



**A COMPARATIVE STUDY ON ASSESSMENT OF MENTAL HEALTH STATUS AMONG  
HIGH SCHOOL STUDENTS OF SELECTED RESIDENTIAL AND NON-RESIDENTIAL  
SCHOOLS IN GADAG DISTRICT**

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**ABSTRACT**

**Background:** Adolescence is a transformative stage of life marked by physical, psychological, emotional, and social changes. High school students often experience increased academic pressures, social comparisons, and identity struggles. These factors are further compounded in residential school settings where students are away from their families and accustomed environments, which can contribute to feelings of isolation, stress, and emotional instability. Mental health disorders among adolescents are a growing public health concern globally and in India. The World Health Organization (WHO) estimates that 10–20% of adolescents globally experience mental health conditions, yet many remain undiagnosed and untreated. In the Indian context, several studies have indicated a rising incidence of emotional and behavioural disorders among school-going children. In residential schools, the structured and sometimes restrictive environment, lack of parental support, and peer pressure could significantly impact the mental health of students. While there have been efforts to understand adolescent mental health in general, specific attention to the residential school population, especially in rural districts like Gadag, Karnataka, is lacking. Given this gap, the present study aims to comparatively assess the mental health status of students from selected residential schools in Gadag district. **Objectives of the Study:** 1. To compare mental health status between students in different residential and non-residential schools. **Materials and Methods:** A school-based cross-sectional comparative research design was conducted to assess the Mental Health Status of High School Students of Selected Residential and Non-Residential Schools in Gadag District. Universal sampling technique was used to select high school students (grades 8 to 10) from selected residential and non-residential schools in the Gadag district. Data was collected using a structured self-administered questionnaire containing tools that helped evaluate emotional symptoms, conduct issues, peer relationships, and overall psychological distress. In terms of anxiety, depression, and pressure. Demographic data, including age, gender, and socio-economic background, was also collected. The data collected was entered and analysed using Microsoft Excel and SPSS version 20. Descriptive statistics such as frequencies and percentages were used to summarize the data. **Results:** Residential and non-residential school students show a clear difference in self-perception and future outlook. In residential schools, a substantial 78.5% of students strongly disagree and 14.7% disagree with the statement, resulting in a high 93.2% who view themselves negatively or lack optimism about their lives and future. In stark contrast, only 53.2% of non-residential students share this sentiment. Furthermore, non-residential students express a more hopeful and positive self-image, with 24.2% either agreeing or strongly agreeing, compared to just 4% among residential students. **Conclusion:** The present study highlights the importance of assessing and understanding the mental health status of high school students in both residential and non-residential school settings. Adolescents are in a sensitive developmental phase where academic stress, peer pressure, and emotional challenges can significantly impact their mental well-being. The findings of this study suggest that students in residential schools may experience different patterns of psychological distress compared to their counterparts in non-residential schools, possibly due to separation from family, adjustment to structured living environments, and limited emotional support systems.

**KEYWORDS:** school counselling, mental health, anxiety, cocurricular activities, depression, pressure, environment.

## INTRODUCTION

Mental health refers to emotional, psychological, and social well-being, shaping how individuals think, feel, and act. The World Health Organization (WHO) defines it as a state in which individuals realize their abilities, cope with normal life stress, work productively, and contribute to their communities.<sup>[1]</sup> Childhood and adolescence are critical periods for developing cognitive, emotional, and social skills. Negative experiences such as family conflict, bullying, or poor socioeconomic conditions can severely affect mental health.<sup>[2]</sup> Early intervention is essential, as 75% of mental health conditions begin by age 24, and suicide is the fourth leading cause of death among 15–19-year-olds.<sup>[2]</sup>

Mental health impacts educational outcomes, social relationships, and physical health. Untreated issues may result in long-term consequences, including academic failure, unemployment, and criminal behavior. For instance, a child suffering abuse may develop conduct disorders that, if unrecognized, escalate into lifelong struggles with aggression, substance abuse, and mental illness.<sup>[3]</sup>

Schools play a vital role in identifying and supporting students with mental health needs. Mental health education, early screening, and teacher training can improve outcomes significantly. Programs such as WHO's mental health training for schools and evidence-based school interventions have shown positive effects.<sup>[4,5,6]</sup> In India, government initiatives like *Ayushman Bharat*, *Sarva Shiksha Abhiyan*, and programs by NGOs (e.g., Sangath's SHAPE, SEHER in Bihar, and Unarv in Kerala) aim to integrate mental health services within schools, with varied levels of success due to resource and coordination challenges.<sup>[8]</sup>

Supporting mental health in schools requires flexible, individualized strategies. Students with mental health disorders may need accommodations, skills training, and consistent support to thrive academically and socially.<sup>[9]</sup> Ultimately, promoting mental health in educational settings is crucial to ensuring the overall well-being and future success of children and adolescents.

## MATERIALS AND METHODS

**Study Design:** A School-based cross-sectional comparative study.

## RESULT

**Table 1: Distribution of sociodemographic characteristics among study participants.**

Category	Sub-category	Residential	Non-residential	Total
Age of Children	14	187	221	408
	15	208	170	378
	16	205	184	389
Gender of Children	Male	368	330	698
	Female	232	245	477
Studying Class	8	186	217	403
	9	209	174	383
	10	205	184	389

**Study Setting:** The study was conducted in selected residential and non-residential schools located in Gadag district, Karnataka, from November 2024 to December 2024.

**Participants:** The students between the age group 12–16 years of age enrolled in selected Residential and non-residential schools of Gadag district, and who provided assent were included. The students with pre-diagnosed severe psychiatric disorders and who were absent during the data collection period were excluded. A total of 1,196 students participated in the study.

## Data Sources

Data was collected over a period of 45 days using face-to-face interviews with participants. The Primary Data Source was obtained from Students of the selected schools using A semi-structured questionnaire designed to evaluate: Emotional symptoms, conduct problems, Peer relationship issues, Psychological distress, Anxiety and depression, and Adjustment issues (especially related to residential school life, homesickness, and personal development). The tool was adapted to reflect cultural relevance and contextual sensitivity for Indian students.

## Variables

Independent Variable included demographical details and Type of school (residential vs non-residential), and Dependent Variables included Emotional well-being, Conduct issues, Social/peer interactions, Symptoms of anxiety and depression, and Adjustment challenges.

## Quantitative Variables

Mental health indicators were quantified using categorical and ordinal scales as outlined in the questionnaire. The responses were grouped and interpreted based on predefined scoring patterns to assess levels of mental distress and adjustment.

## Ethical Considerations

Ethical clearance was obtained from the MGRDPR University Ethical Committee, with Approval Number: RDPRU/SEP/04/MPH/2024/04. Informed consent was obtained from school authorities, and assent was secured from students before participation.

Education of Head	Illiterate	27	17	44
	High School	15	86	101
	Graduate	507	345	852
	Post Graduation	51	127	178
Occupation of Head	Agriculture	13	7	20
	Daily Wage Labourer	25	65	90
	Clerk/Group C	484	348	832
	Professional	78	155	233
Monthly Income	>15000	450	62	512
	>40000	111	163	274
	>80000	26	257	283
	>100000	13	93	106
Socioeconomic Status	Lower	199	17	216
	Middle	226	146	372
	Upper Middle	149	308	457
	Upper	26	104	130
Religion	Hindu	509	537	1046
	Islam	97	17	114
	Christianity	1	5	6
	Buddhism	2	5	7
	Others	0	11	11
Caste	UR	137	277	414
	OBC	200	246	446
	SC	155	32	187
	ST	108	9	117
	Others	0	11	11
TOTAL		600	575	1175

The study included 1,175 children, with 600 from residential and 575 from non-residential settings. Most children were aged 14 to 16 years (408 aged 14, 378 aged 15, and 389 aged 16), and there were more boys (698) than girls (477). They were primarily studying in classes 8 (403), 9 (383), and 10 (389). The majority of parents or guardians were graduates (852), with some holding postgraduate degrees (178), while a small number were illiterate (44). Most parents worked as clerks or Group C employees (832), followed by professionals (233), with fewer engaged in daily wage

labour (90) or farming (20). Family income was largely above ₹15,000 per month (512 families), with some earning over ₹40,000 (274), ₹80,000 (283), and ₹1,00,000 (106). Socioeconomically, most children belonged to upper middle (457) and middle-class families (372). In terms of religion, the majority were Hindus (1,046), followed by Muslims (114), with very few from other religions. Caste-wise, most belonged to OBC (446) and General (414) categories, with smaller numbers from SC (187) and ST (117).

**Table-02: Comparison of mental health parameters among residential and non-residential schools.**

Outcome	Residential (%)	Non-Residential (%)
Emotional distress	38.5%	24.7%
Conduct issues	21.0%	11.8%
Peer relationship problems	28.3%	19.5%
Severe adjustment difficulty	32.2%	14.6%

Students who live away from home in hostels or dormitories often go through more emotional and mental struggles than those who live with their families. They commonly feel homesick, lonely, and find it hard to adjust to their new surroundings. Many of them don't socialize much and keep to themselves, which can make their experience even tougher. Because they're away from their families, some may show signs of anger or act out, like being defiant or breaking rules. Not having emotional support from home can affect how they behave. These students also face more problems in building good relationships with classmates or

roommates. They might struggle to fit in, feel disconnected, or have conflicts with peers, which shows that being in a new and strict environment can be hard socially as well as emotionally.

## DISCUSSION

This school-based cross-sectional comparative study was conducted among 1,175 students aged 12–16 years from residential and non-residential schools in Gadag district, Karnataka, to assess and compare their mental health status. Students living in residential settings like hostels tend to face more emotional stress, behavioural issues,

and social challenges compared to those who live at home.<sup>[10]</sup> They often experience homesickness, lack of family support, and struggle to adjust to the rigid routines of institutional life, which can lead to feelings of isolation and emotional distress. This environment may also cause conduct problems such as aggression or rule-breaking, and difficulties in forming healthy peer relationships. Factors like family income, parents' education, and overall socioeconomic status strongly influence how well these students cope with stress.<sup>[11]</sup> Interestingly, girls commonly express their distress through emotional symptoms like sadness and anxiety, while boys are more likely to show conduct-related behaviour such as defiance or aggression, reflecting different ways that mental stress appears in each gender.<sup>[12]</sup>

### Interpretation

The results suggest that residential schooling, while offering structure and academic opportunities, may be linked to increased mental health challenges due to separation from family and social networks. In contrast, non-residential students, who continue to live with their families, appear to benefit from stronger emotional support systems, contributing to better mental health indicators. These findings align with previous research, which highlights that institutional environments can exacerbate psychological distress in adolescents, especially in the absence of adequate mental health resources. The association between lower socioeconomic status and poorer mental health outcomes is also well-documented, and this study reinforces those findings in the Indian context. Furthermore, the gender differences in reported symptoms (emotional distress among girls vs. behavioural issues among boys) reflect commonly observed developmental and psychosocial trends during adolescence.

### Limitations

This study gives useful information about the mental health of residential and non-residential students, it has several limitations. First, because it only looked at one point in time, it can't prove whether living in a certain type of school causes mental health issues. The responses were based on what students said themselves, and since many interviews were face-to-face, some students may have tried to give answers that seem socially acceptable instead of being completely honest. Also, the study was only done in the Gadag district, so the results might not apply to students in other regions.

### Generalizability

The results are primarily generalizable to similar rural and semi-urban educational contexts in Karnataka and possibly to other regions in India with comparable socio-cultural and institutional characteristics. However, generalization to urban or international populations should be done cautiously, considering differences in schooling systems, mental health infrastructure, and cultural attitudes toward emotional wellbeing.

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