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Mental Health Challenges among School Children and Their Effects on Educational Performance

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Abstract

Educational Impacts Most children are experiencing mental problems including stress, anxiety, depression and behavioral disorders that affect them negatively in their academic performance. These difficulties affect motivation, focus and learning achievement. The present study was conducted to assess incidence of mental health problems among school children and assess its effects on academic achievement, classroom behavior, school attendance along with considering role of family and school support system. With a cross-sectional descriptive design, self-report questionnaires were administered on mental health variables of stress, anxiety and emotional symptoms while educational measures used included school attendance and motivation. Stratified random sampling was applied and 400 children aged 10-15 were chosen. The research concluded that psychological problems were rife and teacher support was the most important factor in addressing mental health and boosting academic performance. Coping, such as mindfulness and emotion regulation, was associated with better outcomes. The family atmosphere and the climate of the school were also important when it came to affecting the mental health among students. The research suggests the need to embed policies and programs designed to support mental health and coping in schools as a means of facilitating enhanced emotional and educational outcomes.

Keywords: *Mental Health, Academic Performance, School Children, Coping Strategies, Teacher Support*

1. Introduction

Mental health problems are those which impact heavily on how a person feels, thinks and behaves. Burnout is well known as a major mental health problem among students, being defined by emotional exhaustion, depersonalization and low personal accomplishment. These difficulties can be due

to academic demand, large work hours, poor support and social expectations and stress (Khurshid, Khurshid, and Toor 2025). When mental health care remains underdeveloped, and stigma, cultural barriers, and insufficient legal provisions prevent people from getting care. Issues such as the consequences of the COVID-19 pandemic and psychosocial stress factors including food insecurity are a cause to further exacerbate existing mental illness (Naeim, Narimani, and Mikaeili 2026). Adolescents with higher levels of distress experience worse academic grades and are less likely to be successful in subjects such as math and language. In addition, mental health difficulty also impacts in-class behavior where those who present more emotional disturbance are less likely to be engaged and focused during lessons (Monzonís-Carda et al. 2025). Mental health issues including anxiety and depression play a major role in school refusal, especially in neurodiverse young people with diagnoses of autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD). Such conditions are associated with psychological strain that may compound poor school attendance, compounding the impact on academic achievement and social-emotional well-being (Karel et al. 2025). Furthermore, parental absence creates a great need to positively vent frustration. There has been a firm connection with depression and anxiety, as negatively mood is a key element of depression. Moreover, experience of parental migration does not have a direct impact on mental health; rather the quality of peer relationships and family structure including father involvement is more demonstrable (Huang and Li 2025). A positive family structure, supportive school atmosphere and harmonious relations with peers are important in preventing youth anxiety, stress and depression. By contrast, negative family environments and poor school atmospheres may lead to more mental illness. They are correlated, family being the constitutive support, school as a surrogate primary context with an emotional influence, and peers as social connecting elements that may act to buffer or put strain on child's wellness (Rayan et al. 2022). Schools are uniquely positioned to detect mental health struggles early and to provide speedy support that requires fewer barriers, including for students who may not have access to clinical services. Coping skills based programmed teach students how to cope with stress by helping them regulate stress, become more aware of emotions, practice mindfulness and promote the use of positive coping strategies. Such interventions are considered not as substitutes for medical care, but as preventative, scalable and accessible mental health support through education systems (Cai et al. 2025). Therefore, the main objective of this study is to examine the prevalence of mental health challenges among school children and to analyze how challenges affect their educational performance, including academic achievement, classroom behavior, attendance, and overall learning outcomes.

2. Literature Review

Van Poortvliet (2024) found that mental health problems, particularly hyperactivity and inattention have a strong association with poor academic outcomes across schooling (5–16 years). Hyperactivity accounts for the largest proportion and explains around 75% of the negative relationship between mental health and attainment. It affects children from deprived households, boys and summer-born kids more than others. The study draws attention to the fact that even relatively minor mental health problems can lead academic performance to deteriorate over time, and this effect gets stronger as children. Another study by León-del-Barco et al (2025) expressed that the mental health of elementary school children both prior to and amid the COVID-19 pandemic. Post lockdown increases in emotional symptoms during the pandemic, especially for girls, which were accompanied by reductions in hyperactivity and difficulties with peer relations and conduct. Reduction of socialization during the lockdown may have decreased some behavioral problems with however, peer and conduct difficulties predicted to increase. In the domain of gender, sex differences were apparent with boys demonstrating greater hyperactivity and conduct problems. Hagquist and Bergh (2025) viewed that children with psychiatric diagnoses and poor school performance in sixth grade are substantially more likely to fail in school by ninth grade. In particular, pupils with psychiatric diagnosis and missing grades were significantly more likely not to pass year 9. School success was found to be influenced by parental

education level. Children whose parents had lower education were at higher risk for failing in comparison to children of more educated parents regardless of psychiatric disorders. Another study by Giri et al.(2025) explored that the trial involved 2 similar teacher-led programes, Tealeaf and RE-SEED, targeting child mental health and educational attainment in India. The researchers found that students in Tealeaf showed significant decreases in mental health symptoms, particularly for internalizing problems, and greater achievement in math and reading. Tealeaf teachers were better informed about mental health and more appropriately therapeutic in their conduct within the classroom with both students and carers. By comparison, RE-SEED teachers struggled with applying the learned strategies resulting in little student growth. Kirnan et al. (2025) also found that the mental health education program Coming Up for AIR in terms of its ability to increase knowledge about mental health and its impact on attitudes toward help seeking. Results indicate that significant improvements in mental health literacy were achieved from the program, including apparent positive changes among all demographic subgroups (e.g., gender, grade level, having previous exposure to mental health education). The study also discovered the students were more ready to seek help post-COVID-19, particularly middle-schoolers. There was increase in self-referral and friend referrals to show that the younger students were more likely to seek help themselves.

Prior research by Van Poortvliet (2024), León-del-Barco et al. (2025) and Hagquist & Bergh (2025), Giri et al. (2025), have studied the association between mental health problems and school functioning in children, emphasizing that adverse symptoms such as hyperactivity, inattention, anxiety and depression are associated with low scholastic performance. The emphasis on general association between mental health and academic achievement prevails in literature but more specific school interventions, family factors and coping strategies influences are often neglected in studies. They also fail to fully explore the moderating role of teacher support, school climate, and family structure in mitigating student learning loss due to mental health concerns.

To this end, the present study not only analyzes the prevalence rates of such mental health challenges as stress, anxiety and behavioral problems in school children but also considers how this impact on such aspects of child development as academic performance, school attendance and motivation and concentration. Moreover, this study is distinctive by its use of statistical analysis including coping styles (e.g. mindfulness and emotional regulation) and how they are affected by positive teacher-student relationships. It utilizes robust methodology, such as one-sample t-tests and self-report data to deepen the understanding of the intricate relationship between mental health problems and educational achievements, with implications for school-based interventions.

2.1 Objectives

The specific objectives of the study guide the analytical focus and facilitate a comprehensive understanding of the study's core concepts:

1. To identify the common types of mental health challenges (such as anxiety, depression, stress, and behavioral disorders) experienced by school children.

2. To examine the relationship between mental health challenges and academic outcomes, including grades, concentration, motivation, and school attendance.

3. To assess the role of family and school environment in influencing the mental health status of school children.

4. Explaining existing school-based support systems and coping strategies used by students and evaluate their effectiveness in improving educational performance.

3. Theoretical Framework

The Biophysical Model (Tripathi, Das, and Kar 2019) outlines the complex interplay between biological, psychological, and social aspects of mental health. Physical components, like genetics and neurobiological variances, also factor into mental health problems such as anxiety and depression, which can disturb a child's ability to concentrate and manage emotions and lead them to struggle academically. Mentally, people with mental illnesses are often troubled by negative thoughts and emotional patterns that kill motivation, prevent focus, and reduce the ability to learn. Cultural factors, such as family and peer dynamics and the school climate also play a role in mental health. I do not belong here common threads Also frequently cited when students share their stories are miserable childhoods, bitter or broken homes and the absence of love and guidance from parents, which erode self-esteem and play havoc on young minds. Good family support systems appear to help insulate against mental health issues; bad ones aggravate them. This model highlights that the development and experience of mental health problems are not due exclusively to any one factor, but result from the interplay of biological, psychological and social factors. Schools' supportive structures and coping strategies related to these factors may reduce a harmful effect on academic achievement and wellbeing improvements of the students.

4. Research Methodology

A cross-sectional descriptive research design was used in the study to explore mental health problems of school children and their implications for educational performance. Questionnaires on a range of mental health variables (stress, behavioural disorders, emotional symptoms and anxiety/depression) were obtained through self-report. The study also measured educational outcomes, such as school attendance, motivation, concentration and academic performance. Participants were recruited from schools using stratified random sampling to examine the representation of a variety of students. Sample size was of 400 school going children aged 10-15 years. Mental health markers were assessed by the Likert scale for all the variables, and this provided common responses from participants. Descriptive statistics (mean, standard deviation, frequencies) were used for analysis of variables. To confirm the importance of the data, one-sample t-tests were run to determine whether or not mean scores for the mental health variables differed significantly from zero; whereby, test value was taken as 0. This approach provided insight into the prevalence and effects of mental health issues within the student body. The precision of the results was compared by calculating 95% confidence intervals for the mean differences. The methodology of the study was based on self-reported data, which could be biased in terms of overreporting or underreporting, and not only contributed important information to experiences participants had faced. The use of Likert scales and statistical analysis enabled a precise evaluation of how mental health conditions related to academic performance and informed future treatment in educational settings.

5. Results and Discussion

5.1 Demographic Information

Table 1: Demographics of the sample for each student, data are provided on age, gender, grade and parental education. The age breakdown is relatively even, with more participants in the 10–12 and 13–15-year group categories. The distribution of male and female respondents is approximately the same, which conveys a non-predominant ratio in terms of gender. The students are fairly equally distributed from 5th to 8th grades. In general, the data characterizes a mixed sample group in relation to educational year and maternal/paternal education.

Table 1: Demographic Information

		Frequency	Percentage
Age	10-12 years	235	58.8%
	13-15 years	165	41.3%
Gender	Female	189	47.3%
	Male	211	52.8%
Grade Level	5th	108	27%
	6th	88	22%
	7th	100	25%
	8th	104	26%
Parental Education Level	Graduate	74	18.5%
	High	136	34%
	No Formal Education	83	20.8%
	Undergraduate	107	26.8%

A breakdown of the demographic composition of a sample is presented in Table 1 categorized according to age, sex, grade and parental education. With respect to age, 58.8% of the children are aged 10-12 years and (13-15 years) 41.3%. Regarding sex, 47.3% of the sample is female and 52.8%, male. The grade-level distribution is approximately 27% of the participants are in 5th grade, 22% are in 6th grade, 25% are in the 7th grade, and another (26%) of the students attend to the eight-grade. In relation to parental education, 18.5% of adolescents have parents with higher education postgraduate, graduate (34%), high school completion parents (20.8%) and non-existent or unknown parents' education (26.8%). This information can assist in gaining a better picture of how the sample varies over these four important demographic dimensions.

5.2 Common Types of Mental Health Challenges (Such as Anxiety, Depression, Stress, and Behavioral Disorders) are Experienced by School Children

Table 2 shows the one-sample statistics on the salient psychological variables for the participants. Average scores and standard deviations/standard errors for self-reported stress, behavioral disorders, emotional symptoms and anxiety/depression are also reported. In general, the latter results give an indication of the central trend and dispersion in measured mental health indicators.

Table 2: One-Sample Statistics

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
Self-Reported Stress Level	400	2.99	1.097	.055
Behavioral Disorders	400	3.79	1.407	.070
Emotional Symptoms	400	2.56	1.125	.056
Anxiety/Depression	400	3.31	1.461	.073

Table 2 shows the one-sample statistics of four psychometric variables on 400 Individuals. The mean for the self-report of stress is 2.99 which would infer moderate stress, with a standard deviation of 1.097 indicating dispersion of scores. The behavioral disorders mean score is 3.79; it signals more serious and varied problems (SD = 1.407). Regarding emotional symptoms, the average of 2.56 indicates more modest prevalence, with a standard deviation of 1.125. Finally, for anxiety/depression, the mean is 3.31; this suggests moderate anxiety but with great variability (standard deviation of 1.461). The standard errors for all variables suggest that the sample means are accurate estimations of the true p population averages.

Table 3: One-Sample Test

One-Sample Test						
	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Self-Reported Stress Level	54.435	399	.000	2.985	2.88	3.09
Behavioral Disorders	53.857	399	.000	3.790	3.65	3.93
Emotional Symptoms	45.480	399	.000	2.558	2.45	2.67
Anxiety/Depression	45.290	399	.000	3.308	3.16	3.45

Table 3 presents the result of a one-sample t-test for four variables whereby the mean is tested against 0. According to the test conducted for self-reported stress level, there is a significant difference from 0 with M=2.985 and participants seem to report a moderate level of stress. The 95% CI (2.88 to 3.09) indicates that the true mean difference is probably between this range. Likewise, in the case of behavioral problems, a score of 3.79 significantly differs from 0 ($p < .05$), revealing that participants have considerable levels of behavioral disorders, with confidence between interval 3.65 and 3.93. In emotional symptoms, the mean of 2.56 was also significantly different from zero indicating moderate emotional symptoms (CI: 2.45–2.67). Finally, with respect to anxiety/depression as well as demonstrated in Table 6, an average of 3.31 reveals a significant difference from 0 suggesting moderate levels of anxiety (confidence interval: 3.16–3.45). The p-values are always below 0.05 in all instances, and this means the differences are statistically significant.

5.3 Relationship between Mental Health Challenges and Academic Outcomes

Figure 1 descriptive statistics (means and standard deviations) related to academic factors such as academic performance, concentration level, motivation level and school attendance. Comparing means, medians, and standard deviations allows description of central tendency and dispersion across dimensions. In total, it gives a brief picture about students' academic involvement and achievement patterns.

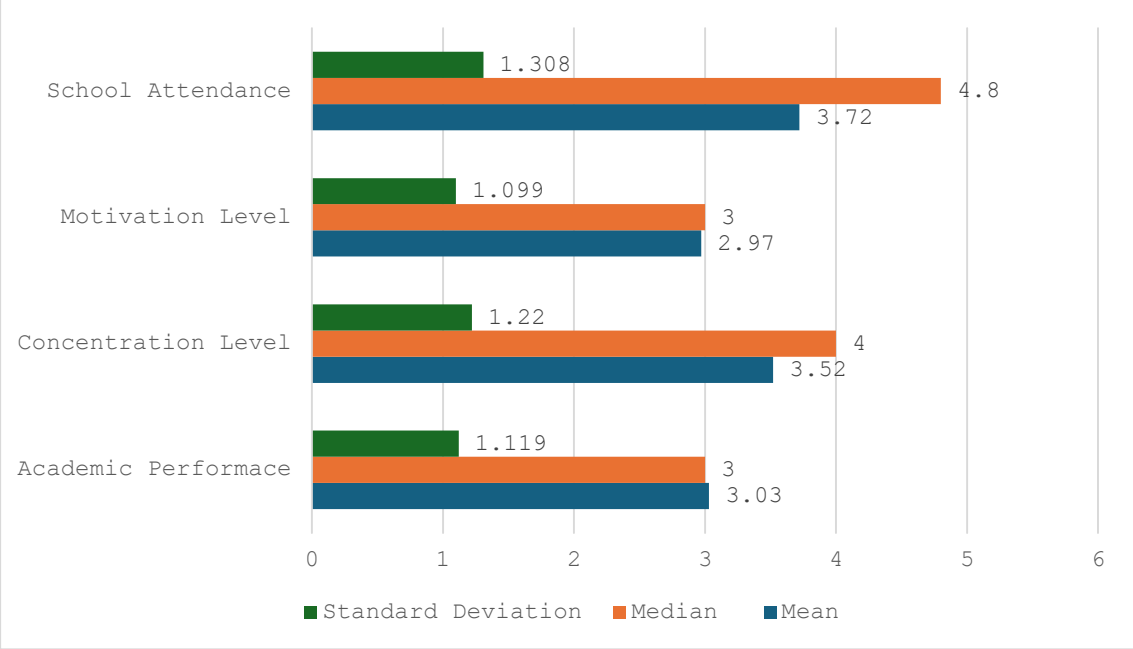

Figure 1: Affiliation between Mental Health Challenges and Academic Outcomes

Figure 1 lists the mean, median, and standard deviation for four measures: school attendance, motivation, concentration and academic performance. As for school attendance, average is 4.8 a relatively high one and median 3.72, while STDEV =1.308 reflects some variability of the data. For the motivation level, 2.97 is below neutral, with a median of 3 and standard deviation of 1.099, indicating moderate differences in the action type between subjects. Means Concentration level: The mean for concentration level is 3.52, which indicates that overall, majority of participants have above average levels of concentration and the median for concentration level (Aggregated) is 4 which signify that current most respondents have higher kinds of concentration locally. The variability is moderate, with a standard deviation of 1.22. Last, academic achievement has a mean of 3.03 and a median of 3 that represent average performance (with s.d.=1.119), which testifies to the variableness related to the academic result. In general, school attendance has the highest means and motivation level is the lowest on average, and we can observe how much they vary for each of these variables from standard deviations.

The mean, median and standard deviation (SD) for three of these: Family Structure, School Climate and Teacher Support is compared in the chart. It also reveals the overall trend of differences in central tendency and dispersion, which demonstrates that Teacher Support has both highest mean and median values, while on average Family Structure is a feature with the lowest. The low values of the standard deviation show not much variation with respect to all three factors.

5.4 The Role of Family and School Environment in Influencing the Mental Health Status of School Children

The mean, median and standard deviation (SD) for three of these: Family Structure, School Climate and Teacher Support is compared in the chart. It also reveals the overall trend of differences in central tendency and dispersion, which demonstrates that Teacher Support has both highest mean and median values, while on average Family Structure is a feature with the lowest. The low values of the standard deviation show not much variation with respect to all three factors.

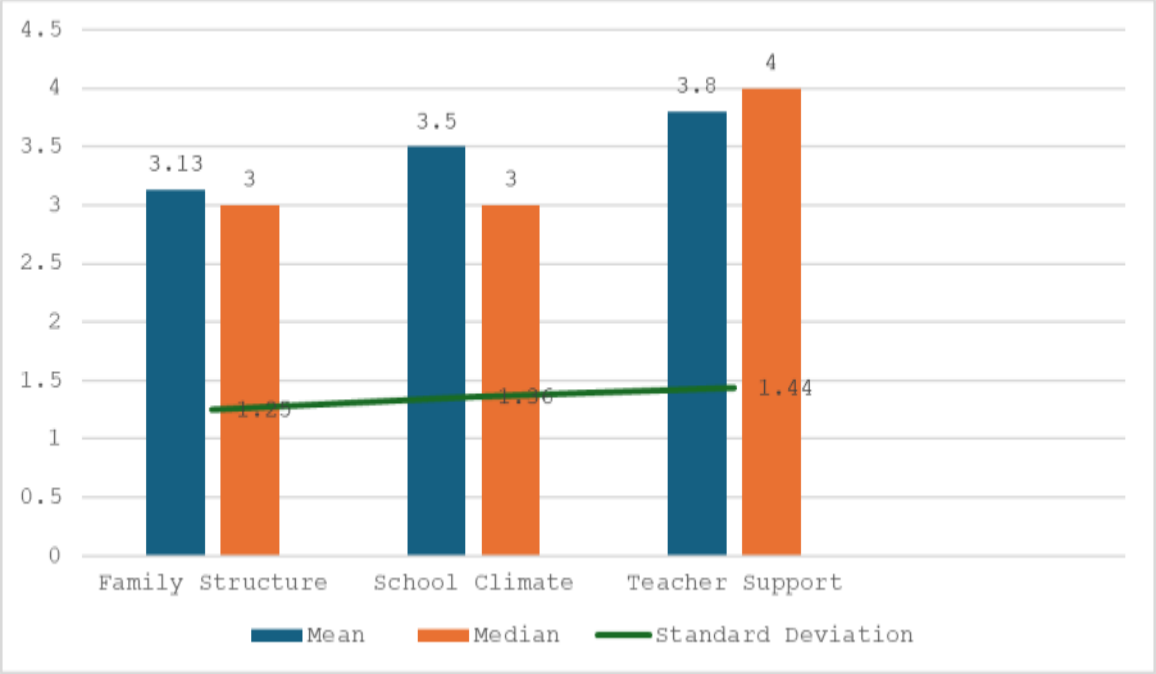

Figure 2: Influence of Family and School Environment on School Children's Mental Health

Figure 2 illustrates the average, median and standard deviation for the three factors (Family Structure, School Culture and Teacher Support) are shown on a graph. Teacher Support has the largest average value (3.8), which means that it was rated more positively than other factors. Family Structure and School Climate share a close mean (3.13 and 3.5, respectively) with moderate dispersion as indicated by the standards deviations of these two variables (1.29 and 1.36). Teacher Support also has the largest standard deviation (1.44), indicating a generally greater variation in response spread. Teacher Support was in general the system that received the most favorable appraisal, while Family Structure and School Climate stand out as systems whose trend is followed exclusively by non-marginal user comments.

5.5 Existing School-Based Support Systems and Coping Strategies Used by Students and Evaluate Their Effectiveness in Improving Educational Performance

This table shows the posterior distribution estimate of some key determinants for mental health among school children using Bayesian approach. The binomial proportions were modelled using a Beta (2, 2) prior. For each covariate (peer relationships, coping strategies, mental health service access and extracurricular activities), posterior mode, mean and variance were presented as well with 95% credible intervals in order to give a stochastic representation of their nature.

Table 4: Bayesian Statistics

Posterior Distribution Characterization for Binomial Inference[a]					
	Posterior			95% Credible Interval	
	Mode	Mean	Var.	Lower Bound	Upper Bound
Peer Relationships	.080	.082	.000	.057	.110
Coping Strategies	.095	.097	.000	.070	.127
Access to Mental Health Services	.050	.052	.000	.033	.076
Engagement in Extracurricular Activities	.097	.099	.000	.072	.130
a. Prior on Binomial proportion: Beta (2, 2)					

Table 4 demonstrates the posterior distribution statistics of four variables: Peer Relationships, Coping Strategies, Access to Mental Health Services and Engagement in Extracurricular Activities, are shown in the table. For each parameter, the mode and mean are very close and we can control for highly precise estimation. The 95% credible intervals represent the range for which we can say with 95% confidence that the true value for the proportion falls in. For example, Peer Relationships has a mode of 0.080, mean of 0.082 with the credible interval from 0.057 to 0.110, which is a high probability that the true value lay within this range. Table 1 reports this variance (as a value of 0.000 indicating that the variability of the estimate is possibly minimal). We used a prior distribution of Beta (2, 2) for the binomial proportions that reflects an initial uniform belief about possible probabilities of outcomes between 0 and 1 without regard to data.

5.6 Findings

The section below contains the findings of the study

1. The commonest mental health problem among the school children were stress, which had a self-reported average score of 2.99 (moderate level of stress). The inferential t--test ($t = 54.435$, $p < 0.001$) provides confirmation that stress is a problem for a majority of the student body and that it varies in intensity among respondents.
2. Mental health impacts students' motivation quite highly where students are moderately motivated (average 2.97 is close to 3 a neutral point). This indicates that reduced motivation is associated with mental health issues and, in turn, affects academic functioning. This deductive examination reasserts

that poor mental health has adverse consequences for motivational and, therefore, academic attainment.

3. Support from teachers was the strongest factor in enhancing positive mental health, with an average value of 3.8. This discovery demonstrates the importance of teacher-student relationships in reducing mental health issues.
4. Coping strategies were positively associated with students' mental health and academic performance, the mean value was 0.097 ($P < 0.05$). This reflects students who effectively cope with the aforementioned, for example, are likely to be more capable in managing mental health issues and therefore improving educational performance.

5.7 Recommendations

The section below contains the recommendations of the study

1. Schools should encourage mental health literacy as part of the curriculum through awareness campaigns and teaching coping strategies, such as mindfulness, emotional regulation and stress management. Educators should be educated to identify mental illness early and intervene where necessary or refer for support.
2. Positive teacher-student relationships are associated with better mental health and higher academic achievement. Teachers be prepared on empathetic communication, active listening and emotional support to create an environment that is the best for nurturing.
3. Schools must create coping programs that teach resilience, comfort, and stress management. It is important that, as part of the daily routine and not a "special" event, students practice mindfulness and engage in stress relief activities to deal with their academic pressure and any mental health needs.
4. Involving families in mental health promotion may enhance family support structures. Schools can offer resources and workshops to enable families to further bolster children's mental health. Positive peer relationships also provide a buffer against mental health problems.
5. Schools also should evaluate the effectiveness of their mental health programs through surveys and input from parents, students and teachers. This will be to help keep programs effective and continue to provide for student needs.

6. Limitations

This study was also limited due to the sample recruited from certain schools, therefore may not be generalizable to all schoolchildren. Also, because data were self-reported, there may be bias from either underreporting or overstating symptoms. Finally, the cross-sectional design makes it impossible to draw causal conclusions, and future longitudinal studies should clarify long-term effects.

The study also makes no attempt to control for other important family background factors, such as parenting style or socioeconomic status – much less small group and peer effects. Additionally, common mental health concerns, but not more serious disorders which could affect academic achievement are addressed. This is, however, a limited assessment that does not take into account teacher training or school policy. Finally, while coping strategies were measured a more fine-grained analyses of individual strategies might offer more insight into the way they influence outcomes.

7. Conclusion

This research draws attention to the mental well-being of school going children, and its essential role in their scholastic achievement. The findings emphasis that stress, behavior problems, emotional

symptoms, and anxiety/depression are prevalent in students, all of which undermines their motivation, concentration and educational achievements. Most notably, students said stress is the top mental health problem at play, which means a lot of kids are under serious emotional strain that gets in the way of academic performance. It's an aspect of the research that also highlights the importance for teachers to support students' mental health struggles. Positive teacher-student relationships were significantly associated with better mental health outcomes, suggesting the value of empathic communication and attentive listening in establishing a supportive educational climate. What is more, adopting adaptive coping strategies, for example mindfulness techniques, managing emotions and stress had a positive impact in adolescents' mental well-being and academic performance. These results indicate that by providing students with successful coping mechanisms, resilience can be promoted and proper addressing of mental health concerns may result in better educational outcomes. Family and school environment were also critical in relation to the mental health of children. A strong family structure and supportive school climate serve as protective factors, mitigating the adverse consequences of mental health challenges. In contrast, family dysfunction and adverse school atmosphere have negative effects on mental health which constrain academic performance. These findings emphasize the need to construct a comprehensive support framework for students that include the school and family. Given that the study is limited by its reliance on self-reported data and cross-sectional methodology, more research is clearly called-for; although its present findings lend strong support toward a case for embedding mental health services within school infrastructure. Mental health literacy, coping programs and positive teacher-student relations in school should be of concern to promote mental health and enhance the academic success of students. For future research, it will be important to investigate the long-term impact of mental health difficulties on educational attainment.

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