



A Review Paper on Mental Health and Self Esteem of Middle School Student

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Abstract : *Adolescence is a vulnerable period in the development of mental health problems. Aim & Objective: This review aimed to understand the prevalence and correlation of mental health difficulties among middle school students between aged group 10–14 years and how self-esteem relates to mental health outcomes. Methodology: A focused literature search was performed across peer-reviewed journal repositories, open access databases, and recent large trials. Priority was given to recent empirical studies, large cross-sectional surveys, randomized / cluster trials, and systematic/scoping reviews. Results: Most reviewed papers show substantial prevalence of depression, anxiety, and stress in Indian middle school populations. Self-esteem was consistently negatively correlated with internal problems and positively correlated with better well-being. Conclusion: School based interventions that target socio-emotional learning, resilience and life skills show promise in improving mental health and enhanced self-esteem.*

Keywords: *Self-Esteem, Middle school, Adolescent, Mental Health*

INTRODUCTION

World Health Organisation (WHO) defined “Health as a state of complete physical, mental and social being and not merely absence of the disease or infirmity”. It is very vital for the growth, development, and productivity of a society. There is no health without mental health as it is the integral and essential component of health.

Mental disorders are known to be caused by a complex interaction of biological, social, environmental, cultural, and economic factors. A close association between mental disorders and several other diseases was shown by different studies. Mental disorders are gradually on increase in recent times. This is probably due to poor lifestyle that includes daily habits, eating and sleep patterns. Consequently, depression, anxiety, substance abuse, suicidal behaviours, and several others are on the increase.

Mental health is state of well-being in which an individual realises his or her own abilities, that enables a person to deal with the normal stress of life, it also enables a person to become productively for betterment of self and the society.

Adolescents and middle school going child equally vulnerable to mental health challenges, like physical health problems, during their formative years. Many a times parents and teachers fail to understand children’s challenges due to factors like lack of knowledge, insensitivity, illiteracy, behavioural or psychological issues, family violence or poor communication with children. This leads to poor academic performance that worsens the problem. Evidence highlights that mental health challenges adversely impacted the academic development of the child.

Middle school grades start with standard 6 to 8, and ages group are between 10–14 years is a developmental window of rapid biological, cognitive and socio-emotional change. During this period self-esteem — the global evaluative component of the self — undergoes fluctuation and can either buffer or intensify vulnerability to internal problems such as depression, anxiety, and behavioural difficulties. India’s diverse educational ecosystems, intense academic expectations, and shifting digital environments create unique contextual pressures that influence both self-esteem and mental health.

Middle school is a period when students experience great changes in their physical, emotional, and social development. This is especially true for middle school students who must adjust to a different school environment during their adolescent years. During this period, building self-esteem is important to both overcoming hardships and to establish a positive self-image. Self-esteem is a primary measure of how middle school students are evaluated, viewed, and respected as a person.

The Central Board of Secondary Education (CBSE) recommends that all secondary and senior secondary schools should employ a counsellor and engage in psychological exercises toward building students' self-concept, self-image, and the ability to withstand pressures. It also suggests developing a sense of curiosity in students – both self and the environment – as a central aspect of the learning process.

Self-esteem is how a person evaluates him/herself to be a valuable individual. It is a self-assessment. An individual with high self-esteem tends to be satisfied, and they view their strengths and weaknesses positively. However, a low level of self-esteem makes a person focus more on their weakness. Ryu has viewed self-esteem to be related to emotional factors such as good or bad. According to research by Rosenberg, school going students with low self-esteem tended to evaluate themselves as lacking talents required to succeed even if they had ambitious career goals. As a result, they tended to have noticeable anxiety, depression, low level of achievement, and social isolation. On the other hand, these students with high self-esteem showed positive views of their talents, leadership, intelligence, social skills, and ability to show good impression. There is an urgent need to build high self-esteem among middle school students. Since school going students can overcome their situations based on beliefs in themselves, reinforcing it will increase a chance for success

METHODOLOGY (SEARCH STRATEGY & SELECTION CRITERIA)

A targeted literature review was conducted utilizing the PICO framework (Population, Intervention, Comparison, and Outcome) to gather information from peer-reviewed journal archives, open-access databases, and recent significant trials and reviews on the following topics:

- A. The prevalence of mental health issues among Indian adolescents or middle-school students,
- B. Research documenting self-esteem levels (often assessed using the Rosenberg Self-Esteem Scale) in Indian adolescent populations, and
- C. Evaluations or analyses of school-based programs impacting mental health and self-esteem.

Emphasis was placed on recent empirical research, extensive cross-sectional studies, randomized or cluster trials, and systematic or scoping reviews. To conduct searches, terms like Self-Esteem, middle school, adolescent, mental health, and policies on the mental health of middle school students were utilized across PubMed, Science Direct, and Google Scholar. Additionally, grey literature from government bodies, educational institutions, and non-governmental organizations was obtained and downloaded. Relevant books and chapters were also examined. The review process included Indian studies from 2020 to 2024 focusing on school mental health programs, as well as Indian policies and programs from 1953 to 2020 concerning school mental health.

RESULTS

The research aimed to identify original studies on mental health issues among middle school students and adolescents aged 10-14 years in India, focusing on publications primarily from 2020 to 2025. An initial literature search resulted in 50 articles, with 20 selected for this systematic review, summarized below.

PREVALENCE OF MENTAL HEALTH ISSUES IN INDIAN SCHOOL Students Several region-specific studies have highlighted significant rates of depression and anxiety symptoms among Indian adolescents. For instance, a cross-sectional study from Mysore, Karnataka, revealed that mild to moderate depression and anxiety were prevalent among school-going adolescents, with notable differences between urban and rural areas. Broader school surveys also indicate that a significant portion of middle school students report depressive symptoms, loneliness, and anxiety-related sleep disturbances. Overall, conservative estimates suggest that about

15-30% of school-going adolescents exhibit clinically relevant symptoms, with variations depending on region, measurement tools, and sampling methods.

MEASUREMENT AND LEVELS OF SELF-ESTEEM Rosenberg Self-Esteem Scale (RSES) is the primary tool used in research on Indian adolescents. Regional studies have shown varying mean RSES scores, with some urban poor and rural samples reporting higher proportions of low or borderline self-esteem. Factors such as gender, socioeconomic status, and family background are predictors of lower scores.

CORRELATION BETWEEN SELF-ESTEEM AND MENTAL HEALTH Across cross-sectional and intervention studies, self-esteem consistently correlates with mental health.

1. **Negative Correlation with Depression and Anxiety:** Lower self-esteem scores are linked to higher depressive and anxiety symptom scores. Several cross-sectional surveys and school studies document moderate negative correlations, and path analytic studies suggest bi-directional relationships.

2. **Association with Behavioural and Social Outcomes:** Low self-esteem is associated with conduct problems, peer difficulties, and increased aggression in some samples. Conversely, higher self-esteem correlates with better life satisfaction and subjective well-being.

3. **Mediators and Moderators:** Body image dissatisfaction and social media exposure mediate some self-esteem and mental health pathways, while school climate, bullying victimization, family environment, and gender moderate effect sizes. For instance, body image concerns are strongly associated with lower self-esteem and higher depressive and anxiety symptoms.

4. **School Environment, Bullying, and Academic Pressure:** School climate and a sense of belonging are crucial. The SEHER cluster randomized trial in Bihar, a large multisite whole-school intervention, found that interventions improving school climate, delivered by trained lay counselors or teachers, led to better psychosocial outcomes and school climate measures. This suggests that systematic school-level changes can simultaneously enhance self-esteem and mental health outcomes. Bullying and intense academic pressure are frequently cited as stressors that exacerbate mental health issues and lower self-esteem.

5. **Effectiveness and Interventions:** Scoping reviews and trials of school-based interventions indicate that multi-component socio-emotional learning (SEL), life skills training, resilience curriculum, and programs delivered by lay counselors can boost self-esteem and reduce depression and anxiety symptoms in adolescent students. This literature reports modest to moderate effect sizes for well-implemented programs in the field.

DISCUSSION

The present review examines the literature on mental health challenges faced by school children in India. It highlights considerable variability in how studies report these issues, with some focusing on specific mental health disorders and others addressing a combination of symptoms. This review identifies a broad spectrum of mental health concerns among school-aged children and adolescents, differing in both severity and prevalence. Depression emerged as the most common issue in most studies, followed by social, behavioural, and emotional problems, anxiety, psychological distress, addiction to internet/technology, stress, social phobia, low self-esteem, and other mental health challenges. Indian research consistently reveals a significant link between self-esteem and mental health in school students. Lower self-esteem is associated with increased symptoms of depression and anxiety, as well as poorer psychosocial functioning. Evidence from interventions indicates that enhancing self-esteem through resilience programs, life-skills training, and supportive school environments leads to improved mental health outcomes, suggesting

that self-esteem is both an indicator and a modifiable protective factor. Contextual stressors in India, such as academic pressure, gender norms, bullying, and limited resources, influence the extent and nature of these relationships.

RECOMMENDATIONS AND IMPLICATIONS

In the given situation, school teachers can play the role of mentors, listen to students' voices carefully, understand their issues and challenges from their perspectives, and support and guide them in the right direction. Implementing effective self-esteem exercise is required to support school children who are facing challenges. To overcome this, schools can normalize mental health conversations by hosting awareness programs and involving trusted community leaders to encourage acceptance. Limited funding is another critical challenge, often preventing schools from hiring sufficient counsellors or building the necessary infrastructure. Schools can address this by forming partnerships with NGOs, applying for government grants, and leveraging Corporate Social Responsibility (CSR) initiatives. The shortage of trained professionals hampers efforts, especially in rural areas.

CONCLUSION

Children and adolescents need nurturing, as their mental health is the shared responsibility of all stakeholders, including parents, school authorities, society, governments, and policymakers etc. For any intervention to be effective, there should be adequate resources for its implementation and synergy among the efforts being made to address the issues. Emphasis needs to shift from training teachers alone to including other professionals who can be involved in working with children. Mental health professionals must also go beyond delivering mental health lectures in schools to ensure proper initiation, effective execution, and favourable outcomes.

Self-esteem is a robust correlate of mental health among Indian middle school students and a promising target for intervention. Improving students' self-concept through structured socio-emotional learning, life skills training and resilience programming can contribute to reduced internalizing symptoms and improved well-being. To strengthen the evidence, base and guide policy, India needs longitudinal, representative studies focused on middle school cohorts, measurement harmonization, and pragmatic trials during program scale-up.

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