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Stress, Success, and Schooling: Decoding Curriculum-Induced Mental Health Burdens on Indian Adolescents

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Abstract

The escalating mental health crisis among adolescents worldwide, exacerbated by competitive educational systems, demands urgent scrutiny, particularly in high pressure context like India. This research paper synthesizes several empirical psychology studies, utilizing quantitative surveys, longitudinal cohorts, and validated scales. A profound paradox is unveiled by the results: scholastic ambition, propelled by high-stakes exam like JEE and NEET, brings severe psychological tolls. Across different studies, 65-80% of teenage respondents reported moderate to severe stress, with coaching culture intensifying burnout through extended study hours (12-16 hours daily) and sleep deprivation (<6 hours sleep per night). The division on the basis of gender surfaces, girls endure amplified anxiety combined with academic performance and marriage aspect, while on the other hand, boys internalize failure as emasculation. Systemic indications, prevail and institutional failures eclipse individual shortcomings. This leads to an urge for structural and systemic solutions, such as curriculum rationalization, embedded mental health curricula, and sustained monitoring. By redefining "success" beyond rote metrics, it envisions an empathetic educational framework preserving adolescents' resilience.

Keywords: *Mental Health; Curriculum Stress; Coaching Culture; Academic Pressure*

1. Introduction

Every year, about 10,000 Indian teenagers die by suicide. Kota, situated in Rajasthan, is home to around 1 million people and is mainly known for its coaching centres. Recently, in just one academic year, the city witnessed 23 student suicides. This is not a coincidence it points to a deep crisis in India's education system (National Crime Records Bureau, 2024). The issue is driven by a system that relies on only high-stakes exam, a ₹58,000 crore coaching industry with little oversight, extremely competitive entrance tests with acceptance rates of less than 1%, and parental pressure that leads to financial insecurity.

Although current research outlines the national crisis well, there is still a need to connect large scale data with the real, everyday life. Researchers identify "examination-induced psychological distress" as the features mentioned, affecting nearly half of India's school going adolescent population. Indian

teenagers are really affected, which is quantifiable and serious. To understand and examine how daily academic curriculum and study pressure, competitive examination systems, and parental expectations contribute to deteriorating mental health among teenagers, this literature review synthesizes rigorous peer-reviewed studies conducted across Indian schools and colleges between 2015 and 2025. The review examined and detailed the frequency and intensity of depression, anxiety, stress, and suicidal thoughts in various urban areas; pinpointed the ways in which educational institutions create psychological burden; examined gender specific signs of distress, particularly how boys and girls perceive and manage stress differently; and highlighted important gaps in the literature. Students' experiences in particular groupings. This paper aims to fill that gap by moving from general trends to a closer look at how curriculum pressure affects students personally. It not only confirms that curriculum-induced distress is widespread but also explains how it occurs and how it affects students in many ways.

To accomplish this, the paper extends beyond the synthesis of existing literature. It offers unique results from a poll of 58 teenagers (ages 13 to 18) in the author's academic cohort, measuring the reported effects of exams on their mental health, sleep habits, focus, and other areas. The results section offers an up-to-date, firsthand look at distress and gives empirical evidence for the structural criticisms described in the literature. The discussion section then analyses these results in light of the larger socioeducational context. In the end, this study seeks to help a system that considers potential without stifling the well-being of a student. This can be achieved by offering a balanced, evidence-based perspective on the pressing discussion of educational reform and adolescent mental health in India.

2. Literature Review

2.1 The Scale and Centre of the Crisis

The figures reveal an unprecedented psychological stress. According to the Depression Anxiety Stress Scale (DASS-21), researchers assessed 470 teenagers in Delhi and found that 46.8% of them fulfilled the criteria for moderate depression, 33.3% for anxiety, and 60.9% for stress (Kumar et al., 2019). A rigorous study conducted in Bangalore by Vijay et al. (2020) involved 445 teenagers as respondents. The stress levels of those respondents were examined and, it was found to be so high that researchers observed a distinct socioeconomic gradient: poorer families felt more pressure because they believed that school was their only way out of poverty. The pattern repeats across different cities and states. In Chandigarh, Sandal et al. (2017) found that students who were going to give board examinations showed a depression prevalence of 75.59% compared to just 57.2% among their non-board peers. Students in the medical track performed the worst, with 78.57% of this already anxious group suffering from depression. When researchers carefully examined students who were going to sit for competitive exams such as JEE (Joint Entrance Examination) and NEET (National Eligibility cum Entrance Test), the situation got worse. In one of the study conducted in 2024, including 115 NEET coaching students in Chennai, virtually all reported elevated stress levels, with males experiencing significantly greater pressure than females (Gayathri et al., 2021).

Approximately 6-9% of students report having contemplated suicide directly due to academic pressure. One research study by Akhtar and Alam (2015) measuring the relationship between stress and actual suicidal thinking using validated clinical instruments found a significant positive correlation: stress didn't predict vague unhappiness; it predicted thoughts of death.

The crisis concentrates most intensely in India's coaching hubs. Kota hosts approximately 1,50,000 coaching students annually, many of whom live in hostels away from family and study for 18 hours a day. This one city saw 20–30 student suicides annually between 2019 and 2024. This clustering is so extreme that it has drawn scholarly attention from throughout the world and has been compared to other global mental health crises. Yet Kota isn't unique. Similar coaching cultures flourish in cities across India, each generating similar psychological casualties. The system itself, not individual weakness or personal failure, creates these outcomes.

2.2 The Mechanisms of Causation

2.2.1 Board Tests and Terminal Assessment

The Indian education system puts unnecessary weight on a single high-stakes examination. A student's Class 10th board exam results partially determine which college will accept them. The Class 12th board result often determines the rest of their future. There is a constraint on these exams: no continuous assessment, no project-based evaluation, and no second chances. The future of students, wrapped up in 3-hour examinations, is really concerning (Board Examination System Documentation, 2023). Vijay et al. (2020) examined the impact of the Indian examination system by studying the contrast between students of Bangalore who were under pressure to prepare for board examinations with those who were not. According to their research, students who appeared for the board exam had comparably much higher stress levels; this effect was especially noticed among students from lower socioeconomic backgrounds. The researchers argued that while high-income families could cushion failure through alternative pathways, poor families don't have that choice. For them, the board exam wasn't an exam, but was rather a road that would take them out from their current situation.

2.2.2 The 1% Odds for Competitive Entrance Exams

Competitive entrance exams produce psychological siege warfare, just as board examinations create pressure. About 2 million people apply for the National Eligibility cum Entrance Test (NEET) and fight for about 1,40,000 medical seats through the examination, which gives us a rough figure that only 7% of applicants are accepted. To qualify for these exams, you must outperform 99% of your age group. Even if a student put all their hard work and studies flawlessly to master the material, they may still fail because someone else did a commendable and better job. Pienyu et al. (2024) examined 570 teenagers who were preparing to take these entrance examinations and found that the vast majority experienced both high academic stress and high perceived parental pressure to clear the exams with a good score. The researchers noted in their discussion that students described preparation as "psychologically exhausting" and reported that their "entire identity had become tied to entrance exam performance."

2.2.3 18-Hour Days in the Coaching Industry

To compete in entrance examinations, most Indian teenagers now attend private coaching institutes. This ₹58,000 crore unregulated industry operates outside government oversight with minimal accountability (India Brand Equity Foundation, 2025). A 2024 investigation documented the reality of coaching at scale. In coaching centres of Kota, the first class starts at 6 AM extending to 8 PM. Students are bound to attend classes from 6-8 AM, then again from 10 AM-1 PM, then 3-5 PM, then 6-8 PM. Evening means self-study (typically 6-8 hours) and homework. Bedtime is around midnight. Sleep is 6 hours. This schedule repeats 6-7 days per week for 2-4 years.

The psychological toll manifests through multiple and difficult pathways. A major reason for disturbed cognitive function, stress resilience, and mood regulation is Sleep deprivation. Ghosh et al. (2023) documented that 71% of board exam students experienced stress-related sleep disruption by studying 99 teenagers aged 15-18 in Burdwan, West Bengal, and measured stress and sleep quality using the Perceived Stress Scale (PSS) and the Epworth Sleepiness Scale for Children and Adolescents (ESS-CHAD), and found that. Crucially, a considerable percentage that is 67.9% met criteria for moderate-to-severe stress, and approximately 54.54% respondents reported feeling "academically overloaded." The researchers documented a vicious cycle in which stress disrupts sleep, sleep deprivation impairs cognition, cognitive impairment worsens academic performance, and worsened performance increases stress.

2.2.4 Parental Pressure

Deb et al. (2015) conducted a study where they specifically questioned high school students about the causes of their academic stress. The answer was stark: according to 66% of the respondents the primary cause identified was parental pressure. He mentioned in his report that students described parents criticizing their grades, their grades were unfavorably always compared with siblings, cousins, and friends threatening to withdraw privileges, or expressing their disappointment. According to a student cited in

qualitative research studies, they were told, "If you don't score 95%, you've failed me." According to a different account, "My mother stopped speaking to me for a week after I got 85 marks." However, this is where the research becomes intriguing and defies common sense.

2.3 The Paradox: When Parents Assist Rather Than Harm

2.3.1 The Conflict

Gautam and Sharma (2020) conducted and examined a study including 200 Delhi students aged 14-17 years, on parental involvement, by using the Parental Involvement Scale and the Academic Stress Scale, and found following a surprising trend: parents who show high parental involvement significantly reduced academic stress ($p < 0.01$) of their child. Parents who were involved with the students, such as attending school meetings, discussing problems, offering support, etc. experienced comparably lower stress than students whose parents were not involved at all or partially involved. When assessed on the academic stress scale, the high-involvement group scored substantially lower. So, here's the contradiction researchers have identified: 66% of students blame parental pressure as their primary stressor, yet high parental involvement reduces stress. How can both be true?

2.3.2 The Resolution

"Differentiating between the two bifurcations of parental involvement is the solution." Unrealistic expectations from the ward ("You must score 95 or above"), criticising them ("You're so stupid; why can't you understand this?"), showing conditional affection ("I'm proud of you only when you get good grades"), and holding comparison ("Your cousin scored 98; why can't you?") are all examples of parental pressure. Through cognitive evaluation, students see expectations that exceed their capacity, which causes anxiety and a sense of helplessness.

Realistic expectations ("Do your best; that's enough for me"), unconditional regard ("I love you regardless of grades"), emotional availability ("I see you're struggling; how can I help?"), and facilitation ("Let's find a tutor" or "Let's talk to the school counsellor") are all components of parental support. This is when parents provide emotional resources that help teenagers cope with stress.

Akhtar and Alam (2015) tested this distinction in a study of 120 students aged 14-18 in Jamshedpur, Jharkhand, using validated stress and suicidal ideation measures (Student Stress Scale and Suicidal Ideation Questionnaire-R). They found that private school students, whose parents typically applied more pressure toward high achievement, experienced more stress than public school students. But crucially, among students experiencing equal stress levels, those with supportive parents showed lower suicidal ideation. Support buffered the pathway from stress to suicidal thinking. This distinction explains why Gautam and Sharma (2020) found that parental involvement reduced stress (because involvement was operationalised as support) while Deb et al. (2015) found that parental pressure increased stress (because pressure was operationalised as unrealistic expectations).

2.3.3 A Particular Illustration of the Support Effect

The evidence for parental care as protective is particularly striking in one study. Gopakumar and Johns (2017) examined and studied 130 adolescent girls aged 13-15 years and measured depression using the Kutcher Adolescent Depression Assessment Scale (KADS). They found that girls who lacked adequate parental care showed depression rates approximately double those with adequate parental support. The difference lay between substantial and statistically significant. Having parents who listened, who showed interest and who provided emotional safety cut depression risk by half.

2.4 Disparities in Gender

2.4.1 The Apparent Contradiction

Numerous studies reveal a perplexing gender pattern. Overall stress levels are substantially higher among men (Vijay et al., 2020; Gayathri et al., 2021). Anxiety and depression are more common among girls (Kumar et al., 2019 and Sandal et al., 2017). How come girls are more depressed, and boys are more stressed?

2.4.2 Different Expression Patterns: The Solution

Understanding that stress and melancholy are not the same and that socialisation causes boys and girls to experience and express suffering in different ways is part of the ideation. Researchers have observed that boys often externalise stress, characterising it as pressure, tension, and competitiveness since they are socialised toward achievement and competition. They describe feeling driven, pushed, and under pressure when asked about stress. Girls who are socialised to maintain relationships and comply are more likely to internalise stress, which can come up as rumination, anxiety, and mood swings. When confronted with their mental health, many say they are depressed, stressed, and anxious.

We can use measurement instruments to greatly amplify the difference. Stress scales include questions such as "How often do you feel under pressure?" and "Do you feel driven to achieve?", which capture male-typical stress responses. Depression scales ask "Do you feel sad?" and "Do you lose interest in several day-to-day activities?". The same psychological burden is channelled into different symptom patterns, which are then measured by instruments specifically designed to detect them. Cyberbullying is another underlying force that further complicates the gender inequalities. Vijayarani et al. (2024) gave a narrative review examining cyberbullying. Among Indian teenagers, a prevalence of 8–17.2%, with female students being disproportionately attacked, was reported. Girls were victims of character assaults, appearance-based criticism, and sexual harassment. Boys were teased and pressured to "prove themselves." Both were bullied, but in different ways; the bullying was directed more directly at the girls' body image and sense of self-worth, which are predictors of anxiety and depression.

2.5 Conflicts in Research and Their Reasons

2.5.1 Conflict 1: Stream-Specific Effects

Some studies show medical stream students have dramatically higher depression (78.57%) compared to other streams (Sandal et al., 2017). Other studies find that Science stream students experience high stress because they simultaneously pursue both board exams and entrance exams (JEE/NEET) (Vijay et al., 2020). Arts and Commerce streams show lower prevalence. Why the difference? Medical stream students face the highest-stakes entrance exam (NEET, with 7% acceptance) immediately after board exams, creating back-to-back acute stress periods. But some research emphasises that the Science stream's dual pressure (JEE plus boards) creates sustained chronic stress. The apparent conflict reflects the fact that acute intensity (medical) and chronic duration (science) both produce mental health consequences, measured at different times.

2.5.2 Conflict 2: Urban Prevalence Variation

Depression prevalence ranges from 25.92% to 47.9% across different Indian studies (Kumar et al., 2019; Vijay et al., 2020; and Sandal et al., 2017). Does this mean depression is increasing, varying by region, or reflecting measurement differences? The answer involves recognising that studies used different measurement instruments, conducted screening at different times relative to examinations (pre-exam vs. post-exam prevalence differs), examined different school types (private school students show higher stress than government school), and recruited different samples (medical students > general students). The variation reflects methodological heterogeneity as much as true prevalence differences.

2.6 The Limited Evidence of Effectiveness

2.6.1 Teacher Sensitization

136 instructors in Varanasi participated in a pre-post intervention study carried out by Siraj et al. (2024). Teachers were trained to identify teenage mental health issues, communicate in a helpful manner, and refer pupils to counsellors. Teachers' attitudes changed, their body language became more transparent, and their support behaviors rose, according to the results. This showed a crucial finding: teacher ability can be increased, and development translates to behavioral change, even though it examined teacher outcomes rather than the direct influence on students' mental health. It is implied that teachers lack training rather than being innately callous.

2.6.2 School-Based Interventions

Cai et al. (2025) conducted a meta-analysis of school-based resilience interventions for children and teenagers. They studied numerous studies on coping skills curricula, resilience training, and stress-reduction initiatives. Overall, adolescent resilience was positively impacted by school-based treatments. There was, nevertheless, a significant variety. Certain interventions were more successful than others, indicating that implementation quality is crucial. It follows that interventions can be effective only if they are studied, planned, and carried out effectively.

2.6.3 Parental Involvement

Gautam and Sharma (2020) found that among two hundred Delhi students, high parental involvement operationalised as constructive engagement, emotional support, and reasonable expectations, significantly reduced academic stress. The ANOVA showed that the effect was significant ($p<0.01$) and held for both bifurcation school type and gender. The implication is that changing how parents engage with their child, shifting from pressure to support and motivation, demonstrably reduces stress.

2.7 Crucial Research Gap

2.7.1 Intervention Research Barely Exists

Few studies focused on testing interventions. The field has strong evidence of a crisis, but very limited evidence on which solutions work. Well-designed fair experiments are urgently needed to evaluate curriculum changes, coaching regulations, stress reduction programs, and family-based interventions.

3. Results and Discussion

3.1 The Expanding Scope of Academic Demands

The study's findings reveal an educational system that consistently grinds down the teenagers it purports to prepare for the future, rather than just a few unfortunate, stressed-out students.

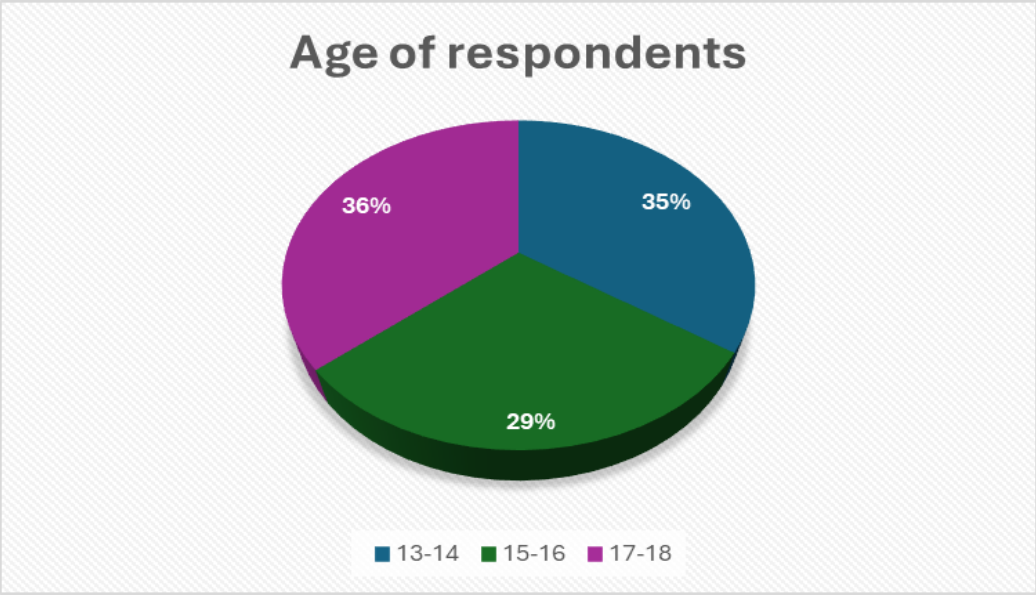

Figure 1. Age Composition of Sample Respondents

Figure 1 illustrates the balanced representation, which ensures that early, middle, and late adolescent experiences of curriculum pressure and its effect on mental health are adequately captured. A total of 35% of respondents are in the 13-14 years age group, 29% in the 15-16 years age group, and 36% in the 17-18 years age group.

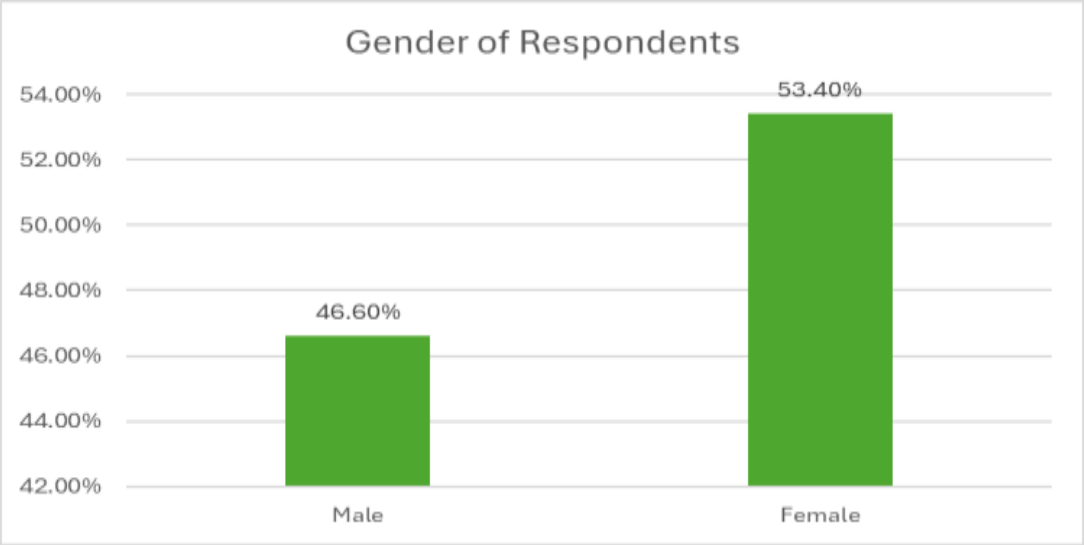

Figure 2. Gender Composition of Sample Respondents

Figure 2 shows the gender-wise composition of the respondents. The graph indicates representation from both male and female students, i.e., 46.60% and 53.40%, respectively, allowing for meaningful comparisons of curriculum pressure and its mental health outcomes across both genders.

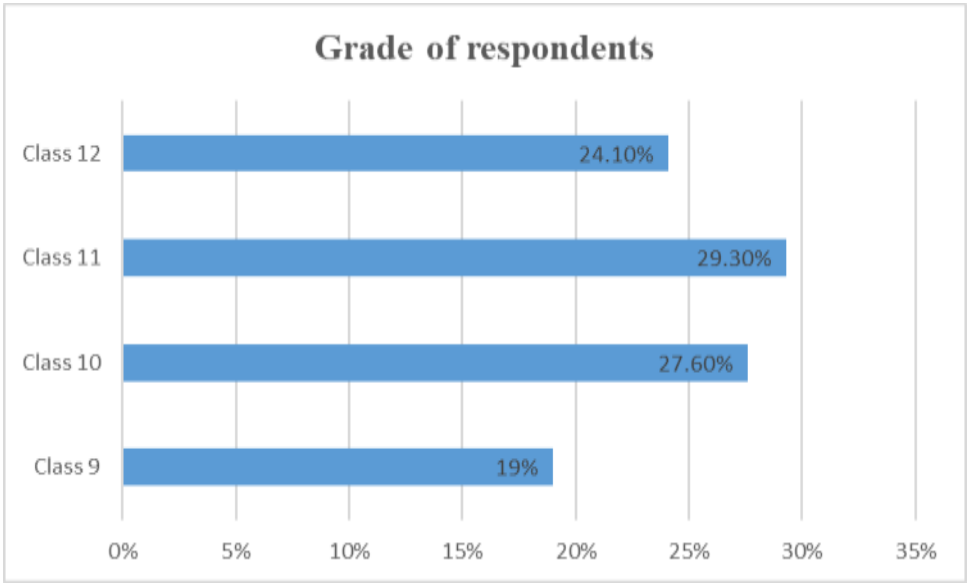

Figure 3. The respondents' current grade

Most of the respondents are from classes 11 and 10, i.e., 29.30% and 27.60%, respectively. This is followed by class 12, accounting for 24.10%, and class 9, accounting for 19%. This graph indicates a substantial portion of students in each grade.

Figure 4. Hours Per Day (Including Coaching) Spent Studying After School

Figure 4 shows the number of hours respondents spend studying, including coaching and outside school time, on days when they attend school. Only 22% of students study for less than 2 hours after school, while 33% study 4–6 hours and 28% study more than 6 hours daily. In practice, this means that for a typical adolescent, "free time" exists only as a remainder after school, coaching, homework, and exam preparation, if it exists at all. When 61% of such a diverse group report studying more than 4 hours after school, including coaching centres, it means the "school curriculum" silently extends into the late evening classes for the majority of teenagers. The system treats childhood and adolescence as a resource to be mined for marks, rather than as a life stage that deserves balance, play, and psychological safety.

3.3 Examinations as a systemic challenge, rather than an event

The Indian system likes to act as though exams just require a few more weeks of work each year.

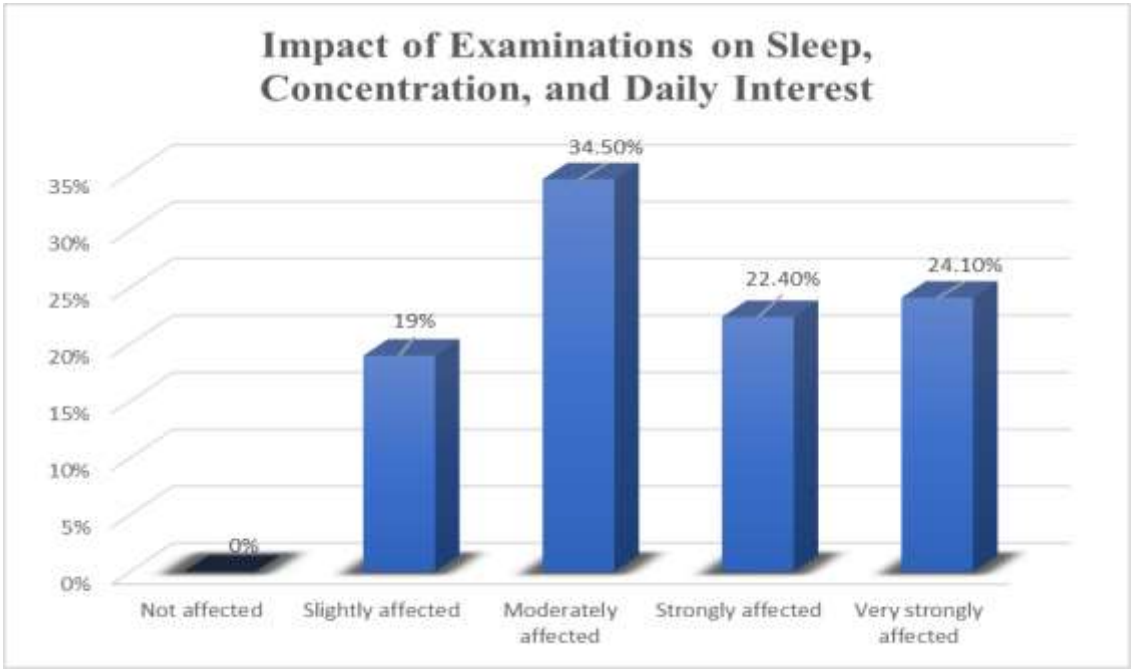

Figure 5. The Impact of Examination Periods on Sleep Quality, Concentration in Class, and Interest in Daily Activities

Figure 5 shows the extent to which students' sleep quality, classroom concentration, and interest in daily activities were affected during exam periods. None of the respondents reported being unaffected (0%). Most respondents reported being moderately affected (34.50%), followed by 24.10% who reported being very strongly affected. Additionally, 22.40% of respondents reported being strongly affected. 19% of respondents reported being slightly affected. Overall, 81% of the students reported moderate to very strong disruptions in their sleep quality, concentration in class, and interest in daily activities.

These trends are in sync with epidemiological data: Sandal et al. (2017) in his study report depression rates above 75% for students taking board exams in Chandigarh, Kumar et al. (2019) find 46.8% moderate depression and 60.9% significant stress among Delhi adolescents, and Ghosh et al. (2023) trace a vicious cycle where exam stress ruins sleep pattern, disturbed sleep impairs cognition, and impaired performance fuels further seriousness of matter. According to a study by Pienyu et al. (2024), teenagers studying for these entrance tests face significant academic stress and also parental pressure, and they often use language that verges on existential collapse to describe their failure ("my life is over"). Widespread trauma, not drive, is the inevitable outcome when a system is set up so that failure is statistically normal but presented as a personal tragedy.

3.4 Systemic Cause of Chronic Overwhelm

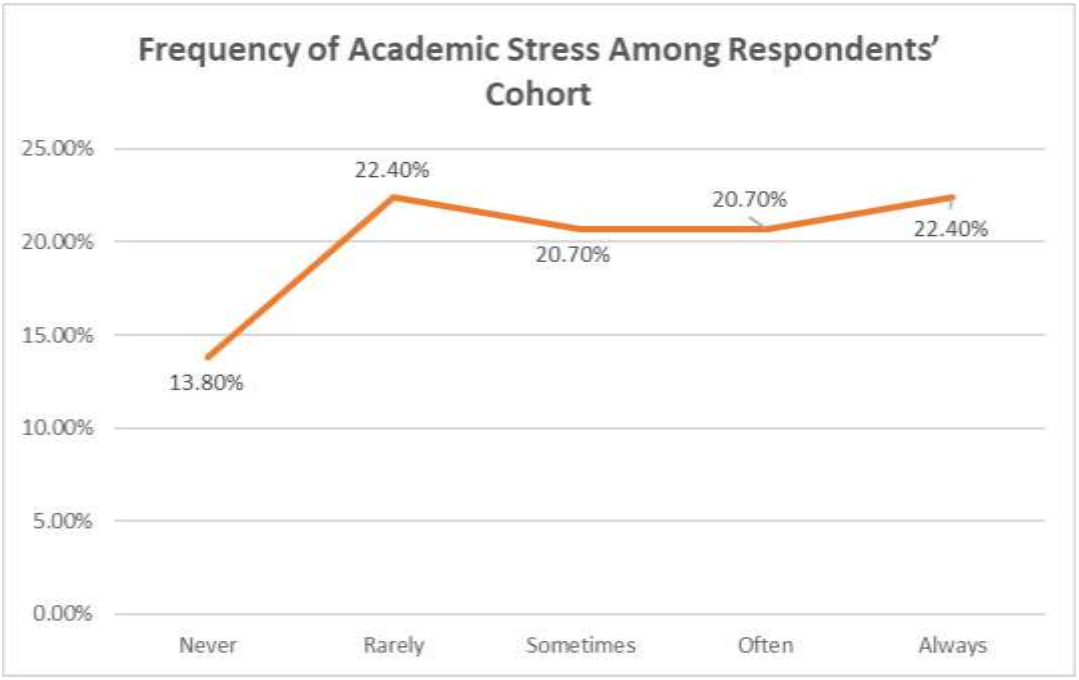

Figure 6. Frequency of Feeling Overwhelmed by School-Related Demands Among Students

Figure 6 shows how often students in the respondents' cohort reported feeling overwhelmed by school-related demands. 13.80% of the respondents reported never observing students in their cohort and felt overwhelmed, whereas 22.40% reported always observing students in their cohort. This is followed by 22.40% respondents who said it was rare. Lastly, an equal number of respondents (20.70%) reported feeling overwhelmed often/sometimes. Overall, the distribution shows that around 63.80% of students reported feeling overwhelmed at least sometimes, with a substantial portion reporting frequent or persistent feelings of overwhelm.

This is consistent with the multi-city picture shown by Vijay et al. (2020) and others, which shows that high levels of stress are characteristic of entire school-going populations rather than just outliers. In this setting, being overwhelmed is no longer seen as a warning sign but rather as a sign of seriousness; if you are not feeling worn out and nervous, the system subtly suggests you are not acting on the required

effort and time. Akhtar and Alam (2015) show a substantial positive correlation between stress and suicidal ideation, and Deb et al. (2015) uncover strong linkages between academic stress and anxiety. Stress here is not about discomfort; rather, it predicts thoughts of death. In that regard, Figure 6 represents a diagnostic picture of a system experiencing a long-term psychological crisis rather than only being descriptive.

3.5 Prioritize Performance Over Human Capital

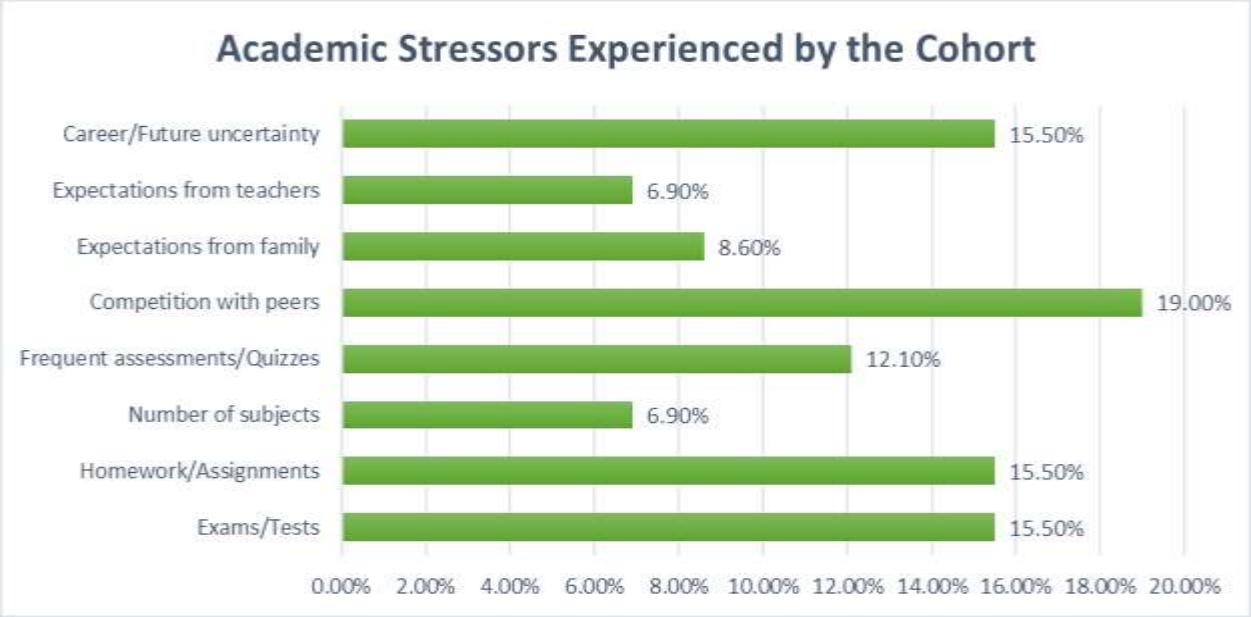

Figure 7. School-Related Stress Contributors in the Respondent's Cohort During the Last Academic Term

Figure 7 presents the school-related factors reported as contributors to student stress during the last academic term. Overall, the results indicate that performance-related and evaluative academic factors were reported more frequently as sources of stress than interpersonal or structural academic demands. Performance and evaluation are the most potent stressors: peer competitiveness (19%), tests and exams, homework and assignments, career and future uncertainty (15.5% each), and frequent tests and evaluations (12.1%). Family expectations (8.6%), teacher expectations (6.9%), and the number of subjects (6.9%) lag behind, not because they are innocuous but rather because the main source of anxiety is the continual fear of being evaluated, ranked, and judged.

This pattern aligns with national research: Vijay et al. (2020) emphasise the disproportionate stress borne by board and science-stream students juggling both boards and competitive examinations, while Gayathri et al. (2021) show that NEET coaching students experience uniformly high stress levels. Students are most harmed by the system because it turns learning into an endless series of filters rather than introducing them to challenging concepts or critical thinking.

3.6 Friendship as a Safeguard and the Limited Role of Institutions

Students in need would turn to their families, teachers, and schools if they were real support networks.

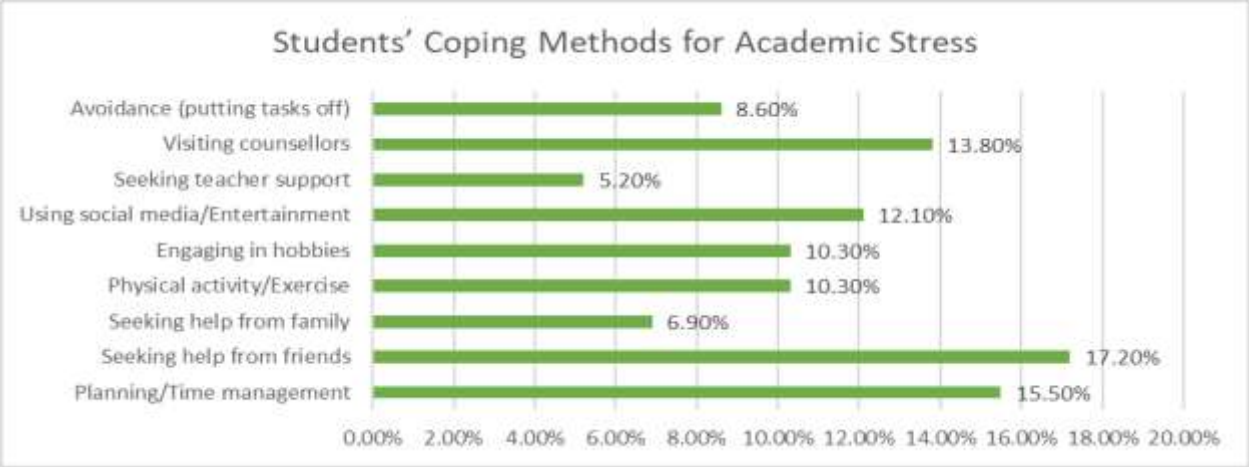

Figure 8. Coping strategies used by students in the respondents' cohort when managing academic stress

Figure 8 exhibits the coping strategies used by students in the respondents' cohort to manage academic stress. The figure shows that the highest percentage of students seek help from their friends, i.e., 17.20%, followed by planning/time management, i.e., 15.50%. Visiting counsellors accounted for 13.80%, while 12.10% of students reported using social media/entertainment as coping mechanisms. An equal number of students engage in hobbies and physical exercise to manage stress levels, i.e., 10.30% for both. However, 8.60% of the students are also seen practising avoidance/putting tasks off. The coping strategies used least by students were seeking help from family (6.90%) and seeking teacher support (5.20%).

Deb et al. (2015) show that 66% of students explicitly name parental pressure as their main stressor, while Gautam and Sharma (2020) demonstrate that when parental involvement is genuinely supportive, realistic expectations, and emotional availability are present, these factors significantly reduce academic stress. Akhtar and Alam (2015) further find that supportive parenting buffers the link between stress and suicidal ideation. In real terms, this means teenagers end up debriefing panic attacks with classmates in corridors or WhatsApp chats while the adults in their lives remain busy tracking marks, ranks, and cut-offs.

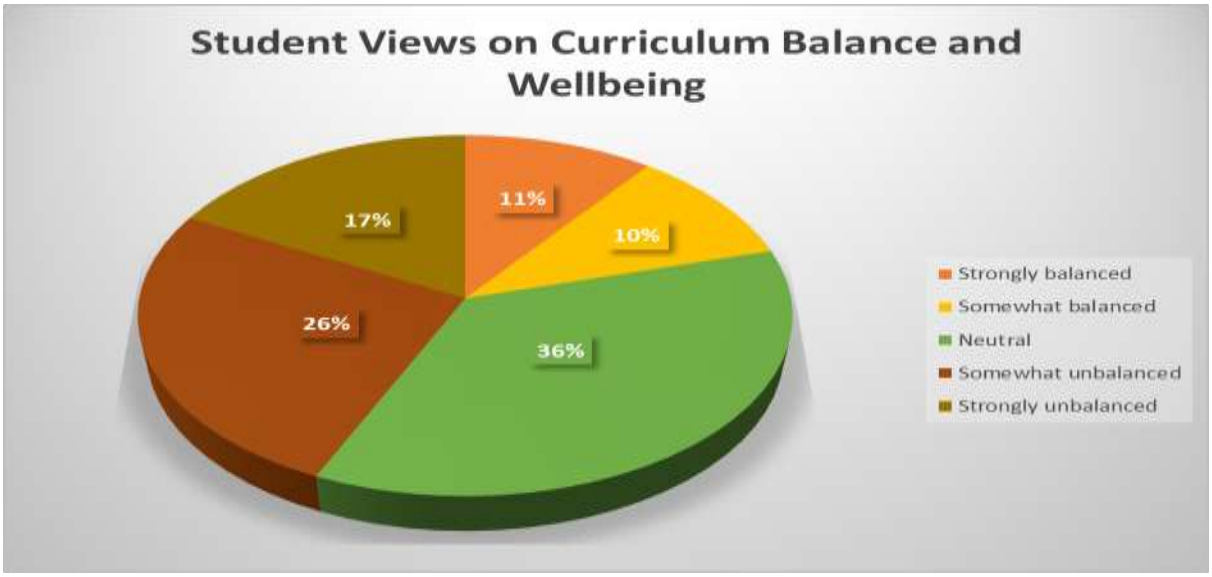

Figure 9. The extent to which students in the respondents' cohort perceive the curriculum as balanced between academic content and opportunities for well-being

Figure 9 presents how students perceive the curriculum's balance between academic content and opportunities for well-being. The largest share, 36%, reported a neutral view. A combined 43% of respondents felt the curriculum was unbalanced to some degree, i.e., 26% somewhat unbalanced and 17% strongly unbalanced. In contrast, 21% viewed the curriculum as balanced, i.e., 11% strongly balanced and 10% somewhat balanced. Overall, responses suggest a leaning toward perceptions of imbalance, with nearly twice as many students feeling unbalanced (43%) compared to those who feel it is balanced (21%).

This perception ties directly to broader critiques of India's colonial-era, rote-based curriculum. Scholars like Krishna Kumar have argued that exam-centric memorisation actively "kills curiosity", and around 80% of school principals admit that recall-heavy assessments undermine real learning. Empirical work shows that students who excel at reproducing textbook content often stumble when asked to apply concepts in unfamiliar or practical contexts. The curriculum, as presently structured, is not just heavy; it is hollow in exactly the areas that matter for both mental health and future readiness; autonomy, creativity, critical thinking, and meaningful connection to life. Young people are being asked to sacrifice their psychological well-being for an education that often does not even equip them for the world they are supposedly being prepared to enter.

3.7 Marginal Adjustments Amid Endemic Design Hostility

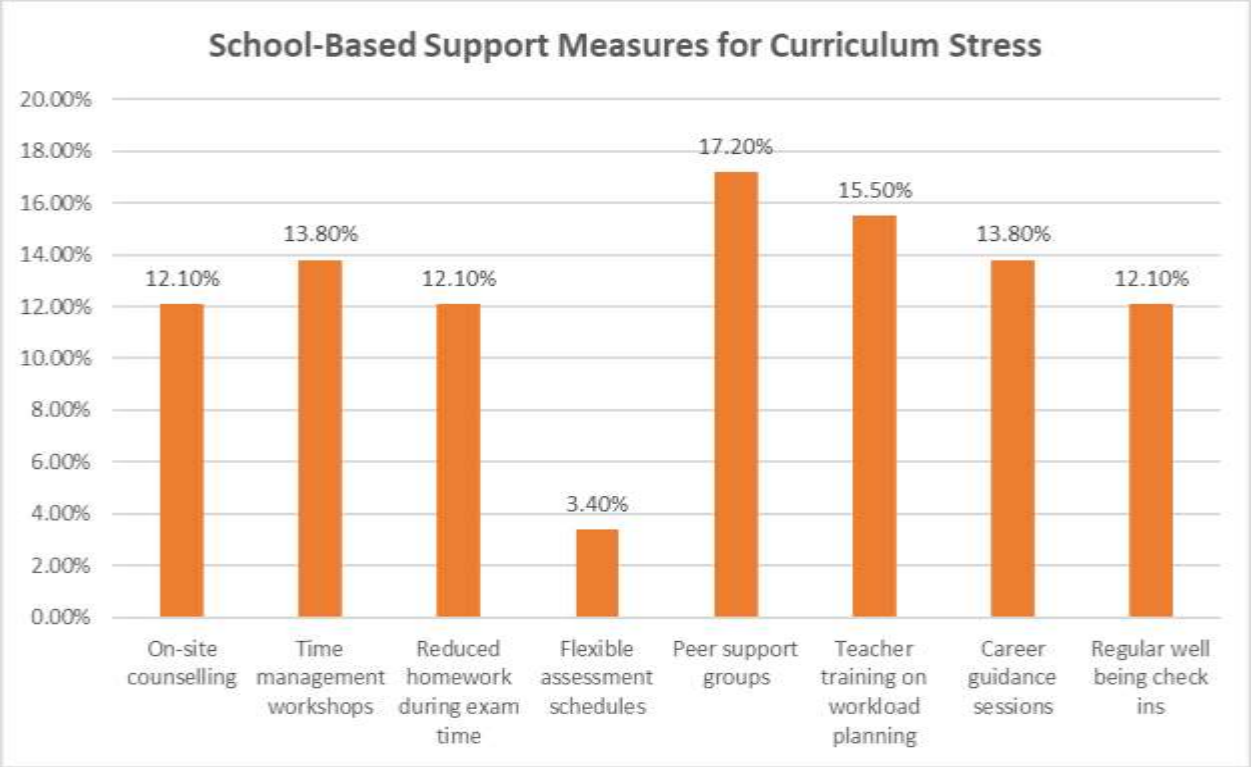

Figure 10. School supports that would be most useful for students to manage curriculum pressure

Figure 10 shows which school students consider most useful for managing curriculum pressure. The top-rated option was peer support groups (17.20%), followed by teacher training on workload planning (15.50%) and time-management workshops (13.80%). Career guidance sessions also ranked at 13.80%. Several supports were tied at 12.10% each: on-site counselling, reduced homework during exam time, and regular well-being check-ins. Flexible assessment schedules were the least chosen at 3.40%. Overall, the distribution indicates a preference for peer-led supports and staff development alongside practical time-management interventions, while formal scheduling flexibility was less commonly prioritised.

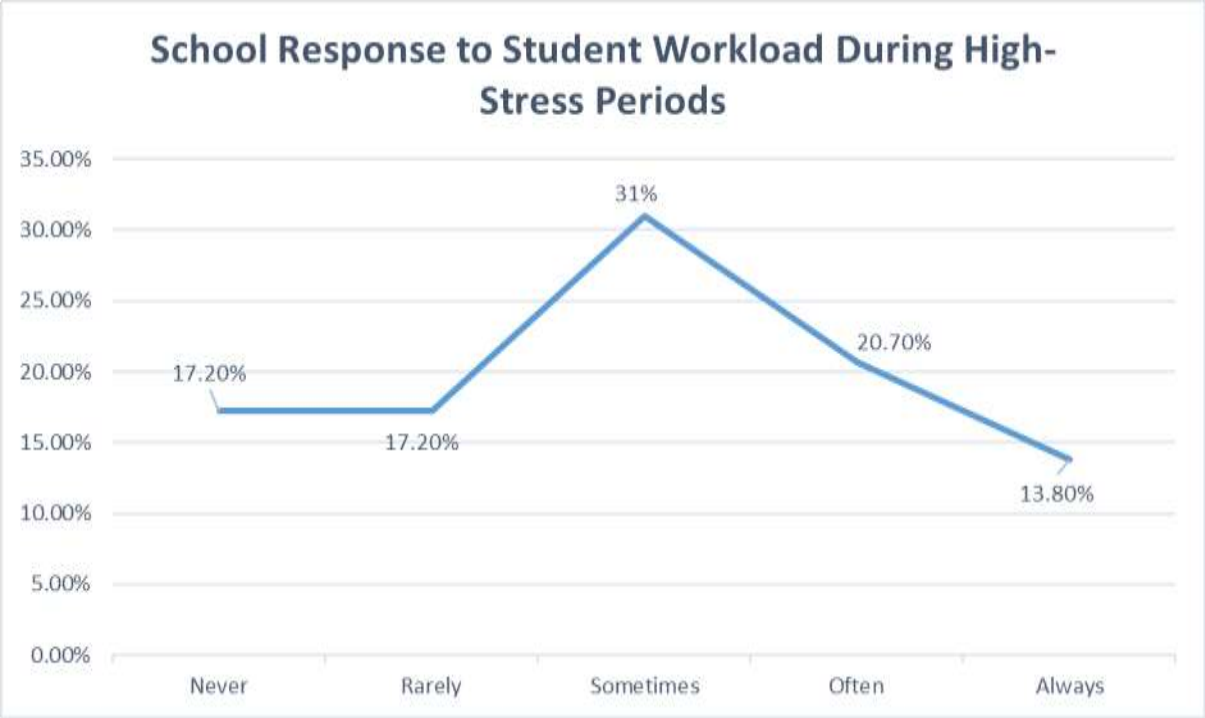

Figure 11. The academic demands adjusted by the school to reduce student workload during peak stress periods over the last academic year

Figure 11 illustrates how often schools adjusted academic demands to reduce workload during peak stress periods over the past academic year. Most students reported that adjustments occurred at least sometimes: 31% said sometimes, 20.70% often, and 13.80% always, for a cumulative 65.5% experiencing some level of adjustment. Conversely, 34.4% reported infrequent or no adjustments, with 17.20% never and 17.20% rarely. Overall, while a majority experienced occasional to consistent reductions in workload, a substantial minority felt that adjustments were insufficient or absent.

Research on interventions shows a similar pattern. Siraj et al. (2024) find that teacher sensitisation programs can significantly improve teachers' attitudes and support behaviours, and Cai et al.'s (2025) meta-analysis shows that school-based resilience programs can strengthen coping. But these interventions are small islands in an ocean of structural pressure. Unless assessments, curriculum load, and coaching dependence are tackled head-on, such measures risk becoming the educational equivalent of giving students better shoes while insisting they continue running in the same marathon without rest. For many adolescents, these minor adjustments feel less like care and more like being told to "manage better" inside conditions that are fundamentally unreasonable.

3.8 Gender Based Disparities Within the Same System

Although this survey does not break down every figure by gender, the literature reviewed in the paper shows a clear pattern: boys tend to report higher stress levels, while girls show higher depression and anxiety. Vijay et al. (2020) and Gayathri et al. (2021) document higher reported stress among male students, whereas Kumar et al. (2019) and Sandal et al. (2017) find higher depression/anxiety among girls. This does not mean boys are more pressured and girls more fragile; it reflects how a single hostile system gets filtered through gendered socialization.

Boys are encouraged to talk in the language of pressure, competition, and drive, so they tick the "stress" boxes. Girls, socialised to internalise and maintain harmony, often manifest distress through sadness, worry, and withdrawal, which maps onto depression and anxiety scales. Vijayarani et al.'s (2024) review of cyberbullying adds another layer: girls face more sexualised and appearance-based

attacks, directly targeting self-worth, while boys face performance-based taunts. The machine is the same; the scars look different. Any serious reform must recognise that "exam stress" is not gender-neutral in how it harms and cannot be solved with generic wellness talks that ignore these lived differences.

3.9 Research Lacking Political Potency and Academic Significance

The paper's literature review candidly acknowledges that almost none of the 20 rigorous studies focus on rural adolescents, despite rural adolescents accounting for about 65% of India's adolescent population. This is not a minor methodological issue; it is a political problem. Policy framed on urban, often private or elite school data risk designing mental health and curriculum interventions for those already inside the exam–coaching bubble, leaving out students in under-resourced rural and government schools who may face different, but no less severe, forms of pressure. Furthermore, three-quarters of the studies are cross-sectional, which limits causal claims. Yet the consistency of associations across cities, methods, and samples; exam pressure with stress and depression, parental pressure with anxiety and suicidality, sleep disruption with cognitive impairment strongly suggests that the system is not just correlated with distress; it is one of its primary engines. The absence of large-scale longitudinal and intervention trials says less about uncertainty and more about priorities. When an entire generation's mental health is at stake, not investing in such research is itself a choice. In plain terms, India has enough data to know there is a crisis; what is missing is the political and institutional will to redesign the system that causes it.

3.10 Policy Aspiration vs. Experiential Realities

NEP 2020 talks the right talk: holistic development, reduced rote learning, multidisciplinary curricula, and a shift from high-stakes board exams to more flexible assessments. In theory, it aligns with Sustainable Development Goals on quality, inclusive education and with calls to move away from Macaulay-era designs that prioritised compliant clerks over critical thinkers. But the data from this cohort suggest that, at the ground level, very little of this has reached classrooms. Students are still studying 4–6+ hours after school, still experiencing exam periods as cognitively and emotionally devastating, still seeing the curriculum as unbalanced, and still turning primarily to peers rather than adults for support. This gap between policy rhetoric and student experience is itself a form of institutional gaslighting. The state claims to be reforming for wellbeing, while students continue to live inside a regime that treats mental health as collateral damage. Until NEP-style reforms translate into fewer high-stakes exams, lighter and more meaningful syllabi, continuous and compassionate assessment, and real investment in counsellors and teacher training, they will remain more branding than change. For the teenagers in this study, "reform" is still mostly a word in government documents, not something they can feel in their timetable, their sleep, or their nervous systems.

3.11. Systemic Deficiency, Not Student Shortcoming

Taken together, the graphs in this study and the wider research paint a brutally consistent picture. Adolescents across Grades 9–12 spend most of their waking hours either inside or orbiting school, coaching, and studying. Their sleep, concentration, and basic enjoyment of life collapse around exam periods. Overwhelm is normal, performance anxiety is constant, adult support feels limited or unsafe, and the curriculum is widely experienced as skewed against wellbeing. National studies add that depression, anxiety, and suicidal ideation are pervasive, especially in exam-going cohorts, with spikes in places like Kota where the exam machine operates at its most intense setting.

In that context, it is inaccurate to say that "students are not coping with pressure." A more honest statement is that **the Indian education system is not fit for human minds**. It demands levels of compliance, memorisation, and risk-taking with mental health that no evidence-based model of adolescent development would endorse. The distress visible in these graphs is not a side effect or a temporary inconvenience; it is the logical outcome of an education architecture that has barely moved beyond its colonial blueprint. Unless India confronts this directly by decolonising assessment, rewriting curricula

around understanding and wellbeing, and rebuilding trust between students, families, and schools—the system will continue to produce high marks for some, degrees for many, and quiet psychological devastation for millions more.

Conclusion

In conclusion, this research illuminates the insidious toll of curriculum-driven pressure on Indian teenagers' mental health, reveling a systemic apparatus that prioritizes scholastic metrics over human growth. The aggregated data 10,000 teen suicides annually and high depression rates in exam-going cohorts is not a side effect; it is a system outcome. Professor Krishna Kumar notes that we need a "fusion" of the languages of planners and teachers to capture the tension every Indian child faces. The survey results from this cohort of 58 students show that **0%** are "Not affected" by exams. Until India seriously confronts and decolonises its education system moving from terminal high-stakes exams to continuous development, it will continue to mentally exhaust its youth before they even reach adulthood. The time for radical pedagogical reform is now.

Ultimately, reframing success beyond rote triumph demands bold structural plans: curriculum decongestion, mandatory psychological aspects, and accountability for coaching ecosystems.

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