school students. It is imperative that mental health education be standardized in order to provide clear guidelines concerning stress management, emotional well-being, and coping mechanisms. Students will be better equipped to manage their personal and academic challenges, and school dropout rates associated with unmanaged stress and emotional distress will be reduced.

Strengthen Teacher Training Programs and professional development: One of the challenges identified by teachers during the focus groups was that teachers are not adequately trained to deal with students' mental health issues. It is recommended that the government provide mandatory training in mental health literacy and life skills for teachers and school staff in order to detect early signs of mental health challenges and prepare teachers to provide initial support to students in distress and to refer them to appropriate resources. In this way, early detection of mental health challenges will be increased as well as empathetic and supportive interactions between teachers and students will be enhanced.

Promote Accessible Mental Health Services: Create community-based mental health clinics designed specifically for adolescents, ensuring easy and stigma-free access. Students residing in rural or underserved areas should have access to telehealth services.

Anti-Bullying and Safe School policies: Ensure that national anti-bullying policies are implemented and enforced to create safer school environments through the strengthening of national anti-bullying legislation, the implementation of school-based interventions, the implementation of safe reporting systems, and the implementation of peer-led support initiatives. It will result in a reduction in bullying and harassment, creating a safer learning environment, and supporting students' mental well-being, thus resulting in better academic and social performance.

Promote Parental and community Involvement and Awareness: Establish campaigns and workshops led by the government to educate parents about the importance of children's mental health and to encourage adolescent mental health interventions and support networks within the family. A policy should be developed by the government to encourage parental involvement in mental health education and life skills development as well as foster community partnerships to extend mental health resources and life skills programs beyond the school environment. By doing so, it strengthens the support network for students, reinforces positive behaviours and resilience, and promotes community awareness and de-stigmatization of mental illness.

Legislate for Student Well-being: Ensure that policies are enforced that prioritize student well-being, including measures designed to reduce stress during examinations. Legislation that limits excessive academic pressure and encourages the holistic development of students should be considered.

7.2.3 Implication for further research

The study on life skills education and mental health among high school students has shown that students have low levels of life skills and experience mental health challenges. Supported by various other studies, it has also demonstrated a close connection between life skills and mental health. However, significant gaps remain in understanding the most effective strategies for implementation, scalability, and long-term impact. Future research is crucial to address these gaps and refine approaches to improve student outcomes.

1. Longitudinal studies to understand the long-term impact of life skills education and training on the mental health of school students could be further explored, as no such long-term experiments or intervention studies have been conducted in Meghalaya.
2. Research on how life skills education influences students' academic performance, career readiness, and personal development over time can also be further explored.
3. Exploring the impact of cultural differences on the effectiveness of life skills programs across diverse populations.
4. Further research in understanding cultural aspects of understanding mental health and mental illness because such beliefs is crucial for mental health professionals working in these communities, as it provides context for help-seeking behaviour, stigma, and the complex interplay between traditional knowledge and modern health systems.
5. Comparative research studies across different regions to identify contextual barriers and enablers.
6. Research on digital and interactive life skills training as complementary tools.
7. This study examines how schools currently provide mental health services to students. High school students may benefit from further research into which types of school-based mental health programs (e.g., counselling, peer support, digital mental health platforms) can reduce anxiety, depression, and stress.

7.3 Limitation of the study

While this study offers meaningful perspectives on life skills education and the mental health of high school students in Nongstoin, it is important to identify certain limitations that frame the interpretation of its findings. These limitations emerge from the study's methodological design, the unique socio-cultural context of the region, and practical challenges faced during data collection. Acknowledging these constraints allows for a more accurate understanding of the results and provides direction for future research to build a stronger evidence base in this area.

- **Limited Geographic Scope:** The study was conducted only in Nongstoin, West Khasi Hills District, which reflects a specific socio-cultural and educational environment. As a result, the findings may not be fully generalizable to other districts of Meghalaya or to urban settings that differ in terms of resources, school systems, and student demographics.
- **Self-Reported Data:** The study relied heavily on students' and teachers' self-reported information. Such data may be affected by recall bias, social desirability bias, or hesitation to disclose sensitive or negative experiences related to mental health or school practices.
- **Cultural Sensitivity Around Mental Health:** Mental health remains a sensitive topic in many parts of Meghalaya, particularly in rural communities. Due to prevailing stigma and fear of judgment, some participants may have underreported mental health concerns or avoided discussing personal or school-related challenges openly.
- **Limited Availability of Trained Life Skills Facilitators:** Many teachers in the study area have limited training in life skills pedagogy and mental health support. This may have restricted the depth and accuracy of the information gathered during FGDs and surveys, as participants may not have complete knowledge or understanding of key concepts being assessed.
- **Language and Interpretation Issues:** Although both English and Khasi were used during data collection, certain terms related to life skills and mental health do not have direct or accurate translations. This may have led to variations in understanding and may have influenced how participants interpreted and responded to specific questions.

Recognizing these limitations allows the study to present a clear and honest understanding of the factors that may have shaped the results and influenced their generalizability. Although these constraints do not undermine the significance of the findings, they emphasize the need for additional research in varied contexts using more rigorous methodological approaches. Addressing these gaps in future studies will contribute to a richer and more comprehensive understanding of life skills

education and the mental health of high school students in Meghalaya and similar settings.

7.4 Conclusion

The prevalence of mental health issues such as anxiety, depression, and stress among high school students, as supported by various national and international studies, highlights a critical area of concern in adolescent development. When viewed alongside the widespread lack of life skills observed in numerous studies, it becomes clear that the two are closely linked. When an adolescent lacks adequate life skills, they may have difficulty coping with academic pressures, interpersonal conflicts, and emotional challenges, increasing their likelihood of suffering from mental health problems. A more holistic approach to student development needs to be incorporated into the school curriculum that provides structured life skills education and mental health support. These findings highlight the urgent need for government to mandate that educational institutions adopt a more holistic approach to student development. Providing early intervention, conducting regular psychological assessments, providing guidance programs, and building students' emotional resilience can be crucial in reducing psychological distress and improving their overall well-being. Achieving success in these areas is essential not only for academic success, but also for nurturing emotionally healthy, socially competent, and resilient individuals who are better equipped to handle the challenges of adolescence and beyond.

**Life Skills Education and Mental Health among High school students in West
Khasi Hills, Meghalaya**

Questionnaire

(Confidential & Ph.D. Research purpose only)

Dear Respondent,

I am a Ph.D. research scholar in the Department of Social Work at Mizoram University. I am conducting a study on the topic mentioned above and kindly request you to share your honest opinions by marking the appropriate responses. Your information will remain strictly confidential and will be used solely for academic purposes. Thank you for your valuable time and cooperation.

Thank you.

(Ainamlin Dkhar)

Research Scholar,
Ms. Ainamlin Dkhar,
Research Scholar
Dept. of Social Work,
Mizoram University.

Research Supervisor,
Dr. Grace Lalhlupuii Sailo,
Assistant Professor
Dept. of Social Work,
Mizoram University.

Part I: Demographic Profile of the Respondents

1. Name:
2. Age:
3. Gender:
 - a. Male
 - b. Female
 - c. Others
4. Address:
5. Educational Qualification:
6. School name:
7. Category:
 - a. Schedule Tribe
 - b. Schedule Caste
 - c. General
 - d. Other Backward Class
8. Religion:

- a. Christian
- b. Hindu
- c. Traditional Religion
- d. Others, please specify:

Respondent's Socio-Economic Profile

1. No. of Siblings:
2. You are which no. among your siblings:
3. No. of household members:
4. Type of Family:
 - a. Nuclear Family
 - b. Joint Family
 - c. Extended Family
5. Father's Occupation:
 - a. Unemployed
 - b. Daily Labourer
 - c. Farmer
 - d. Local vendor
 - e. Teacher
 - f. Business Person
 - g. Government Sector
 - h. Private Sector
6. Father's Educational Qualification:
 - a. Illiterate
 - b. Lower Primary School (Class 1- Class 5)
 - c. Upper Primary School (Class 6- Class 8)
 - d. High School Certificate (Class 9 & 10)
 - e. Higher Secondary School (Class 11 & 12)
 - f. Graduate (Bachelor Degree)
 - g. Post Graduate (Master's Degree)
 - h. Profession Course
7. Mother's Occupation:
 - a. Unemployed
 - b. Daily Labourer
 - c. Farmer
 - d. Local vendor
 - e. Teacher
 - f. Business Person
 - g. Government Sector
 - h. Private Sector
8. Mother's Educational Qualification:

- a. Illiterate
 - b. Lower Primary School (Class 1- Class 5)
 - c. Upper Primary School (Class 6- Class 8)
 - d. High School Certificate (Class 9 & 10)
 - e. Higher Secondary School (Class 11 & 12)
 - f. Graduate (Bachelor Degree)
 - g. Post Graduate (Master's Degree)
 - h. Profession Course
9. Monthly family income:
- a. Upto 10,000 per month
 - b. 10,000 to 25,000 per month
 - c. 25,000 to 1 lakh per month
 - d. 1 lakh to 2 lakh per month

10. How many of these are in your home (tick the most relevant one)

Sl. No.	Items	None	One	Two	Three of more
1	Television				
2	Four Wheelers (Cars)				
3	Two Wheelers (Scooty, bikes)				
4	Computers (desktop computer, portable laptop, or notebook)				
5	Cell phones with internet access (e.g. smart phones)				
6	Musical Instruments (e.g. guitar, keyboard, etc.)				

11. House Ownership

- a. Rented
- b. Own house

Part II: Life Skills

Kindly consider the statements carefully and answer according to what is true for you. There are no right or wrong answers.

Sl. No	Items	Always true of me	Very true of me	Sometimes true of me	Occasional true of me	Not all true of me
1	I wish I was someone else.					
2	Some songs make me feel so sad, I feel like crying.					
3	I can observe people and understand them by their body language.					
4	I understand there must be a reason when my friends stop talking to me.					
5	I am unable to find new perspective for situations.					
6	I look at situation and analyze it					
7	Whenever, there is doubt, I decide after looking at the whole picture.					
8	If I have a problem, I start finding various options.					
9	I don't know how to express difficult emotions like anger and embarrassment.					
10	I am uncomfortable about the way I look.					
11	I value what others have to say about my competence and behavior					
12	If someone doesn't have a friend, I					

	feel sad.					
13	I am able to express my feeling without using words					
14	No one knows my true feelings					
15	I don't speak, without assessing the situation.					
16	If I have to make a decision, I look at what kind of commitments I will have to make					
17	When I am confused about a problem, I discuss it with others.					
18	I don't know how to put my feelings into words					
19	I postpone my work till the last minute.					
20	I feel that there is something very good and special in me					
21	When I read a book, I can easily put myself in place of the character					
22	I use the right words for the right situations.					
23	I don't like to be isolated					
24	When I learn something, I keep asking a lot of questions					
25	I decide because I like something					
26	I don't want to be forced or hurried to solve problems					
27	When I am happy, I feel thrilled					
28	I have more things to do than I can					
29	I am aware that I have to play different roles as an individual in the society					

30	Other people's trouble doesn't disturb me much					
31	I don't know the right words to ask for help					
32	I easily mingle with people					
33	When I have to decide, I look at how much risk I have to take					
34	When I solve a problem, I don't mind trying and failing					
35	Health wise I am very sensitive					
36	I am comfortable even if my likes or dislikes are not the same as my group					
37	When somebody is upset, I can know without them openly telling it					
38	Whatever I say people understand me					
39	All my friends know me as I am					
40	I am able to generate many ideas					
41	In a crisis I think clearly					
42	I collect all the necessary information before I make a decision					
43	I feel I should solve the problem the way I want					
44	When I am happy, I shout, jump and dance					
45	I keep worrying about my health					
46	I want others to know my special qualities					
47	People are responsible for their mistakes and they have to pay for it					
48	Whether people listen to me or not, I will say what I want					

49	I share my feelings, without hurting other.					
50	When doing a task, I keep improving it					
51	Even if I fail, I prefer to go by first impression					
52	I don't look for choices, I just decide					
53	I make a list of all the aspects relating to a problem					
54	When I am excited, I don't know what to do.					
55	I don't require others to tell me about my good qualities as I know them well					
56	I can think of two/three things, when listening to somebody					
57	If I don't understand, I am able to ask a question					
58	I find that my friends take advantage of me					
59	I cannot stop working, unless I am satisfied					
60	Once I have thought of something, it is very difficult to change my view					
61	My parents and family help me to decide					
62	I am able to tell myself what my real problem					
63	Even my best friends don't know about my moods					
64	I have so many ideas in my head, due to that I can't sleep					

65	I look for ideas and suggestions from important people in my life					
66	Even if people don't express, I value their feelings					
67	I am in such a hurry to talk that I can't wait for others to stop					
68	When I have a good idea, I remain absorbed in it					
69	Whenever, there is a problem or a concern, I find another way					
70	Whatever my friends decide I go by it					
71	I am able to identify my problems clearly					
72	I am unable to control my emotions					
73	I feel burdened with my studies					
74	I am aware that, depending on the situations, I behave differently					
75	I get distracted, when I am listening to others					
76	I feel sad that I give more than I receive from my friends					
77	I like to work with ideas or materials					
78	When I read or listen to something, I am able to see the missing parts					
79	The more problems I have the more difficult it is for me to decide					
80	I am sure about my likes and dislikes					
81	When I see someone's pain or difficulty, I respond spontaneously					
82	Breaking friendship doesn't bother me					
83	I don't like discipline, if it tries to					

	make me become like others					
84	When I read or listen, I keep asking questions to myself					
85	While deciding I keep checking with others, whether I am on the right track.					
86	Once I have thought of a solution, I definitely act					
87	When I feel angry, I am able to tell and talk about it					
88	During exam my mind goes blank					
89	I am able to accept compliments					
90	I am able to take the position of my friends, as they share their experiences with me					
91	I don't feel bad when I meet my past friends, with whom I had fought					
92	I feel I can see connections that others in my group cannot					
93	When I have taken up some work, difficulties don't bother me much					
94	Difficult situations make me take wrong decisions					
95	I feel that, it is useless to talk about feelings					
96	While listening to my friends, I am able to keep my problems separately for that time					
97	I am unable to talk about difficult or negative feeling. (Grief, disturbed, doubts).					
98	When I want somebody as my friend, I					

	am able to and start a talk					
99	When I am in a doubt, I look at the whole situation					
100	I don't even realize that, when I get excited, I am shouting					

Part III: Mental Health (Anxiety, Depression and Stress)

Read each statement carefully, and if you feel that you experience the same, then put a tick mark in the 'Yes' box, if not the put a tick mark in the 'No' box.

Sl. No	Statements	Yes	No	Score
1	I am aware of the dryness of my mouth.			
2	I feel difficulty while breathing (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion).			
3	I am not able to feel good.			
4	I find it difficult to relax.			
5	I feel that I get upset easily.			
6	I often feel that I am not able to do anything.			
7	I often have a feeling of numbness/shakiness in my hands and legs (e.g. legs going to give away)			
8	I find myself getting restless if delayed in any way.			
9	I feel that I have nothing to look forward to.			
10	I often feel downhearted and sad.			
11	I often get the feeling of faintness.			
12	I feel that I am rather touchy.			

13	I am not able to be enthusiastic about anything.			
14	I perspire heavily even in the absence of physical exertion and high temperature (e.g. hands sweaty)			
15	I get scared without any good reason.			
16	I find as if I am getting more irritable.			
17	I find it hard to calm down after getting upset.			
18	I have difficulty in swallowing.			
19	I find that it is difficult for me to tolerate any interruptions in whatever I am doing.			
20	I am worried about those things in which I might panic and make a fool of myself.			
21	I feel more nervous and anxious than usual.			
22	I have difficulty in taking the initiative for any new task.			
23	I find myself getting agitated in everything.			
24	I am bothered about headaches, neck and back pains.			
25	I feel weak and get tired easily.			
26	I feel sad and depressed.			
27	I feel that I am losing interest in almost everything.			
28	I can feel my heart beating fast.			
29	I am slow to respond.			
30	I feel extremely upset if exposed to events that remind me of similar stressful event.			
31	I feel I am not worth as a person.			

32	I get feelings of numbness and tingling in my fingers, toes.			
33	I have no expectations/hope from the future.			
34	I am bothered by stomachs and indigestion.			
35	I have to empty my stomach often.			
36	I have repeated unwanted memories of the stressful event.			
37	I feel that my life is meaningless.			
38	I am not able to handle/control my feelings.			
39	I have nightmares.			
40	Often my mind goes blank.			
41	I have heavy pressure in the chest.			
42	I often have crying bouts without any good reason.			
43	The stressful events cause problems in my relationships with other people.			
44	Often, I want to be alone.			
45	Sometimes my vision is blurred.			
46	I have difficulty in concentrating.			
47	Often, I have feelings of nausea.			
48	I feel unwell.			

Thank you for your participation.

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Focus Group Discussions (FGD)

Life Skills Education and Mental Health among High School Students in West Khasi Hills District, Meghalaya

Guiding Principles for the Group:

At the beginning of the FGD, the facilitator let everyone know about some ways to make the group proceed smoothly and respectfully for all participants.

The following are some guidelines or “ground rules” that help establish the group norms:

1. Participation in the group discussion is voluntary
2. Prior consent shall be obtained.
3. The duration of FGD should be a minimum of 45 minutes to 1 hour
4. The FGDs procedure shall be documented
5. Only one person talks at a time.
6. Confidentiality is assured. “What is shared in the room stays in the room.”
7. It is important for us to hear everyone’s ideas and opinions. There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable.
8. It is important for us to hear all sides of an issue – both the positive and the negative.
9. It is important for women’s and men’s ideas to be equally represented and respected.

These ground rules are presented and explained to the group, in addition to these ground rules, which have been established prior to the focus group, the facilitator also invite the participants to establish their own ground rules or guiding principles for the discussion.

(FGD) Interview Guide

(For the Teachers)

FGD Point of Discussion:

1. Understanding Mental health
2. Common mental health problems among the school going adolescents
3. Mental Health services and Programme
4. Psychosocial Challenges of school going adolescents
5. Current practices
6. Barriers in imparting life skills education and mental health services in the school.

FGD interview Guide

1. What do you understand by Mental Health?
2. What are the commonly seen mental health problems of school going adolescents?
3. What is your opinion on School Mental Health? Programme and services?
4. What do you think of these programmes and services?
5. As a school, what are the services or practices do you adopt to promote mental health of school students?
6. What do you do as school authorities and teachers do when you identify any cases of mental health problem in the school?
7. What are the psychosocial challenges of school going adolescents in the present scenario?
8. Do the school provide Life skills education/training to the students particularly the adolescents students of class IX and X?
9. What are the barriers that prevent the school to provide life skills education and mental health services to the students in your school?
10. Suppose you could make changes that would provide life skills education and mental health services to the students, what would you suggest?
11. What can each one of us as teachers and management do to promote School mental Health.

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2.	Understanding Mental Health and Mental Health problems of school going Adolescents.	42 Annual National Conference on the theme 'Innovative approaches in Social Work Education and practices: Evidence from different fields of Social Work in India.	Indian Society of Professional Social Work (ISPSW)	23 to 24 June 2024

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APPROVAL OF RESEARCH PROPOSAL:	
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2. SCHOOL BOARD	: 1 st October 2019
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ABSTRACT

**LIFE SKILLS EDUCATION AND MENTAL HEALTH AMONG
HIGH SCHOOL STUDENTS IN WEST KHASI HILLS,
MEGHALAYA.**

**AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF
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**DEPARTMENT OF SOCIAL WORK
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DECEMBER 2025**

**LIFE SKILLS EDUCATION AND MENTAL HEALTH AMONG HIGH
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By

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**In partial fulfillment of the requirement of the Degree of Doctor of Philosophy
in Social Work of Mizoram University, Aizawl.**

INTRODUCTION

Concept of life skills

The present study is an attempt to assess the life skills and mental health of high school students as well as to understand the teacher's insight and understanding regarding mental health and mental health problems, the current practices and challenges of schools in imparting life skills education and mental health services to the school students in West Khasi Hills District of Meghalaya.

Life skills were conceptualized as psychological competencies by the World Health Organization when it introduced life skills-based education. In terms of psychological competence, this refers to an individual's ability to maintain a state of mental well-being and to demonstrate this through adaptive and positive behaviour when interacting with other individuals and with their cultures and environments (WHO, 1997). According to the World Health Organization, life skills are the abilities that enable individuals to cope effectively with the challenges and demands of everyday life. Individuals who possess life skills are capable of coping effectively with the stresses and pressures of everyday life and are equipped with the skills to handle challenging situations when they arise.

In this sense, life skills refer to those abilities and skills that ensure a person's mental wellbeing, facilitate their cohesive development, and allow them to function effectively in society as a whole. Through the development of these skills, we are able to accomplish our daily tasks efficiently and effectively, as well as contribute to our community in a meaningful manner. It is therefore a behaviour change or behaviour development approach that emphasizes a balance between knowledge, attitude, values, and skills.

While there are many types of life skills and their nature varies across cultures and settings, this study focuses on the 10 Core Life Skills given by the World Health Organisation (WHO, 1997); Self-Awareness, Empathy, Effective communication, Interpersonal Relationship, Creative Thinking, Critical Thinking, Decision Making, Problem Solving, Coping with Emotions, Coping with stress. An individual who masters these 10 core life skills will be able to interact effectively

with others, enhance their logical and reasoning abilities, and gain a greater understanding of themselves and others as well as cope effectively with emotions, stress, and pressure (Prajapati, Sharma & Sharma, 2017). The correlation between all of these skills is strong and they reinforce one another. Together, they provide the foundation for our psychosocial competence, enhance self-esteem and self-efficacy, and contribute to the development of our holistic capabilities.

Life skills Education

In the context of adolescents, life skills education is often linked to adolescence education, which is intended to increase adolescent awareness of health issues and health hazards such as HIV/AIDS, sexual orientation, and provide the guidance necessary for adolescents to cope with these issues. As viewed from this perspective, life skills education is intended to develop competencies that will enable adolescents to cope more effectively with biological, psychological, and social constraints. It is through life skills education that adolescents are able to translate their knowledge, attitudes, and values into reality. Teaching life skills is a response to a cultural need to address a problem pertinent to the target group and the surrounding environment (WHO, 1999). A life skills education is essential for every individual since it facilitates the realization of their potential and equips them with the ability to deal with life's challenges (Rao & Dinakar, 2016).

The World Health Organization (2001a) stresses the importance of life skills education in meeting the psychological and social needs of young people and assisting them in their development and growth into well-adjusted adults. This is one of the most important components of a comprehensive approach to health education and promotion. Educating the new generation through life skills education will result in a positive and holistic approach to education, which will benefit future generations as well. According to the World Health Organization (1993), life skills education is a comprehensive and developmental approach that helps children and adolescents deal with daily challenges, growing up, and a variety of risk situations. Through the implementation of a long-term curriculum spanning multiple years of education, numerous diverse needs and problems can be addressed, all of which are based on

the same pedagogical approach: life skills learning and application. The importance of life skills education in promoting health cannot be overstated. In spite of the fact that it does not constitute a panacea for all problems, it is a vital component of addressing the needs of young people in a wide range of situations, including drug abuse, violence, HIV/AIDS, and other concerns, such as peace, safety, and human rights. According to the World Health Organization (1993), schools should provide life skills programs for students in order to develop skills that will lead to healthier life choices and promote physical, social, and psychological health. A life skills approach focuses on providing young people with opportunities to acquire skills that will allow them to avoid being manipulated by others. A primary objective of the program is to assist young people with recognizing the influence of coercive pressures and organized campaigns, such as tobacco advertising, on them, so that they can avoid engaging in unhealthy behaviours. The goal of a life skills approach is to empower individuals to be able to control their behaviour and make informed decisions that will lead to positive behaviours and values.

Life Skills and Adolescents

A key point made by Mangrulkar et al. (2001) is that a life skills approach allows adolescents to develop both the competencies necessary for human development and the positive behaviours that facilitate their successful handling of everyday challenges. As adolescence progresses, the development of life skills becomes more active. Adolescents are capable of assessing situations, assessing different aspects of the situation, challenging others' recommendations, developing a range of skills, making a decision, and subsequently determining the skill to be performed. A fundamental aspect of adolescence is the development of skills that will indicate their individuality and provide them with the ability to stand on their own. An adolescent's life becomes more complicated when he or she is faced with multiple situations. Puberty, sexuality and gender issues, emotional turmoil, completing basic schooling and making decisions about future educational or career choices, taking responsibility for one's own actions, and other critical issues are dealt with during this time. Therefore, it is important to provide today's youth with the skills and methods required to manage life's challenges and demands. In this regard,

the importance of life skills development becomes increasingly evident during adolescence.

Life Skills Education in India

A number of initiatives have been taken in India to provide life skills education to young people, which is an essential component of all major educational initiatives.

The National Curriculum Framework (2000) states that education should prepare students for the challenges of life. Several of the skills that students will need for this are closely related to the life skills that will allow them to overcome challenges such as drug addiction, violence, teenage pregnancy, AIDS, and other threats. In the National Curriculum Framework (NCF) (2005), learning experiences are emphasized that emphasize inquiry-based learning, career-related knowledge, and life skills.

In India, the Department of School Education and Literacy under the Ministry of Human Resources and Development (MHRD) is responsible for administering the Adolescent Education Program (AEP). This program is designed to empower adolescents in dealing with risky situations, to prevent new HIV infections, to reduce the risk of HIV infection, to prevent substance abuse, and to influence positive behaviour. Participants in the AEP learn life skills that will enable them to protect themselves from risks and cope with them on a daily basis. In accordance with the National Curriculum Framework (2005), Adolescence Education (AE) is characterized by fostering independence of thought and action, sensitivity to the feelings and well-being of others, flexibility in dealing with new situations, willingness to participate in democratic processes, and a desire to contribute to the economic and social development of adolescents. The National Centre for Education Framework (2005), recommends that AEP should be integrated into school education rather than being practiced separately.

The Central Board of Secondary Education (CBSE) has recognized the importance of life skills education and made it an integral part of the curriculum from classes VI to X through Continuous and Comprehensive Evaluation (CCE). The Board has developed life skills manuals for teachers based on WHO's ten core life skills (Singh & Menon, 2016). The Indian Association of Life Skills Education (IASLE) was founded in 2010 with the purpose of igniting minds, unleashing the power of individuals and empowering them to achieve their life goals. The promotion of life skills has been conducted throughout India in order to attain this goal. It is the mission of this association to collaborate, connect, and contribute to the development of individuals and nations through the provision of life skills training and education. According to the Indian Association of Life Skills Education, more than 10,000 participants have participated in seven international conferences and 25 training of trainers (Indian Association of Life Skills Education, n.d.).

In order to meet the evolving requirements of the 21st century, the National Education Policy (NEP) 2020 represents a transformative shift in India's educational landscape. The policy places a great emphasis on integrating life skills education into its broad and ambitious reforms, acknowledging its crucial role in promoting holistic development and equipping students to cope with the complexities of modern life. As the world becomes increasingly interconnected and rapidly changing, life skills encompassing a variety of cognitive, emotional, and social competencies are becoming increasingly important for both personal growth and professional success.

Life Skills Education in Meghalaya

The Department of Sports and Youth Affairs launched LEAP (Life Skills, Employability, Aspirations & Purpose) Meghalaya in 2017 as part of the Chief Minister's Career Guidance and Counselling Scheme. As part of this program, youth are prepared for life and work through a number of modules, including Confidence Building, Life Skills, Soft Skills, Employability, and Career Readiness. This is the first program of its kind offered in Meghalaya (The Northeast Today, 2017a; The Northeast Today, 2017b).

Under a scheme titled "Soft Skills Coaching for Tribal Youth", funded by the Ministry of Tribal Affairs, the Government of Meghalaya launched Aspire Meghalaya in 2019. Using soft skills programs and talent identification interventions, it sought to unleash the potential, talent, and confidence of the youth of Meghalaya. The aim of this program is to prepare young people for life and work through inspirational life coaching and work-life readiness training (Aspire Meghalaya, 2022; Singh, 2020). An individual can only contribute effectively to society if he or she recognizes and maximizes his or her potential, is healthy, confident, educated, and equipped with information skills. As a means of achieving this, schools should introduce a life skills program, which is the most effective way to improve self-esteem, self-confidence, and self-efficacy for students, as well as improving their overall wellness by teaching them effective coping mechanisms for life's stresses.

Adolescence and Anxiety, Depression and Stress:

According to Sharma (2017), stress, depression, and anxiety are among the most pressing mental health concerns of the modern age. There are 301 million people who suffer from anxiety disorders in 2019, including 58 million children and adolescents. It is important to note that anxiety disorders are characterized by excessive fear and worry as well as a variety of behavioural disturbances. Anxiety disorders can be divided into several types, including generalized anxiety disorders, panic disorders, social anxiety disorders, separation anxiety disorders (characterized by excessive fear and anxiety about separation from those with whom the individual has a deep emotional bond), among others. A social anxiety disorder is characterized by excessive worry and fear in social situations. Psychological treatments are available, and medication may also be considered depending on the age and severity of the condition (WHO, 2022).

The problem of depression is one of the most common mental health problems that affects everyone. It is one of the most prevalent mental health problems among adolescents. The number of people living with depression in 2019 reached 280 million, including 23 million children and adolescents. An episode of

depression is characterized by sadness, irritability, or an absence of pleasure or interest in activities for the majority of the day, nearly every day, for a period of two weeks or longer. Other symptoms may include poor concentration, excessive guilt or low self-esteem, hopelessness, thoughts of suicide or dying, disturbed sleep, changes in appetite or weight, and a feeling of extreme fatigue or low energy. Suicide is an increased risk for those who suffer from depression. Psychological treatments are, however, available, and medication may also be considered depending on the severity and age of the condition (WHO, 2022).

Almost everyone experiences some form of stress at some point in their lives (WHO, 2023). However, the way we respond to stress has a significant impact on our overall health and well-being. The effects of stress can be felt both physically and mentally. Having a little bit of stress helps us accomplish our daily tasks, and there is no harm in it. A high level of stress can adversely affect the physical and mental well-being of a person. Chronic stress can exacerbate pre-existing health conditions and contribute to an increased use of alcohol, tobacco, and other harmful substances. Stress can also worsen mental health conditions, such as anxiety and depression, which may require medical attention. As a result of persistent symptoms of stress, mental health conditions can develop, which may affect our daily functioning, including at work and at school (WHO, 2023).

Status of Mental Health Among High School Students in India

Approximately 41% of the Indian population is under the age of 18 (Kumar, Nayar, & Bhat, 2020). Teenagers are confronted with a number of issues during this stage of their lives for which they do not have any prior experience. There are approximately 89 million adolescent boys and 77 million adolescent girls suffering from mental illness worldwide in 2019 (UNICEF, 2021). According to estimates, approximately 5,000 adolescents aged 15 to 19 committed suicide each day in 2020, which is the equivalent of 1.5 million deaths between the ages of 10 and 24. The suicide rate for adolescents increased from third to second in just two years, demonstrating that they were suffering from psychological difficulties (WHO, 2018; WHO, 2022b).

According to the National Crime Records Bureau, there were 11,396 cases of child suicide in India in 2020, an average of 31 suicides per day (New Delhi Television [NDTV], 2021). As a result of these data, it is possible to conclude that suicides have increased in 2014, since the NCRB reported 10,950 suicides among children under the age of 18 in 2014. Family problems, love affairs, and illness were the leading causes of suicide among young people under the age of 18 (NDTV, 2021). According to the Centres for Disease Control and Prevention, mental illness contributes to 46% of suicides. This figure may be underestimated since undiagnosed and untreated mental disorders were not included (Akkas & Corr, 2022). Therefore, these causal factors must be addressed in order to prevent suicides from increasing in the future.

Overview of Literature

High school students which is an Adolescence stage is a critical period marked by rapid physical, emotional, and social changes, making high school students particularly vulnerable to mental health challenges. In recent years, there has been a growing recognition of the need to address mental health issues within the school setting, not only through clinical support but also through preventive and promotive strategies. One such approach is life skills education, which aims to equip young individuals with essential psychosocial competencies that enhance their capacity to deal effectively with the demands of everyday life.

Several studies indicate that although most high school students are aware of various life skills, their practical application remains limited. Research findings report that students tend to demonstrate low to average levels of life skills across domains. Notably, while some studies have found no significant differences in life skills between male and female adolescents, others have reported gender-based variations. Furthermore, a significant relationship has been observed between life skills and self-esteem, suggesting that higher life skills competence is often associated with greater self-worth and confidence among adolescents (Bala et al., 2024; Wahlang et al., 2022; Dey et al., 2022; Monica & Ronak, 2022; Singh, 2019; Rawat & Singh, 2018; Jayachandran, 2014; Nongrum, 2013).

The literature on the relevance and effectiveness of life skills education highlights its significant potential in enhancing students' emotional, social, and behavioural outcomes. A substantial body of research underscores that life skills education not only fosters positive psychological growth but also plays a preventive role in mitigating high-risk behaviours such as substance abuse, alcohol consumption, smoking, violence, and suicidal tendencies. Interventions grounded in life skills training have been shown to positively influence participants' attitudes and behaviours, leading to more adaptive coping strategies and prosocial conduct. Moreover, life skills education contributes to improved academic performance, higher self-esteem, increased empathy, and greater psychosocial competence. It equips students with essential tools to solve problems effectively, manage stress, make responsible decisions, and build healthier interpersonal relationships. These competencies collectively enhance students' overall well-being and readiness to face life's challenges (Dey et al., 2022; Kaur, 2021; Fallah et al., 2021; Tiwari et al., 2020; Bagul & Chaudhari, 2019; Duraisamy, 2018; Roa, 2018; Ritu, 2017; Shweta, 2015; Vernosfaderani, 2014; Pujar & Bailur, 2014; Naved et al., 2014; Roodbari et al., 2014; Nrirangu & Wango, 2013; Bharat & Kumar, 2010; Bhawe, 2010; Yadav & Iqbal, 2009; Thurstone, 2002).

Similarly, studies on student mental health highlight the increasing prevalence of anxiety, depression, stress, and other psychological difficulties among adolescents, especially in the context of academic pressure, social isolation, and limited access to mental health services in schools (Mallya et al., 2024; Gupta et al., 2023; Deb et al., 2022; Karki et al., 2022; Khongwir et al., 2020; Zhang et al., 2020; Suchma et al., 2020; Nag et al., 2019; Kumar & Akoijam, 2017; Sibnath et al., 2015; Jayant & Thirunavakarasu, 2015; Srinivasan et al., 2014; Sharma et al., 2014; ; Rama Roa & Raja, 2012; Pathak et al., 2011).

Several studies have established a positive association between life skills and mental health among adolescents. Research has shown that life skills training (LST) programs significantly enhance students' mental health outcomes by improving their ability to manage emotions, cope with stress, and navigate interpersonal relationships. (Swamy et al., 2024; Khan & Nagvi, 2022; Kaur & Joshith, 2021;

Rahmani, 2019; Jamali et al., 2016; Naeim et al., 2016; Azeez, 2015; Pakdaman & Ganji, 2013; Sobhi & Rajabi, 2010).

The literature highlights significant gaps in teachers' mental health literacy, along with substantial barriers to providing effective support to students (Moldvasky et al., 2014; Amanda et al., 2014; Reine et al., 2011; Rothi, Leavey and Best, 2008)

The review of literature provided a comprehensive understanding of recent studies related to life skills education, its relevance and effectiveness, and the prevalence and severity of mental health issues among high school adolescents. Most existing research on life skills has primarily focused on children, adolescents, and young college students; however, there is a notable gap in literature pertaining specifically to the North Eastern region of India, and particularly the state of Meghalaya. Studies emphasize that effective life skills interventions should adopt experiential learning methods, be gender-sensitive and culturally appropriate, and focus not only on raising awareness but also on the practical application of life skills in daily life. Additionally, a growing body of literature highlights the interconnectedness between life skills and various psychosocial constructs, such as mental health, self-efficacy, emotional intelligence, self-esteem, social competence, empathy, and gender dynamics. Despite the increasing attention to mental health in educational settings, there remains a paucity of research exploring the barriers to accessing mental health care services for school-going students. Moreover, few studies have examined the perceptions of school teachers regarding mental health and mental health problems, and there is limited evidence on the current practices, challenges, and systemic barriers faced by schools in delivering life skills education and mental health services. In response to these gaps, the present study aims to assess the level of life skills and mental health among high school students and to explore the insights and understanding of teachers regarding mental health issues, as well as the existing practices and challenges faced by schools in providing life skills education and mental health support in the context of Meghalaya.

Statement of the Problem

Schools play a pivotal role in the lives of adolescents, as they spend a significant portion of their developmental years within the educational environment. The concept of education extends beyond academics to encompass holistic development, including emotional, social, and psychological well-being. As such, schools are critical settings for mental health promotion and the delivery of life skills education, particularly because adolescents often encounter emotional and academic stressors during this stage of life. Adolescents may experience mental, emotional, and behavioural problems that can be deeply distressing and, in severe cases, life-threatening. These issues not only affect the individual but also have broader implications for the family, school, community, and society at large.

Adolescence is the most vulnerable period to develop various Mental Health related problems. Half of all mental illness begins by the age of 14 and three quarters by mid-20s (WHO 2004). It is quite evident from studies that adolescents with Mental Health problems tend to have poor outcome in adulthood and later life. Promotion of Mental Health is an essential and integral part of overall development along with academic and intellectual developments. Despite their apparent need, young people have the lowest rates of access to mental health care services, basically because of poor awareness and help-seeking, structural and cultural flaws within the existing health care systems, and the failure of society to recognize the importance of this issue and invest in youth mental health (McGorry, et al. 2014).

To cope with the increasing pace and change of modern life, life stressors, psychological problems, painful experiences, students need new life skills such as the ability to deal with stress and frustration and understand about themselves. But despite understanding it is the need of the hour to impart life skills education to support students, school are lacking in providing services such as inculcating life skills education to the school curriculum, school-based mental health systems are emerging very slowly, due to many factors. Partnerships between education system and mental health are yet to developed; a common language and set of shared values

between school teachers and staff and mental health practitioners are yet to be established in recognized manner.

Objectives of the Study

The objectives of the present study are:

- 1 To find out the level of life skills of High School students in Nongstoin, West Khasi Hills District, Meghalaya.
- 2 To study the level of Mental Health of High School students (Anxiety, Depression and Stress) in Nongstoin, West Khasi Hills District of Meghalaya
- 3 To find out the difference in the life skills and Mental Health of High school students in Nongstoin, Meghalaya across gender.
- 4 To examine the relationship between life skills and Mental health of High school students.
- 5 To examine the insight and understanding of the school teachers about mental health and mental health problems of High School students in Nongstoin, West Khasi Hills District, Meghalaya.
- 6 To explore the current practices of schools to promote the mental health of High School students and to understand the barriers that prevents the school in imparting life skills education and Mental health services.

Hypotheses

1. There is no significant difference in overall life skills between male and female high school students.
2. There is no significant difference in anxiety, depression, and stress levels between male and female high school students.
3. There is a significant relationship between the overall life skills of high school students in Meghalaya and their levels of anxiety, depression and stress.
4. There is a strong overall correlation between life skills and mental health among high school students.

METHODOLOGY

The present study was conducted in the West Khasi Hills District of the state of Meghalaya, located in North East India. To gain a comprehensive understanding of the research problem, the study adopted a mixed-methods research design, incorporating both qualitative and quantitative approaches.

Research Design: For the present study a descriptive design was chosen, in which the study attempts to describe the current life skills and mental health of the high school students. In addition, the study attempts to explore the teacher's perspective regarding mental health and mental health problems, the current practices of the school in dealing with the mental health issues of the school students, and the barriers and challenges in providing Life skills education and mental health services to the school students.

Population of the study: The population of this study include all the High Schools adolescents studying in class IX and X and the High school teachers under Nongstoin town area of West Khasi Hills District of Meghalaya. There are 9 secondary and higher secondary schools in Nongstoin area and all the 9 schools are co-education schools.

Sampling: To draw a representative sample, the study purposively selected five secondary schools out of the nine schools located in Nongstoin town, West Khasi Hills District of Meghalaya using the Multistage Purposive Sampling Technique. In the next stage, 40 students (both male and female) from Classes IX and X were purposively selected from each of the five schools. Additionally, teachers from these schools who were willing to participate in the Focus Group Discussions (FGDs) were also included in the sample. As a result, the final sample consisted of 200 high school students from Classes IX and X, comprising 100 male students and 100 female students along with 34 teachers participating in the FGDs.

Sources of Data Collection: Both primary and secondary data were collected for the study. Primary data were obtained using standardized tools, including the *Life Skills Assessment Scale (LSAS)* developed by A. Radhakrishnan Nair, R. Subasree, and

Sunitha Ranjan (2010), and the *Anxiety, Depression, and Stress Scale (ADSS)* developed by Pallavi Bhatnagar, Megha Singh, Manoj Pandey, Sandhya, and Amitabh (2011). Additionally, qualitative data were gathered through Focus Group Discussions (FGDs). Secondary data were collected from a variety of sources, including literature reviews, research reports, academic journals, book chapters, and relevant books.

Tools of Data Collection: In the quantitative data collection, the first section of the tool includes demographic profile information of the high school students, such as age, sex, gender, religion, class, school, and other relevant socio-demographic variables. The second section comprises standardized scales, including the Life Skills Assessment Scale (LSAS) developed by A. Radhakrishnan Nair, R. Subasree, and Sunitha Ranjan (Nair, Subasree, & Ranjan, 2010) which measures the ten core life skills given by WHO, and the Anxiety, Depression, and Stress Scale (ADSS) developed by Pallavi Bhatnagar, Megha Singh, Manoj Pandey, Sandhya, and Amitabh (Bhatnagar, Singh, Pandey, Sandhya, & Amitabh, 2011).

For the qualitative data collection, Focus Group Discussion (FGD) was adopted to gather information. The FGD guideline was strictly followed during discussions conducted with high school teachers. Broad questions and key discussion points were formulated in advance prior to the Focus Group Discussions (FGDs) in alignment with the research objectives.

Procedures for Data collection: To facilitate the data collection, permission was sought and obtained from the authorities of the five schools in Nongstoin, Meghalaya, to collect data from high school students (Classes IX and X) and their teachers. Upon receiving the necessary approvals and after obtaining informed consent from both the students' participants and their parents, the Life Skills Assessment Scale (LSAS) and the Anxiety, Depression, and Stress Scale (ADSS) was administered to a total of 200 high school students. Additionally, after obtaining informed consent from the teachers, five Focus Group Discussions (FGDs) one FGD in each school was conducted with the teachers, to gather qualitative insights.

Data Processing and Analysis: The data collected from the high school students' respondents on 'Life Skills Assessment Scale (LSAS) and Anxiety, Depression and Stress Scale (ADSS) was processed in SPSS (Statistical Package for Social Sciences) and presented in the form of averages and percentages. Analysis of the composed data after coding was subjected to both simple and advanced statistical procedures. The data was analysed with appropriate statistical techniques using SPSS software. Mean, standard deviation, median, t-test and Pearson correlation test was applied to interpret quantitative nature of data. The qualitative analysis of the Focus Group Discussion (FGD) was transcript and Thematic Analysis was used to identify common patterns and insights from the FGDs.

Ethical Considerations: Rights of participants was protected while conducting the study in accordance with good practice of ethical obligations (safety, privacy autonomy, consent and confidentiality). The study minimize risk and optimise benefit.

- Consent was obtained from the authors of the scales which were used to measure the key variables of this study.
- Permission from the principals/Headmistress of all the high secondary schools was obtained before initiating the study.
- Consent was obtained from all the high school students and their parents. Also, consent was obtained from all the teachers' participating in the FGDs.
- Confidentiality of all information was assured and maintained.
- Participation in the study did not affect the classes of the respondents.

Limitations of the Study: Even though the researcher took every possible measure to carefully plan and execute the study, certain limitations remained beyond the researcher's control. The findings of this research should therefore be interpreted in light of these limitations and constraints. The present study has identified the following limitations:

1. Mental health assessment is only for Anxiety, Depression and Stress
2. The study is limited only to the 10 life skills presented by the World Health Organization

3. The study focuses mostly on variables such as Gender, Mental Health, and Life Skills
4. The study concentrates only on High School students in Nongstoin area of West Khasi Hills District, Meghalaya
5. As the study was limited to the secondary school students and teachers, the views of the parents, and other members of the society were not sought.

MAJOR FINDINGS

The study's major findings are presented in distinct sections aligned with its objectives. The first section highlights the demographic profile of respondents, including their age, gender, socio-economic details, religious practices, parental education and occupation, and family assets. The second section examines the respondents' life skills across various dimensions. The third section focuses on the mental health levels of high school students. Gender differences in life skills and mental health are analysed in the fourth section, while the fifth section explores the relationship between life skills and mental health. The sixth section summarizes qualitative data from FGDs, providing insights from school teachers on students' mental health and mental health problems. Finally, the last sections discuss the current practices of schools in promoting mental health and the barriers they face in delivering life skills education and mental health services to the students.

Socio-Demographic characteristics of High School students

The socio demographic characteristics of the high school students are characterized into different categories such as their age, education, religion, categories based on SC/ST/OBC, family type, parental occupation, parental education, family income and the family assets. The students are grouped into three age ranges i.e. 13-15 years, 15-18 years, and 19 years. All respondents fall between the ages of 13 and 19. The gender of the respondents in the current study is representing the same number of male students (50%) and female students (50%). The distribution of respondents by their class of those who participated in the research study were fifty percent (50%) from class IX and fifty percent (50%) from

class X. All the High school respondents practice Christian religion and are belonging to Schedule Tribe.

The type of family of the respondents were classified into three categories viz., nuclear, joint and extended family and a vast majority of (91.5%) reside in a nuclear family. The occupation of the respondents' parents were categories into viz., homemakers/unemployed, daily labourers, farmers, local vendors, teachers, business, government sector, private sector and those with no parents. Among these categories less than a third (29.5%) of the respondent's fathers are farmers, another (28.5%) is engaged in daily labourers, followed by a little more than a tenth (15.5%) are employed by the Government sector, (11%) are engaged as business persons. Likewise, based on the occupation of the respondent's mother's, more than third (39.5%) are farmers which contribute the highest, a little more than tenth (15.5%) of the respondent's mothers are engaged in daily labourers, (12%) are engaged in local vendors, (11.5%) are working as teachers, another (11.5%) are homemakers. The educational qualification of the respondents' parents were categories into viz., illiterate, lower primary, upper primary, high school, higher secondary school, graduate, post graduate and no parents' figures. Overall, High school education is the most common highest level of education for both fathers (24%) and mothers (28.5%), indicating that while basic education is widespread, higher education beyond secondary school is less common.

The respondent's family monthly income is divided into four categories: Up to 10,000 Per Month, 10, 000 to 25, 000 Per Month, 25,000 to 1 lakh Per Month, 1 lakh to 2 lakh Per Month. A vast majority of the respondents (70%) family income belong to the Lower-Middle-Class Income with the monthly family income of 10,000 to 25,000 thousand.

The family assets of the high school respondents were characterized into different categories: television, four-wheeler ownership, two-wheeler ownership, desktop/laptop ownership, no of cell phones at home, musical instrument and house ownership. A vast majority of respondents families (68.5%) own one television, showing that most households have at least one TV. A vast majority of the

respondents (70%) do not own a four-wheeler however, a notable portion of (26.5%) of respondent's family own one four-wheeler. Two-wheeler ownership among the respondent's family is very limited, with (91.5%) do not own a two-wheeler, suggesting that two-wheelers are not a prevalent mode of transport. Ownership of desktops or laptops is extremely low among participants with a vast majority of (91.5%) do not own a desktop or laptop, which suggests that access to personal computers is quite low in this group. A vast majority of the respondents' families (97%) own at least one cell phone. A large majority (79.5%) do not own a musical instrument, indicating that musical instruments are not commonly possessed by this group. A striking (93.5%) of respondent's family own their house, indicating that home ownership is high.

Level of life skills of High school students

The life skills of the high school respondents were categorized into ten dimensions according to the ten core life skills given by WHO. The levels of life skills in each dimension were categorised into very high, high, average, low and very low. Higher the score in Life skills indicates higher life skills.

The *self-awareness skills* of high school students reveals that a little more than a third (34.5%) of the high schools' students have very low self-awareness followed by another third (33.5%) high school students having low self-awareness. In *empathy skills*, nearly half of the participants (47.5%) have very low empathy skills, followed by more than a third (34.5%) with low empathy. In *effective communication skills*, less than half (48.5%) of the respondents falls in the low category, followed by less than a fourth (23.5%) having very low communication skills. In the dimension of *interpersonal relationship skills*, the result reveals that more than a third (40.5%) of the respondents score 'Very low' in interpersonal relationships, followed by a little more than a fourth (29.5%) of the respondents having 'Low' interpersonal relationships skills. In *creative thinking skills*, more than half (54.5%) of the high school students has 'Low' score in creative thinking skills followed by a little less than a third (29.5%) on the 'Very low' score. In the *critical thinking* dimension of life skills, it indicates that less than a half (43.5%) of the high

school students falls into the level of very low in critical thinking skills. A significant proportion of more than a third (39.5%) scored in the "Low" category. This indicates that a large portion of participants had below-average performance in their critical thinking skills. In *decision making skills*, more than third (39.5%) of the high school students scored in the "Very Low" and a little more than a third (35%) falls in the low category indicating that majority of the high school students has poor decision-making skills. In terms of the *problem-solving skills*, a little less than a half (48.5%) of the high school students are in the 'Very low' range in terms of problem-solving skills and a third (30.5%) of the high school students are in the 'Low' category. In *coping with emotions skills*, the results reveal that less than half (44.5%) score in the 'Low' category in terms of their coping with emotions which is followed by a third (30%) who are in the average category. In the dimension of *coping with stress life skills*, more than a half (54.5%) falls in the 'Low' category, indicating that more than half of the high school students have poor coping stress strategies. The *overall life skills* scores reveals that a vast majority (65.5%) of the high school students scored below 293, placing them in the "Very Low" category. A little less than a fourth (29%) of the high school students scored in the "Low" range with the score 293 to 324.

Levels of Mental Health (Anxiety, Depression and Stress) of the High school students

The mental health of high school respondents was evaluated based on anxiety, depression, and stress. These three mental health issues were categorized into five levels: Extremely High, High, Above Average, Average, and Below Average. A higher score indicates a greater experience of anxiety, depression, and stress.

Anxiety level of the high school students shows that more than a half (52.5%) high school students have high anxiety level, followed by a little less than a third (29.5%) having above average anxiety level. *Depression* level of the high school students reveals that majority (62.5%) of the respondents experiencing depression on the 'Above average'. *Stress* level of the respondents reveals that a little less than a half (48.5%) of the high school students are experiencing 'Above average stress level

followed by a little more than a third (34.5%) of the high school students experiencing high stress level.

Gender differences in life skills and Mental Health of High school students

The gender differences in the level of life skills and mental health among high school students were examined based on the ten core life skills dimensions and three mental health issues (anxiety, depression, and stress). To determine if there are statistically significant differences between male and female participants across these variables, an independent samples t-test was conducted to test the following hypothesis.

1. *'There is no significant difference in overall life skills between male and female high school student'.*
2. *'There is no significant difference in anxiety, depression, and stress levels between male and female high school student'.*

Gender differences in life skills: In *self-awareness skills*, the findings indicate that female high school students slightly outperform their male counterparts. Females tend to achieve higher scores overall, with fewer students falling into the lowest performance category. *Empathy skills* show a balanced distribution among female students, with a tendency for higher scores compared to males. In terms of *effective communication*, female students tend to score slightly higher overall. Females also display stronger *interpersonal relationship skills*, with a notable advantage in building and maintaining social connections. Analysis shows that female students slightly outperform males in *creative thinking*. They are more frequently represented in the "Average" category and less frequently in the "Very Low" category. In the realm of *critical thinking*, female students again demonstrate a more favourable distribution, with a higher percentage scoring in the "Average" category and fewer in the "Very Low" category compared to males. Both genders show similar distributions in *decision-making skills*, with no significant differences observed. Similar to decision-making, *problem-solving skills* are evenly distributed among male and female students, indicating no major gender-based disparities. The coping

mechanisms for *coping with emotions* are similarly distributed across genders. In *coping with stress*, males display a slightly more even distribution, though the difference is marginal. Overall, both genders reflect a very similar distribution in *global life skills*, with the majority positioned in the "Very Low" category. The proportion in the "Low" category is also identical, suggesting that despite minor gender-based variations in specific skills, the overall competency in life skills remains largely equivalent.

To explore gender differences, an independent samples t-test was conducted. The analysis focused on the ten dimensions of life skills given by WHO. The results revealed that among the various dimensions of life skills, only critical thinking showed a statistically significant difference between genders, $t(198) = 2.50$, $p = .013$ with females outperforming males. Other dimensions showed no statistically significant differences ($p > .05$). This suggests that in most life skill areas, there is no gender differences in life skills.

And hence the hypothesis of the study – ‘*There is no significant difference in overall life skills between male and female high school students*’ is accepted.

Gender differences in Mental Health (Anxiety, Depression and Stress): While differences are not substantial, female high school students tend to experience slightly higher levels of *anxiety* compared to their male counterparts. Female students also report slightly higher levels of *depression*, though the difference is minimal. Although gender differences in stress levels are not pronounced, female students display a slightly higher percentage of experiencing *stress* than male students. These findings suggest that while emotional well-being indicators do not differ drastically, there is a slight trend of higher anxiety, depression, and stress among female students.

Based on independent samples t-tests, gender differences in mental health problems which include anxiety, depression, stress, and overall mental health were examined. The analysis revealed no statistically significant differences between male

and female students ($p > .05$), indicating that both genders experience comparable levels of mental health challenges.

And hence the Hypothesis of the study – ‘*There is no significant difference in anxiety, depression, and stress levels between male and female high school students*’ is accepted.

Correlation between Life Skills and Mental Health

The correlation between Life skills and Mental Health are divided into three parts: The correlations between Mental health and the ten-life skills dimension (Self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with emotion and coping with stress); The correlations between overall life skills and anxiety, depression, and stress of the respondents; And the correlation between overall life skills and the overall mental health of high school students. These correlations were assessed using Pearson correlation tests and answers the following hypotheses of the study:

- *There is a significant relationship between the overall life skills of high school students in Meghalaya and their levels of anxiety, depression and stress.*
- *There is a strong overall correlation between life skills and mental health among high school students.*

Correlation between Mental health and the ten dimension of life skills: To examine between the Mental Health and the ten dimension of life skills, Pearson correlation coefficient were used.

The analysis revealed that several life skills are significantly correlated with mental health. Creative Thinking (-0.272 , $p < 0.01$) showed the strongest inverse correlation, indicating that individuals with higher creative thinking skills tend to experience better mental health outcomes. This was closely followed by Decision Making (-0.247 , $p < 0.01$), Problem Solving (-0.246 , $p < 0.01$) and Coping with Emotion (-0.244 , $p < 0.01$), all of which demonstrated strong negative correlations.

This suggests that enhancing these skills contribute substantially to reducing mental health problems.

Other dimensions such as Self-awareness ($r = -.211, p < 0.01$), Effective Communication ($r = -.192, p < 0.01$), and Interpersonal Relationships ($r = -.184, p < 0.01$) also showed significant correlations, implying that these skills also contribute positively to mental health, though to a lesser extent. Meanwhile, Critical Thinking ($r = .141, p < 0.05$) exhibited a significant correlation, indicating a benefit to mental health through improved judgment and analysis. Interestingly, Empathy ($r = -.124, p = .081$) and Coping with Stress ($r = -.075, p = .291$) did not show significant correlations with mental health. This suggests that merely understanding others' emotions or managing stress is not sufficient to impact mental health meaningfully unless combined with stronger emotional regulation and decision-making skills.

Correlation between Life Skills and Anxiety, Depression & Stress: To assess the correlations between overall life skills and mental health dimensions specifically anxiety, depression, and stress, Pearson correlation coefficients were calculated. The analysis revealed the following:

1. **Life Skills and Anxiety:** A statistically significant negative correlation was found ($r = -0.254, p < .01$), indicating that individuals with higher levels of life skills tend to report lower levels of anxiety.
2. **Life Skills and Depression:** The results indicated a moderate, statistically significant negative correlation ($r = -0.301, p < .01$). This demonstrates that higher levels of life skills are associated with reduced levels of depression, reinforcing the importance of these skills in supporting emotional well-being.
3. **Life Skills and Stress:** A weak but statistically significant negative correlation was identified ($r = -0.171, p = .016$), suggesting that individuals with enhanced life skills experience slightly lower levels of stress. This finding, while less robust than for anxiety and depression, still points to the value of life skills in stress management.

The findings consistently indicate that life skills are inversely related to anxiety, depression, and stress among high school students. This supports the hypothesis that *'There is a significant relationship between the overall life skills of high school students in Meghalaya and their levels of anxiety, depression, and stress.'*

Correlations between overall Life skills and overall Mental Health: To evaluate the association between overall life skills and overall mental health among high school students, a Pearson correlation coefficient was calculated. The analysis revealed a statistically significant negative correlation, $r = -0.263$, $p < .001$, suggesting that students with higher life skills scores tend to report fewer mental health problems. This negative correlation indicates that as life skills improve, the severity or frequency of mental health issues, such as anxiety, depression, and stress, decreases. The descriptive statistics for the two variables are: Life Skills: $M = 45.64$, $SD = 5.96$, Overall Mental Health: $M = 8.55$, $SD = 1.89$. The p-value of 0.000 confirms the statistical significance of the observed correlation at the 0.01 level (2-tailed), providing strong evidence that the relationship is not due to random chance. This finding underscores the protective role that life skills play in enhancing mental health outcomes among high school students.

Therefore, the hypothesis of the study which state *'There is a strong overall correlation between life skills and mental health among high school students'* is accepted and supported by this finding. The results highlight the importance of life skills in mitigating mental health challenges. Enhancing life skills education within the school environment could serve as a preventive strategy to reduce anxiety, depression, and stress, promoting overall well-being among students.

There is a strong correlation between Life skills and Mental health of high school students and Life skills play a significant role in mitigating mental health challenges, according to the results, which are supported by extensive literature. The enhancement of life skills education within the school environment could serve as a preventative strategy to reduce anxiety, depression, and stress, thereby promoting a student's overall wellbeing.

Insight and understanding of the school teachers regarding Mental Health and Mental health problems of high school students.

To understand the insights and perspectives of high school teachers regarding mental health and related challenges among students, five Focus Group Discussions (FGDs) were conducted across five different schools in Nongstoin, West Khasi Hills district. A total of 34 teachers participated in these discussions. Thematic Analysis, based on Braun and Clarke's six-step process, was used to analyse the data.

Mental Health: Teacher's perspective: In the discussions with teachers about mental health, several key themes emerged from the Focus Group Discussions (FGDs). First is the student's *ability to cope and adapt*, Teachers associated mental health with students' ability to cope with academic stress, relationships, and other life challenges. Secondly the teachers highlighted *resilience* as a critical component of mental health. While resilience does not eliminate challenges, it helps individuals navigate adversity, find moments of joy, and manage stress effectively. According to the teachers, resilient students recognize the importance of seeking help when needed and understand that building resilience is a gradual process that requires practice and self-awareness. Thirdly, a recurring theme in the discussions was the connection between mental health and *productivity*. Teachers expressed that healthy mental states lead to effective performance and meaningful achievement. Fourth, teachers acknowledged that mental *well-being* is a fundamental aspect of overall health, although it is often overshadowed by concerns about physical health. They stressed the importance of recognizing mental well-being as vital to personal, community, and socio-economic development.

Commonly seen mental health problems of High school students: During the FGD discussions with teachers, several prevalent mental health issues among high school students were identified: *Substance Abuse* was one of the problem teachers reported that are the most commonly seen among students. This issue has raised concerns about students' health and well-being, influencing both their academic performance and personal lives. Secondly, *social media and Online Addiction* are on

the rise and has emerged as a significant concern, especially post-lockdown. Teachers noted that while many students use these platforms to socialize or consume content, others are drawn into unhealthy patterns of excessive screen time, impacting their mental and emotional health. Third is *anxiety*, was frequently highlighted as one of the most common mental health issues among high school students. Fourthly, *stress*, the teachers identified stress as another widespread mental health concern. Fifth is *depression* which is considered one of the most pressing mental health challenges affecting high school students today. Teachers observed that many students increasingly turned to the virtual world and online interactions as substitutes for real-life relationships. *Behavioural Problems* is the Sixth issues, teachers reported noticeable shifts in student behaviour especially post lock down.

Psychosocial Challenges of High School going students: During the Focus Group Discussions (FGDs), teachers highlighted several psychosocial challenges that high school students commonly face. The first one is their *uncertainty and fear* about the future. Teachers expressed concerns about students' uncertainty and fear regarding their post-high school plans, particularly around higher education and career paths. Secondly, *academic stress* and academic pressure is a significant source of stress for adolescents. Many students struggle to manage this pressure effectively, leading to burnout and anxiety. Thirdly the students often feel *anxious* frequently, they report of feelings of anxiousness about falling behind in their studies, catching up with the syllabus, and preparing for exams under unfamiliar conditions. *Isolation and loneliness* emerged as one of the most frequently mentioned issues. Adolescents experiencing social isolation often resort to unhealthy coping mechanisms, including overeating, excessive video gaming, prolonged mobile phone use, and binge-watching movies. Teachers also observed *personal mental health struggles* among students, characterized by a lack of direction in life, limited access to healthy recreational activities, and the development of negative self-concepts. These internal conflicts often result in students withdrawing from social interactions and isolating themselves.

Current practices and barriers that prevents the school in imparting life skills education and Mental health services to the students

This section summarizes the current practices of schools in addressing students' mental health issues, as well as the barriers that hinder teachers and schools from effectively delivering life skills education and mental health services. Data for this analysis was collected through Focus Group Discussions (FGDs) involving 34 teachers from five different schools. A Thematic Analysis, guided by Braun and Clarke's six-step process, was employed to interpret the findings. This iterative method involved phases of data familiarization, code generation, theme development, theme reviewing, theme refinement, and writing up, ensuring a thorough understanding of the challenges and practices identified.

Mental Health Programme – Teacher's perspective: During the Focus Group Discussions (FGDs), teachers collectively emphasized the importance of mental health programs for school-going students, highlighting three main themes: *services, prevention and promotion, and early intervention*. They stressed that mental health programs should prioritize providing essential services, particularly psychosocial support during times of personal difficulty, while also expressing concern over the lack of such programs in rural areas of India. Teachers further recognized the need for preventive and promotive approaches, acknowledging their own role in fostering student well-being through approachable attitudes, active listening, supportive classroom environments, and positive relationships. Lastly, teachers highlight the significance of early intervention, noting that school-based mental health programs could facilitate the early identification of mental health challenges, enabling timely action to prevent conditions from worsening.

Current Practices of Schools to promote students' Mental health: A significant concern raised during the Focus Group Discussions (FGDs) was the lack of adequate training for teachers in supporting students with mental health challenges. Although awareness around mental health has increased, many schools remain ill-equipped to effectively address these issues. Teachers shared that they often feel unprepared to identify or support students who may be struggling with mental health problems.

They highlight some of the important themes in their current practices to help students. As a first step, they typically *inform school authorities and parents*, acknowledging their own lack of training and confidence. Teachers also emphasized the impact of the COVID-19 pandemic and extended school closures on students' mental health, emphasizing the importance of *listening with empathy* and creating safe spaces for open communication. Furthermore, they highlighted the value of *encouraging physical exercise and enhancing interpersonal relationships* as part of promoting mental well-being. Despite the challenges, teachers strive to *create positive and inclusive classroom environments* where students feel safe and valued. However, they also recognized the limits of their capacity and the importance of professional intervention when necessary. In cases requiring specialized care, teachers reported *referring students* to mental health professionals, though they acknowledged that access to such services remains a significant barrier.

Barriers in implementing life skills education and mental health service to school students: The implementation of life skills education and mental health services in schools, although recognized as crucial, is hindered by several significant barriers. During the Focus Group Discussions (FGDs), teachers identified key challenges that can be broadly categorized into five main areas. Firstly, the *lack of support from school administrators and management* emerged as a major obstacle, with teachers emphasizing that effective implementation heavily depends on strong leadership something many schools lack. Secondly, lack of *manpower and qualified teachers to deal with such issues* is another major barrier to implementing life skills education and mental health services in as many teachers are neither equipped nor formally trained to handle mental health issues or facilitate life skills education. Teachers pointed out that Teacher Development Programs are rarely organized, leaving them without the necessary skills to deliver such services. Thirdly, *time constraints* present a considerable barrier; teachers shared that their schedules are already overwhelmed with academic responsibilities, leaving little room for additional non-curricular programs. This chronic lack of time restricts opportunities for consistent delivery of life skills education and psychosocial support. Fourthly, the *absence of school counsellors or social workers* particularly in government and rural

schools further hampers the ability to provide consistent mental health support. This is one of the most pressing challenges highlighted during the FGDs. Only a few elite private schools in urban areas like Shillong have appointed such professionals. Lastly, the widespread *misconceptions about mental health* also pose a substantial barrier to the implementation of mental health services in schools. Many parents, students, and community members equate mental health solely with mental illness, which creates stigma and resistance toward mental health initiatives. This misunderstanding makes it challenging to promote awareness and integrate mental health programs into the school environment.

As a result of these barriers, it is essential that strategic planning, awareness campaigns, and capacity-building initiatives are implemented as part of school-based mental health services and life skills education. Through collaborative efforts between schools, communities, and government agencies, these challenges can be overcome and educational environments can become more inclusive and supportive.

Implication for Social Work Practice

The following outlines several social work interventions that promote the well-being and development of high school students.

Social Casework: The purpose of social casework is to assist individuals in developing healthy social relationships and making effective social adjustments, in order to enable them to lead satisfying and meaningful lives. It has been stated by Gordon Hamilton (1940) that casework consists of administering practical services and providing counselling in such a way that arouses and conserves psychological energies on behalf of the client and engages them in using the service to resolve their dilemma. Often, students experiencing severe or moderate levels of stress, anxiety, or depression are the result of challenges at home or at school, which prompt social workers to intervene. A key component of casework is the provision of personalized counselling and practical support in order to reduce emotional distress and promote positive coping mechanisms.

Social Group Work: The use of social group work is another significant method of intervention that encourages students to participate in structured group activities that are designed to foster an individual's intellectual, emotional, and physical development. Using this method enables students to develop their personal skills through collective engagement and shared experiences. A variety of group activities provide students with safe spaces for expressing themselves, building supportive peer relationships, and working towards shared goals, such as counselling sessions, recreational activities, and emotional and spiritual counselling groups. A social skill development program such as this fosters not only social skills, but also the development of resilience and a sense of community among students.

Community Organization: In community organization, efforts are made to plan and develop social services that meet the health and welfare needs of a community, including in school settings. Community organizing is conducted in the context of high school students by conducting awareness programs, facilitating parent meetings, coordinating teacher training sessions, and enhancing connections between the home and the school. Students have access to necessary support systems as a result of social workers' involvement in community outreach activities such as home visits and collaborative programs that bridge the gap between schools and families. Social workers can significantly contribute to the well-being of students by arranging mental health camps and motivational classes on a regular basis.

Policy Advocacy: In order to create educational policies that improve the wellbeing of students, social workers are essential. They have a unique opportunity to advocate for the inclusion of life skills education in school curricula, which is essential for fostering mental health, emotional resilience, and positive behavioural outcomes in students. Social workers can influence decisions about mental health education at both the state and national level by engaging with policymakers, educational leaders, and community stakeholders. Social workers can effectively advocate for effective policy initiatives that ensure that life skills education is not treated as a supplemental initiative, but as an essential part of a holistic education, which prepares students for the challenges they will face as they progress through adolescence and adulthood.

Stress Management Therapy (SMT): An important intervention for alleviating the adverse effects of stress on students is Stress Management Therapy (SMT). This term refers to a range of techniques that are administered by mental health professionals in order to assist individuals in managing stress, anxiety, and tension, which allows them to live balanced and healthy lives. The most common SMT techniques include relaxation training, biofeedback, cognitive behavioural therapy (CBT), yoga, meditation, and time management techniques. Considering the high rates of stress and anxiety prevalent among secondary school students, SMT provides a practical means of building resilience and improving mental health.

Relaxation Techniques: A relaxation technique, more commonly known as relaxation training, is a technique designed to assist individuals in controlling anxiety, stress, and anger by achieving a state of calmness. High school students who receive instruction in relaxation methods like progressive muscle relaxation, deep breathing, and guided imagery will be far more equipped to handle social and academic pressure.

Implication for Policy Makers

There is a need for policymakers to recognize that life skills education and mental health services are not merely supplementary; they are essential components of preparing students for life beyond school. Mental well-being and life skills are fundamental to the development of resilient, capable citizens in the future, and governments must adopt comprehensive policies that recognize this importance. The following are some suggestions for the policy implications of putting a high priority on life skills and mental health support in educational settings.

Mandatory policy for school counsellor/social worker and increase funding for School-Based Mental Health Services: A government mandate should be instituted that every school has a school counsellor or social worker and that the government allocate specific funds for hiring school counsellors and social workers as well as increasing funding for mental health programs, workshops, and awareness campaigns in schools. It is also important that the government supports the establishment of

mental health centres within schools in order to provide confidential counselling and crisis intervention services. This will facilitate early intervention to prevent escalation of mental health issues, provide greater access to mental health support, reduce stigma, and improve academic performance.

Integration Life Skills and Mental Health Education into National education standard: It is the government's responsibility to mandate that mental health and life skills education be included in the national curriculum. Ensure that topics such as self-awareness, empathy, problem solving, decision making, creative thinking, critical thinking, emotional intelligence, stress management, conflict resolution, and digital well-being are taught to all high school students. It is imperative that mental health education be standardized in order to provide clear guidelines concerning stress management, emotional well-being, and coping mechanisms. Students will be better equipped to manage their personal and academic challenges, and school dropout rates associated with unmanaged stress and emotional distress will be reduced.

Strengthen Teacher Training Programs and professional development: One of the challenges identified by teachers during the focus groups was that teachers are not adequately trained to deal with students' mental health issues. It is recommended that the government provide mandatory training in mental health literacy and life skills for teachers and school staff in order to detect early signs of mental health challenges and prepare teachers to provide initial support to students in distress and to refer them to appropriate resources.

Promote Accessible Mental Health Services: Create community-based mental health clinics designed specifically for adolescents, ensuring easy and stigma-free access. Students residing in rural or underserved areas should have access to telehealth services.

Promote Parental and community Involvement and Awareness: Establish campaigns and workshops led by the government to educate parents about the importance of children's mental health and to encourage adolescent mental health

interventions and support networks within the family. A policy should be developed by the government to encourage parental involvement in mental health education and life skills development as well as foster community partnerships to extend mental health resources and life skills programs beyond the school environment. By doing so, it strengthens the support network for students, reinforces positive behaviours and resilience, and promotes community awareness and de-stigmatization of mental illness.

Implication for further research

The study on life skills education and mental health among high school students has shown that students have low levels of life skills and experience mental health challenges. Supported by various other studies, it has also demonstrated a close connection between life skills and mental health. However, significant gaps remain in understanding the most effective strategies for implementation, scalability, and long-term impact. Future research is crucial to address these gaps and refine approaches to improve student outcomes.

1. Longitudinal studies to understand the long-term impact of life skills education and training on the mental health of school students could be further explored, as no such long-term experiments or intervention studies have been conducted in Meghalaya.
2. Research on how life skills education influences students' academic performance, career readiness, and personal development over time can also be further explored.
3. Exploring the impact of cultural differences on the effectiveness of life skills programs across diverse populations.
4. Further research in understanding cultural aspects of understanding mental health and mental illness because such beliefs is crucial for mental health professionals working in these communities, as it provides context for help-seeking behaviour, stigma, and the complex interplay between traditional knowledge and modern health systems.

5. Comparative research studies across different regions to identify contextual barriers and enablers.
6. Research on digital and interactive life skills training as complementary tools.
7. This study examines how schools currently provide mental health services to students. High school students may benefit from further research into which types of school-based mental health programs (e.g., counselling, peer support, digital mental health platforms) can reduce anxiety, depression, and stress.

Conclusion

The prevalence of mental health issues such as anxiety, depression, and stress among high school students, as supported by various national and international studies, highlights a critical area of concern in adolescent development. When viewed alongside the widespread lack of life skills observed in numerous studies, it becomes clear that the two are closely linked. When an adolescent lacks adequate life skills, they may have difficulty coping with academic pressures, interpersonal conflicts, and emotional challenges, increasing their likelihood of suffering from mental health problems. A more holistic approach to student development needs to be incorporated into the school curriculum that provides structured life skills education and mental health support. These findings highlight the urgent need for government to mandate that educational institutions adopt a more holistic approach to student development. Providing early intervention, conducting regular psychological assessments, providing guidance programs, and building students' emotional resilience can be crucial in reducing psychological distress and improving their overall well-being. Achieving success in these areas is essential not only for academic success, but also for nurturing emotionally healthy, socially competent, and resilient individuals who are better equipped to handle the challenges of adolescence and beyond.

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