Mental Health Among Secondary School Students in Jowai: A Study of School, Home and Peer Group Influences

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ABSTRACT

Aim: The main aim of this present study is to study the mental health of secondary school students and the influence of school, home and peer group influences on student's mental health.

Methods: The present study adopted a quantitative and descriptive method, the sample was collected by stratified random sampling which comprise of 313 students (male and female) studying in secondary schools in West Jaintia Hills District of Meghalaya. The material used for this study is a **Mental Health Scale MHS-TSBA** constructed and standardized by ***Dr. Sushma Talesara and Dr. Akhtar Bano (2005)***. Appropriate statistical technique was used for analysing the data.

Results: The study found that most secondary students in Jowai have moderate mental health, while many face poor mental health due to academic, family and peer pressures. Female students and Class IX students were found to be more vulnerable, with females being more affected by home-related causes. No significant difference was found among Government, Government-Aided and Private schools, indicating common stressors across all types of management.

Conclusion: The study concludes that schools should strengthen mental health awareness, counselling services, stress-management and emotional support programmes equally in all schools, with special focus on girls and board-exam students, through collaboration between parents, teachers and counsellors.

Keywords. Mental Health, Home, School, Peer Group, Secondary School Students

INTRODUCTION

The term 'Mental Health' comprises 'Mental' meaning mind or psyche, and 'Health' meaning a state of complete physical, mental and social well-being (WHO). Thus, mental health is not merely absence of mental illness, but a state of psychological well-being, emotional balance and freedom from diseases. It includes the ability to think clearly, manage emotions, handle stress and maintain healthy relationships. According to WHO (2020), good mental health helps to cope with normal life pressures, work productively and contribute to society.

In education, mental health directly influences academic performance, motivation and adjustment. Mentally healthy students are more confident, attentive and active in learning. However, even capable students may fail if they face psychological difficulties (Adelman & Taylor, 2015). Poor mental health leads to stress, anxiety, low self-esteem, poor concentration and low achievement (Eisenberg et al., 2009).

In recent years, mental health problems among secondary and higher secondary students have increased due to academic pressure, competition, family issues, social expectations and excessive use of social media. Adolescence is a sensitive period with rapid physical and emotional changes, making students more vulnerable (Patton et al., 2016). Students with poor mental health experience sadness, helplessness, loss of interest, fatigue, appetite changes, irritability and difficulty in concentrating. If not identified early, it affects studies, sleep and relationships. In small towns like Jowai, mental health is often ignored due to stigma, lack of awareness and

limited resources. Therefore, the present study will examine the mental health of secondary students in Jowai, identify common issues and contributing factors, and provide guidance to teachers, parents and counsellors to create a supportive school environment.

REVIEW OF RELATED LITERATURE

On approaching the review of related literature, it is clear that many studies have been conducted on the mental health of secondary and higher secondary school students in different parts of the world and in India. With regard to levels of mental health, Arumugam and Mahendraprabu (2014) found average to good mental health among higher secondary students and Lamare (2025) also found majority of Class 12 students in Jowai West Jaintia Hills fall under moderate level. Marbaniang (2024) found majority of secondary school students in Ri-Bhoi District have poor mental health. With regard to gender difference, Nejad and Nejad (2014), Hjorth et al. (2016), Khurshid and Khurshid (2018) found females had lower mental health, Mujiaba (2017), Ansari et al. (2022) and Ranjan (2022) who also found significant gender difference. However, this finding is contrasted by Dharanendrappa (2012), Srinivasulu (2018) and Bhat and Jan (2023) who found better mental health among females than males, and also by Srividhya (2007), Arumugam and Mahendraprabu (2014), Patel (2016), Rani (2017) and Reddy and Siva (2023) who found no significant gender difference in mental health. With regard to class difference, Srinivasulu (2018) found class is positively related to mental health status and Khurshid and Khurshid (2018) also highlighted academic pressure among higher classes. Most studies have not directly compared Class IX and X, indicating a research gap filled by the present study. With regard to type of school management, Reddy and Siva (2023) found no significant difference based on type of school and Jan et al. (2024) who found no significant difference between Government and Private schools in Kulgam. Some studies like Srividhya (2007) found difference among Navodaya, Central and State schools and Tongper (2023) who found private school students had higher mental imagery than Government, Deficit and Adhoc schools. From the review of related literature, the mixed findings indicate that further research is needed to better understand the mental health of student in different contexts. Therefore, there is a need for more systematic and region-specific research on the mental health of secondary school students in the selected area of Meghalaya and to contribute to a better understanding of their psychological well-being.

Brief profile of the study area

Jowai town is the administrative headquarters of West Jaintia Hills District, Meghalaya. It is known for its expanding urban structure, important roads, tourism attractions, and commercial centres. Jowai is recognized for its educational institutions, particularly secondary schools, which include Government, Government Aided and Private schools. These schools cater to students from the town and nearby rural areas and contribute significantly to their academic and overall development. They focus not only on academic excellence but also on discipline, moral values, leadership and personality development through co-curricular activities. Most schools are equipped with classrooms, libraries, laboratories and playgrounds, and regularly conduct cultural programmes, sports and awareness activities that support students' social and emotional development. Teachers play a vital role in guiding students towards academic achievement and responsible citizenship. Although infrastructure has improved, students still face challenges such as academic pressure, emotional stress and career concerns. Therefore, schools are increasingly emphasizing mental health and well-being through counselling and guidance programmes. Overall, secondary schools in Jowai play a crucial role in nurturing students academically, socially, emotionally and morally.

Objectives of the study

1. To find out the overall level of mental health of secondary school students.

2. To find out the levels of mental health of secondary school students across the different dimensions viz
   a) School Related Causes.
   b) Home Related Causes.
   c) Peer Group Related Causes.

3. To find out the difference in mental health between male and female secondary school students.

4. To find out the difference in mental health between male and female secondary school students across the different dimensions viz
   a) School Related Causes.
   b) Home Related Causes.
   c) Peer Group Related Causes

5. To find out the difference in mental health between class ix and class x secondary schools students.

6. To find out the difference in mental health between secondary schools students from government, government aided and private schools

Research questions of the study

Q1. What is the overall level of mental health of secondary school students?

Q2. What are the different levels of mental health of secondary school students across the different dimensions?

Hypotheses of the study

H_{01}: There is no significant difference in mental health between male and female secondary school students.

H_{02}: There is no significant difference mental health between male and female secondary school students across the different dimensions viz

   a. School Related Causes.
   b. Home Related Causes.
   c. Peer Group Related Causes.

H_{03}: There is no significant difference in in mental health between class ix and class x secondary schools students.
H_{04}: There is no significant difference in mental health between secondary school students from government, government aided and private schools.

METHODOLOGY

Research Method: The present study adopted quantitative research with descriptive survey method. The data so obtained were analyzed using appropriate statistical techniques.

Population: For the present study, the population comprised 1439 secondary school students drawn from 9 secondary schools located in different areas of Jowai, namely Iawmusiang & Mission Compound, Chutwakhu, Iongpiah, Tpep Pale and Khimmusiang in Thadlaskein Block, West Jaintia Hills District, Meghalaya.

Sample and Sampling Technique: For collecting the sample, stratified random sampling technique was used. The sample consisted of 313 secondary school students drawn from selected schools located in different areas of Jowai, West Jaintia Hills, Meghalaya. For determining the sample size, the Krejcie and Morgan (1970) formula was used to calculate the required number of samples for the present study.

Tool Used: The tool used for data collection was the Mental Health Scale (MHS-TSBA) constructed and standardized by Dr. Sushma Talesara and Dr. Akhtar Bano (2005). The scale is designed for adolescents in the age group of 14 to 20 years and consists of 54 items, comprising 25 positive and 29 negative items. It is a five-point rating scale with response options - Always, Often, Sometimes, Rarely and Never. The reliability of the scale was established through split-half method and the coefficient of correlation between the two halves was found to be $r = 0.72$, which is significant at 0.01 level, indicating acceptable internal consistency. The scoring was done on a five-point scale. For positive items, the scores were 4 for Always, 3 for Often, 2 for Sometimes, 1 for Rarely and 0 for Never, while for negative items the scoring was reversed as 0 for Always, 1 for Often, 2 for Sometimes, 3 for Rarely and 4 for Never. Further, Z-score norms for the Mental Health Scale were developed for each dimension and for the total scale which is presented in Table 1.

Table 1: Norms for Interpretation of the Level of Mental Health

Raw Scores Range of Dimension			Raw score Range of Full scale	z-Score Range & Grade	Grade	Level of Mental Health
School	Home	Peer Group				
57 & above	68 & above	46 & above	170 & above	+2.01 & above	A	Extremely Good
52 to 56	62 to 67	41 to 45	155 to 169	-1.26 to +2.00	B	Very Good
47 to 51	57 to 61	37 to 40	140 to 154	-0.51 to +1.25	C	Good
40 to 46	50 to 56	31 to 36	120 to 139	-0.50 to +0.50	D	Moderate
35 to 39	44 to 49	27 to 30	105 to 119	-1.25 to -0.51	E	Poor
30 to 34	39 to 43	22 to 26	91 to 104	-2.00 to -1.26	F	Very Poor
29 & below	36 & below	21 & below	90 & below	-2.01 & below	G	Extremely Poor

Statistical Analysis

The collected data was analysed using both descriptive and inferential statistics. Percentage, mean and standard deviation were used to understand the distribution of scores, while t-test was applied to examine significant differences based on gender, class and type of school. The results were interpreted according to the norms of the Mental Health Scale.

Procedure for Data Collection

1. First, the researcher visited the DSEO Office to seek official permission to carry out the data collection for the study.
2. After receiving approval, the researcher went to the selected schools and requested permission from the respective principals to conduct the research with their students.
3. Once permission was granted, the researcher entered the classrooms and introduced herself to the students in a polite and friendly manner.
4. The researcher then provided a brief explanation of the questionnaire, including how the students were required to respond by ticking the appropriate options.
5. The students were instructed to read each question carefully and answer honestly. They were also requested not to leave any questions unanswered and to respond only after proper understanding.
6. The researcher assured the students that their responses would be kept strictly confidential, and that they could answer freely without any hesitation.

Delimitation of the study

The present study has been delimited only to Secondary Schools Affiliated to Meghalaya Board of School Education (MBOSE). The study has also been delimited only to four areas in Jowai namely Iawmusiang & Mission Compound, Chutwakhu, Iongpiah, Tpep Pale and Khimmusniang all located in Thadleskein block, West Jaintia Hills District, Meghalaya.

Limitation of the study

The present study is limited to 313 students of Class IX and X from 9 secondary schools in Jowai town, West Jaintia Hills District only, hence the findings cannot be generalized to other areas. The study is based on a single tool, the Mental Health Scale (MHS-TSBA), and relies on self-reported responses which may be biased. It covers only three variables i.e., gender, class and type of school management, and does not include other factors like socio-economic status, academic achievement and family background.

RESULTS AND FINDINGS

The data collected through the Mental Health Scale (MHS-TSBA) to assess the mental health of secondary school students in Jowai, Thadlaskein Block, were analysed using frequency, percentage, mean, standard deviation and t-test based on the objectives of the study.

Demographic Profile of the Study

The present study was conducted on 313 secondary school students from 9 secondary schools located in

Iawmusiang & Mission Compound, Chutwakhu, Iongpiah, Tpep Pale and Khimmusiang, Thadlaskein Block, Jowai. This is presented in Table 2 below

Table 2: Demographic Profile of the study

Sl.no	Variable	Category	N	%
1	Gender	Male	152	48.56
		Female	161	51.44
2	Class	IX	167	53.35
		X	146	46.65
3	Type of Management	Government	68	21.73
		Government Aided	125	39.94
		Private	120	38.34
4	Total		313	100%

Table 2 above, represents the demographic profile of the present study comprises 313 secondary school students studying in Class IX and X drawn from 9 secondary schools affiliated to MBOSE in Jowai town, West Jaintia Hills District. The sample includes both male and female students representing Government, Government-Aided and Private schools located in different localities of Jowai.

Analysis of objective 1: To find out the overall level of Mental Health of Secondary School Students in Jowai.

Q1. Research question: What is the overall level of Mental Health of Secondary School Students in Jowai?

The data collected on the overall level of Mental Health among Secondary School Students in Jowai is presented in the following Table 3 and Figure 1 below.

Table 3: Overall level of Mental Health (N=313)

Z-scores and levels of Interpretation	Overall	
	F	%
+2.01 & above (Extremely Good)	8	2.56
+1.26 to +2.00 (Very Good)	22	7.03
+0.51 to +1.25 (Good)	80	25.56
-0.50 to +0.50 (Moderate)	102	32.59
-1.25 to -0.51 (Poor)	68	21.73
-2.00 to -1.26 (Very Poor)	31	9.90
-2.01 & below (Extremely Poor)	2	0.64
Total	313	100%

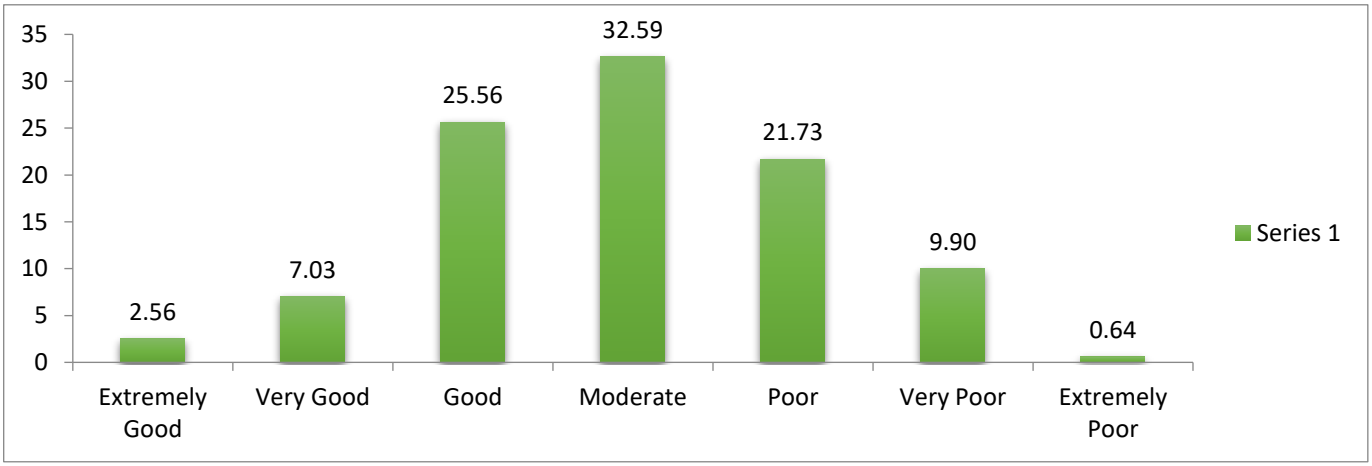


Figure 1: Graphical representation of overall level of mental health

Among secondary school students

Interpretation

From Table 3 and Figure 1 above it is observed that the overall mental health level of secondary school students (N=313). The majority of students, i.e., 102 (32.59%) fall under the moderate level of mental health. It is followed by 80 students (25.56%) having good mental health and 68 students (21.73%) having poor mental health. Further, 31 students (9.90%) have very poor, 22 students (7.03%) have very good, 8 students (2.56%) have extremely good and only 2 students (0.64%) have extremely poor mental health.

Analysis of Objective 2: To find out the levels of mental health of secondary school students across the various dimensions, viz

a) **School related causes.**
b) **Home Related Causes.**
c) **Peer Group Related Causes.**

Q2. Research Question: What are the different levels of mental health of secondary school students across the various dimensions?

The data collected on the mental health among secondary school students cross the various dimensions are presented as follows:

School Related Causes: the level of mental health among secondary school students with regard to school related causes is presented in Table 4 and Figure 2 below:

Table 4: Level of Mental Health across School-Related Causes (N=313)

Z-scores and levels of Interpretation	School Related Causes	
	F	**%**
+2.01 & above (Extremely Good)	7	2.24
+1.26 to +2.00 (Very Good)	32	10.22
+0.51 to +1.25 (Good)	46	14.70
-0.50 to +0.50 (Moderate)	126	40.26
-1.25 to -0.51 (Poor)	69	22.04
-2.00 to -1.26 (Very Poor)	26	8.31
-2.01 & below (Extremely Poor)	7	2.24
Total	313	100

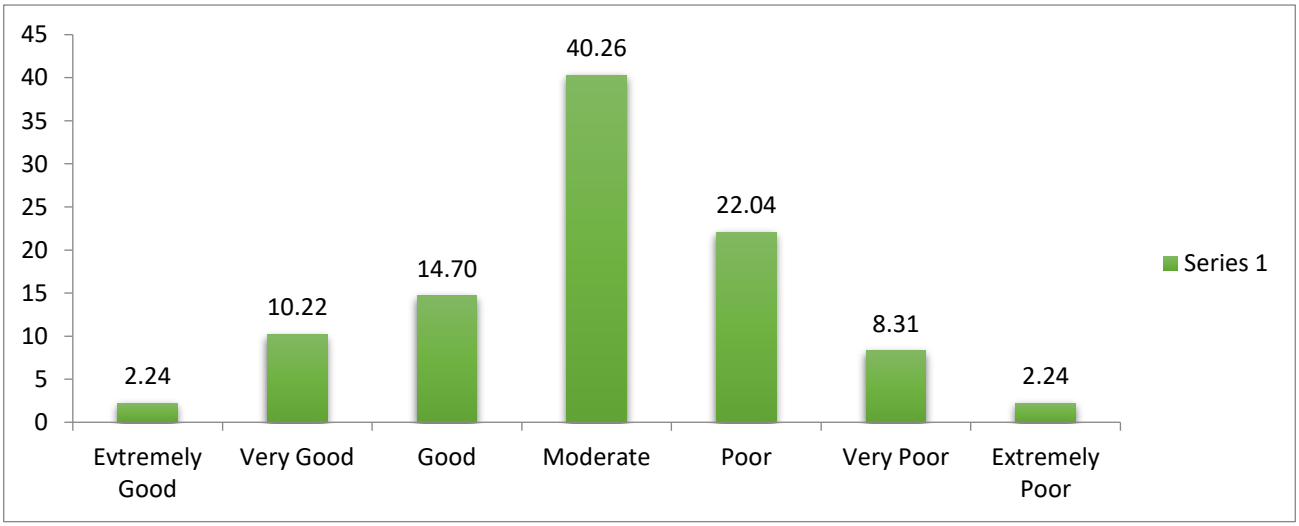


Figure 2: Graphical Representation of Level of Mental Health across School-Related Causes

Interpretation: From Table 4 and Figure 2 above shows the level of mental health of secondary school students with respect to school related causes (N=313). It reveals that majority of students, i.e., 126 (40.26%) have moderate level of mental health, followed by 69 students (22.04%) with poor mental health and 46 students (14.70%) with good mental health. Further, 32 students (10.22%) have very good mental health, 26 students (8.31%) have very poor mental health, 7 students (2.24%) have extremely good mental health and 7 students (2.24%) have extremely poor mental health with regard to school related causes.

b) Home Related Causes: The level of Mental Health among Secondary School Students with regard to Home Related Causes is presented in Table 5 and Figure 3 below:-

Table 5: Level of Mental Health across Home Related Causes (N=313)

Z-scores and levels of Interpretation	Home Related Causes	
	F	**%**
+2.01 & above (Extremely Good)	5	1.60
+1.26 to +2.00 (Very Good)	27	8.63
+0.51 to +1.25 (Good)	66	21.09
-0.50 to +0.50 (Moderate)	121	38.66
-1.25 to -0.51 (Poor)	60	19.17
-2.00 to -1.26 (Very Poor)	27	8.63
-2.01 & below (Extremely Poor)	7	2.24
Total	313	100

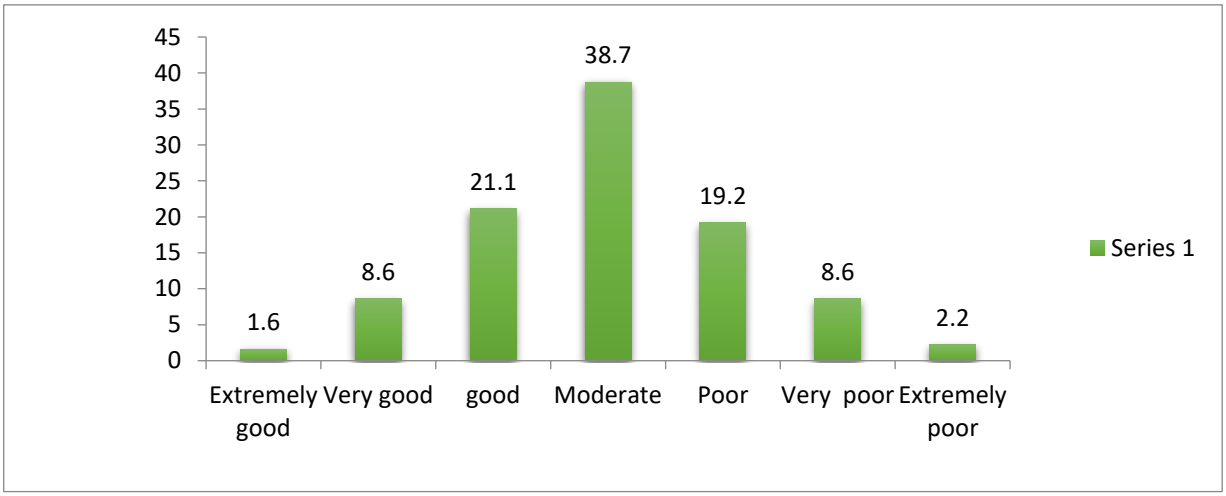


Figure 3: Graphical Representation of Level of Mental Health across Home-Related Causes

Interpretation: From Table 5 and Figure 3 above shows the level of mental health of secondary school students with respect to home related causes (N=313). It is found that majority of students, i.e., 121 (38.66%) fall under moderate level, followed by 66 students (21.09%) with good mental health and 60 students (19.17%) with poor mental health. Further, 27 students (8.63%) each have very good and very poor mental health, 7 students (2.24%) have extremely poor and only 5 students (1.60%) have extremely good mental health in home related dimension.

c) Peer Group Related Causes: The level of mental health among secondary school students with regard to Peer Group Related Causes is presented in Table 6 and Figure 4 below:-

Table 6: Level of Mental Health across Peer Group-Related Causes (N=313)

Z-scores and levels of Interpretation	*Peer Group Related Causes*	
	F	***%***
+2.01 & above (Extremely Good)	*3*	*0.96*
+1.26 to +2.00 (Very Good)	*33*	*10.54*

+0.51 to +1.25 (Good)	*62*	*19.81*
-0.50 to +0.50 (Moderate)	*120*	*38.34*
-1.25 to -0.51 (Poor)	*61*	*19.49*
-2.00 to -1.26 (Very Poor)	*29*	*9.27*
-2.01 & below (Extremely Poor)	*5*	*1.60*
Total	*313*	*100%*

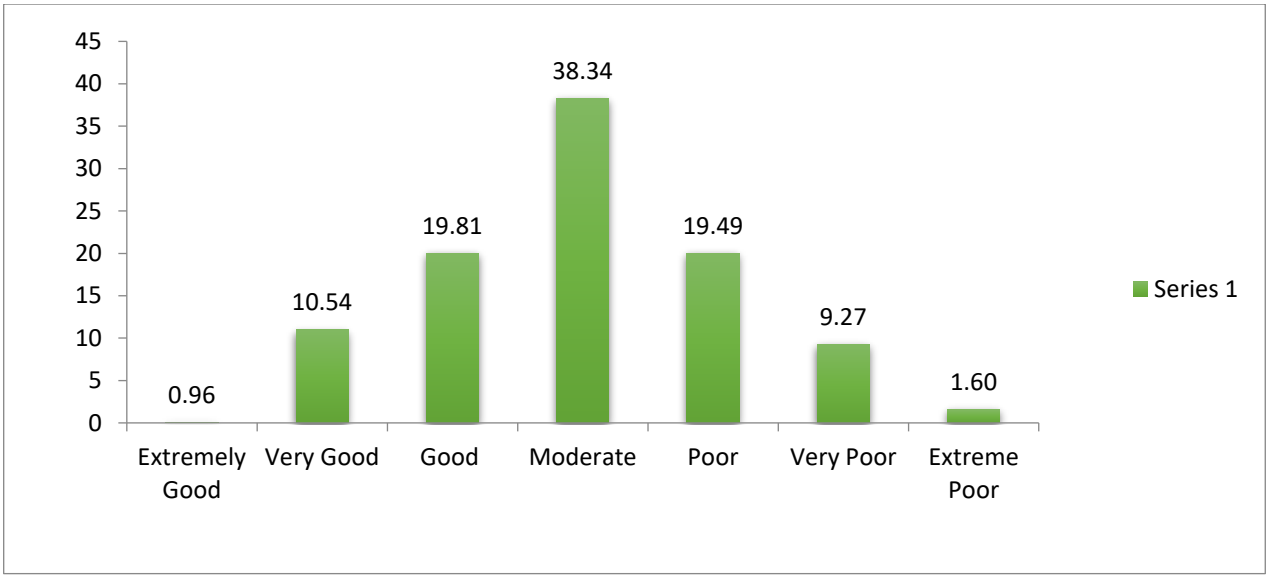


Figure 4: Graphical representation of the level of Mental Health across Peer Group-Related Causes

Interpretation: From Table 6 and Figure 4 shows the level of mental health of secondary school students with respect to peer group related causes (N=313). Majority of students, i.e., 120 (38.34%) have moderate mental health, followed by 62 students (19.81%) with good and 61 students (19.49%) with poor mental health. Further, 33 students (10.54%) have very good, 29 students (9.27%) have very poor, 5 students (1.60%) have extremely poor and only 3 students (0.96%) have extremely good mental health in this dimension.

Analysis of Objectives 3: To find out the difference in mental health between male and female secondary school students.

The difference in mental health between male and female secondary school students in given in Table 7 below and the null hypothesis is stated as follow:-

H_{01}: There is no significant difference in mental health between male and female secondary school students.

Table 7: Difference in Mental Health between Male and Female secondary school students

	Sex	N	Mean	SD	df	t-value	p-value	Remarks
	Male	**152**	**127.74**	**25.03**				
Mental Health	**Female**	**161**	**135.54**	**22.50**	**311**	**2.90**	**<.001**	**Sig**

Significant at 0.05 Level

Interpretation: Table 7 shows that female students (M = 135.54, SD = 22.50) scored higher than male students (M = 127.74, SD = 25.03). The t-value 2.90 is greater than the critical value 1.96 at 0.05 level with df 311. The p-value is < .001, which is significant. Therefore the null hypothesis is rejected. The effect size Cohen's d = 0.33 indicates a small to medium effect, with 95% confidence interval of mean difference ranging from 2.51 to 13.09. This shows female students have significantly greater mental health problems than male students.

Analysis of Objectives 4: To find out the difference in mental health between male and female secondary school students across the different dimensions of Mental Health

a) School Related Causes.
b) Home Related Causes.
c) Peer Group Related Causes.

The difference in mental health between male and female secondary school students in Jowai across the different dimensions of Mental Health is presented in Table 8, and the null hypothesis is stated as follows:-

H_{02}: There is no significant mental health between male and female secondary school students across the different dimensions of mental health

a) School Related Causes.
b) Home Related Causes.
c) Peer Group Related Causes.

Table 8: Difference in Mental Health between Male and Female secondary schools students across the different dimensions of Mental Health

Dimensions	Sex	N	Mean	SD	df	t-value	p-value	Remarks
School Related Causes	Male	152	41.62	9.63				
	Female	161	43.60	8.38	311	1.94	.053	Not Sig
Home Related Causes	Male	152	52.40	11.66				
	Female	161	56.52	11.27	311	3.18	<.001	Sig
Peer Group Related Causes	Male	152	33.71	8.68				
	Female	161	35.42	7.82	311	1.83	.067	Not Sig

Not Significant/Significant at 0.05 level

Interpretation: From Table 8, an independent samples t-test was conducted to compare male and female secondary school students on different dimensions of mental health.

- For School Related Causes, no statistically significant difference was found between male students (M = 41.62, SD = 9.63, N = 152) and female students (M = 43.60, SD = 8.38, N = 161), t(311) = 1.94, p = .053, d = 0.22, 95% CI [-0.02, 3.98]. The confidence interval includes zero and the effect size was small, indicating no meaningful gender difference in school-related causes of mental health.
- For Home Related Causes, a statistically significant difference was observed. Female students (M = 56.52, SD = 11.27) reported significantly higher scores than male students (M = 52.40, SD = 11.66), t(311) = 3.18, p < .001, d = 0.36, 95% CI [1.58, 6.66]. The effect size was small to medium, suggesting that home-related factors contribute more to mental health concerns among female students.
- For Peer Group Related Causes, the difference between male students (M = 33.71, SD = 8.68) and female students (M = 35.42, SD = 7.82) was not statistically significant, t(311) = 1.83, p = .067, d = 0.20, 95% CI [-0.12, 3.54]. The interval includes zero with a small effect size, indicating no significant gender difference in peer-related causes. Overall, gender difference was significant only for home-related causes of mental health.

Analysis of Objective 5: To find out the difference in mental health between class ix and class x secondary schools students.

The difference in mental health between class ix and class x secondary school students is presented in Table 9 and the null hypothesis is stated as follows:-

H_{03}: There is no significant difference in mental health between class ix and class x secondary schools students.

Table 9: Difference in Mental Health between Class IX and Class X secondary schools students

	Class	Mean	SD	N	*df*	*t-value*	*p-value*	Remarks
Mental Health	IX	135.65	24.50	167	311	3.10	<.000	Sig
	X	127.30	22.79	*146*				

Significant at 0.05 Level

Interpretation: From Table 9 above, an independent samples t-test revealed a statistically significant difference in mental health between Class IX and Class X students, t(311) = 3.10, p < .001, d = 0.35, 95% CI [3.10, 13.59]. Class IX students (M = 135.65, SD = 24.50, N = 167) reported significantly higher scores than Class X students (M = 127.30, SD = 22.79, N = 146). The effect size was small to medium, indicating that Class IX students experience relatively higher mental health problems compared to Class X students. Hence, the null hypothesis is rejected.

Analysis of Objective 6: To find out the differences in mental health between secondary schools students from government, government aided and private schools.

The difference in mental health between secondary school students studying in government, government aided and private schools is presented in Table 10, and the null hypothesis is stated as follows:

H_{O4}: There is no significant difference in mental health between secondary school students from government, government aided and private schools.

Table 10: Differences in Mental Health between secondary schools students from Government, Government Aided and Private Schools

Management	N	M	SD		SS	df	MS	F	p	F. crit
Government	68	134.0	20.4	Bet. Group	481.33	2	**240.66**	**0.41**	**.66**	**3.02**
Government Aided	125	130.7	23.8	Wit. Group	179862.2	310	**580.20**			
Private	120	131.5	26.1	Total	180343.5	312				

Not Significant at 0.05 Level

Interpretation: From Table 10 above, a one-way (ANOVA) was carried out to find out whether there is any significant difference in the mean scores of secondary school students in Jowai from Government, Government Aided, and Private Schools. No statistically significant difference was found, F (2, 310) = 0.41, p =.66, η^2 =.002. The mean scores for Government (M=134.0, SD=20.4, N=68), Government Aided (M=130.7, SD=23.8, N=125) and Private schools (M=131.5, SD=26.1, N=120) were similar, indicating that type of school management does not significantly influence mental health of secondary school students. Therefore, the null hypothesis is accepted.

DISCUSSION OF FINDINGS

The present study found moderate level of mental health among secondary school students in Jowai. This finding is in line with Arumugam and Mahendraprabu (2014) who found average to good mental health among higher secondary students and Lamare (2025) who found majority of Class 12 students in Jowai, West Jaintia Hills fall under moderate level. However, it differs from Marbaniang (2024) who found majority of secondary school students in Ri-Bhoi District have poor mental health. The difference may be due to geographical and socio-cultural variations within Meghalaya itself, indicating that mental health status is context-specific. The present study found female students (M=135.54) scored significantly higher than male students (M=127.74), t(311)=2.90, p<.001, indicating greater mental health problems among females. This finding is supported by Nejad and Nejad (2014), Hjorth et al. (2016), Khurshid and Khurshid (2018) who found lower mental health among females, and by Mujiaba (2017), Ansari et al. (2022) and Ranjan (2022) who also reported significant gender differences. The higher scores among females can be explained by increased emotional sensitivity, home-related pressures and early adolescent changes. However, this finding is in contrast to Dharanendrappa (2012),

Srinivasulu (2018) and Bhat and Jan (2023) who found better mental health among females, and also to Srividhya (2007), Arumugam and Mahendraprabu (2014), Patel (2016), Rani (2017) and Reddy and Siva (2023) who found no significant gender difference. This contradiction shows that gender influence on mental health varies across regions and cultural settings. Dimension-wise: significant gender difference was found only in Home Related Causes, while School Related and Peer Group Related Causes were not significant. This suggests that the overall gender difference in mental health in Jowai context is mainly driven by home environment factors. Class Difference: The study found Class IX students (M=135.65) have significantly more mental health problems than Class X students (M=127.30), $t(311) = 3.10$, $p<.001$, $d=0.35$. This is an important new finding as you rightly noted, most studies have not directly compared Class IX and X. While Srinivasulu (2018) found class is positively related to mental health status and Khurshid and Khurshid (2018) highlighted more academic pressure in higher classes, the present study found the opposite - younger secondary students (IX) are more vulnerable. This may be due to adjustment problems during transition to secondary stage in Jowai context. This fills the research gap identified in the review. Type of School Management: The present study found no significant difference among Government, Government Aided and Private school students, $F(2,310) = 0.41$, $p=.66$. This finding is consistent with Reddy and Siva (2023) who found no significant difference based on type of school and Jan et al. (2024) who found no significant difference between Government and Private schools in Kulgam. This suggests that in Meghalaya context, management type does not play a major role in mental health. It is however, in contrast to Srividhya (2007) who found difference among Navodaya, Central and State schools and Tongper (2023) who found private school students had higher mental imagery. The difference may be because mental health and mental imagery are different constructs, and also because Government and Private schools in Jowai may have similar socio-economic background of students. In conclusion, the mixed findings in literature and the present region-specific findings confirm the statement that further systematic and region-specific research is needed to understand psychological well-being of secondary students in Meghalaya.

CONCLUSION

The findings revealed that secondary school students in Jowai have moderate level of mental health problems. With regard to gender, female students were found to have significantly higher mental health problems than male students, and dimension-wise analysis showed this difference was mainly due to Home Related Causes, while no significant difference was found in School Related and Peer Group Related Causes. With regard to class, Class IX students showed significantly higher mental health problems than Class X students, indicating that students in early secondary stage are more vulnerable and need more guidance during transition. With regard to type of school management, no significant difference was found among Government, Government Aided and Private school students, indicating that mental health is not influenced by type of management in this context. In conclusion, it can be said that mental health of secondary school students in Jowai is moderate and is influenced by gender and class, particularly home environment for female students. The study highlights the need for region-specific mental health interventions rather than generalizing findings from other parts of the country. Further, the study offers some practical recommendations. Since female students reported more home-related mental health problems, parents should be sensitized through parent-teacher meetings to provide supportive home environment and reduce domestic pressure, especially for girls. Schools should appoint trained counsellors and organize life-skills, stress management and mental health awareness programmes with special focus on Class IX students who showed higher vulnerability. Teachers should be trained to identify early signs of mental health issues and provide emotional support. Since no difference was found based on school management, all schools - Government, Aided and Private - should be given equal attention under government mental health programmes like Manodarpan and School Health Programme. Finally, further research may be conducted with larger sample covering all districts of Meghalaya, including variables like socio-economic status, family type, and academic achievement and using mixed-method approach for deeper understanding.

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