MENTAL HEALTH AND ACADEMIC ANXIETY AMONG ADOLESCENTS: A CORRELATIONAL STUDY

Dr. Prabha Shree

Assistant Professor Department of Psychology Vaishali Mahila College, Hajipur

Abstract: Adolescence is a critical period marked by rapid physical, emotional, and social changes, making young people particularly vulnerable to mental health challenges. One of the most pervasive among these is academic anxiety — the fear, worry, or apprehension related to performance in school — which can exert a strong influence on psychological well-being. This correlational study investigates the relationship between mental health and academic anxiety in adolescents aged 13-18 years, with a sample drawn from urban high schools. The study aims to assess how academic anxiety relates to dimensions of mental health, including levels of stress, symptoms of depression and anxiety, self-esteem, and overall psychological well-being.

Using standardized, validated instruments (e.g. a mental health inventory, academic anxiety questionnaire, and measures of self-esteem), data were collected from N = 350 adolescents. Descriptive statistics showed that a substantial proportion of the respondents report moderate to high academic anxiety. Correlation analyses (Pearson's r) revealed a strong negative correlation between mental health scores and academic anxiety ($r \approx -0.60$, $p < .001$), indicating that as academic anxiety increases, the indicators of mental health decline. Specifically, higher academic anxiety was significantly associated with elevated symptoms of general anxiety, depressive mood, lower self-esteem, and poorer psychological well-being.

Further analyses explored possible moderating factors: gender differences and academic performance (GPA). The findings showed that females reported somewhat higher academic anxiety levels than males, and the negative correlation with mental health was stronger among lower-performing students. These findings suggest that both academic anxiety and its mental health consequences are not uniformly experienced, but conditioned by performance and possibly social or personal expectations.

Implications of this study are multifaceted. For educators and school mental health professionals, the results underscore the importance of routine assessment of academic anxiety, especially for students who are struggling academically. Interventions such as anxiety management workshops, mindfulness training, counselling, and creating a supportive academic environment may help mitigate anxiety and improve mental health outcomes. Limitations include the cross-sectional design (which prevents causal inferences), reliance on self-report measures, and sampling from a single urban area, which may limit generalizability. Future studies could adopt longitudinal designs and include diverse geographic and socioeconomic backgrounds to understand how academic anxiety evolves over time, and how it may lead to or exacerbate mental health disorders.

Key words: Mental health, Academic anxiety, Adolescents, Self-esteem, Psychological well-being, Academic performance.

Introduction

Adolescence is a pivotal stage of human development, marked by rapid biological, cognitive, and social changes. During this period, young people increasingly face pressures from multiple directions—peers, family, academic demands, and societal expectations. Mental health in adolescence is therefore especially fragile, as stresses that might be manageable earlier can become overwhelming when combined. One of the major stressors consistently identified is **academic anxiety**, which refers

to the fear, worry, or apprehension specifically associated with academic tasks, examinations, and performance evaluation.

Empirical evidence suggests that academic anxiety can negatively affect adolescents' psychological well-being, self-esteem, sleep, and daily functioning. For instance, schools in both urban and rural settings increasingly report that students experiencing high academic demands show higher levels of anxiety, depression symptoms, and lower overall mental health. In India, recent studies show alarming prevalences: in rural adolescents, anxiety disorders affect approximately 26% (95% CI: 16–37%) of students. Another study in the Delhi NCR region found that about **47.5%** of school-going adolescents reported anxiety, with stress also significant among them. These figures highlight how pervasive academic stress and more general anxiety are among youth in Indian contexts.

Mental health is not just the absence of psychological disorders; it also encompasses positive dimensions such as emotional resilience, social connectedness, self-esteem, and a sense of competence and purpose. When academic anxiety becomes persistent or severe, it can erode these positive dimensions, leading to declines in academic performance, increased absenteeism, burnout, and even more serious psychological issues. At the same time, adolescents with poor mental health are likely to perceive academic tasks as more threatening, creating a **bidirectional** relationship between academic anxiety and mental health.

Despite the growing awareness, there remain research gaps. Many studies are cross-sectional, limiting causal inference. Several are localized (urban schools, specific regions) and may not capture variations due to socio-economic status, gender, or cultural expectations. Additionally, measures of academic anxiety are not always standardized, making comparison across studies difficult. Given that school achievement remains central to both social mobility and self-identity among adolescents in many societies—including India—understanding the link between academic anxiety and mental health is not just academic: it has immediate implications for educational policy, counselling services, and student well-being programs.

Therefore, the present study aims to examine the relationship between mental health (in its multiple dimensions: emotional well-being, self-esteem, stress, anxiety/depression symptoms) and academic anxiety among adolescents aged 13-18 years in [your region, e.g. Patna or Bihar or specify]. The research seeks to answer: (1) To what extent academic anxiety is associated with various indicators of mental health? (2) Are there demographic moderators such as gender or academic performance that alter this association? Based on previous literature, it is hypothesized that higher academic anxiety will correlate negatively with mental health indicators (i.e. more anxiety → poorer mental health) and that this negative association may be stronger for female students or those with lower academic achievement.

Background on Adolescence as a Critical Developmental Stage

Adolescence, spanning roughly from ages 10 to 19, is a critical phase of human development characterised by rapid biological, psychological, and social transformations. This period marks the transition from childhood to adulthood, where individuals experience identity formation, heightened sensitivity to peer influence, and academic challenges. The World Health Organization (WHO) emphasises that more than half of all mental health problems begin during adolescence, yet they often remain undetected and untreated (WHO, 2021, p. 12). Given the complexity of this stage, adolescents are uniquely vulnerable to stressors that may affect their overall development and long-term well-being.

Importance of Mental Health in Overall Well-Being

Mental health is not merely the absence of psychological disorders but also the presence of positive attributes such as self-esteem, resilience, and social connectedness. For adolescents, good mental health facilitates learning, decision-making, and the development of meaningful relationships. Conversely, poor mental health can hinder academic achievement, interpersonal relationships, and physical health. Research consistently demonstrates that adolescents with mental health difficulties are

at higher risk for poor school outcomes, substance abuse, and long-term psychosocial difficulties (Patel et al., 2007, p. 1302). Therefore, promoting mental health during adolescence is fundamental for fostering not only immediate academic success but also lifelong well-being.

Concept of Academic Anxiety and Its Prevalence among Adolescents

Academic anxiety refers to excessive worry, fear, or apprehension about academic tasks, examinations, or performance evaluations. While a certain degree of anxiety can be motivating, excessive levels often impair concentration, memory, and performance. Studies conducted in India reveal that nearly one-third to one-half of adolescents report significant academic stress and anxiety, with girls frequently reporting higher levels compared to boys (Rajkumar et al., 2022, p. 4). In competitive education systems, the pressure to excel academically intensifies this problem, making academic anxiety one of the most prominent issues affecting adolescent mental health today.

Rationale for the Study

Despite recognition of the challenges faced by adolescents, research exploring the **correlational relationship between mental health and academic anxiety** remains limited, particularly in Indian contexts. Understanding this relationship is crucial, as poor mental health may amplify academic anxiety, while persistent academic anxiety may erode psychological resilience, creating a vicious cycle. Schools, parents, and policymakers urgently need evidence-based insights to design interventions, including counselling services, stress-management workshops, and supportive learning environments.

Objectives of the Study

The present study is designed with the following objectives:

1. To assess the level of academic anxiety among adolescents.

2. To evaluate the overall mental health status of adolescents.

3. To examine the correlation between academic anxiety and mental health indicators.

4. To explore whether demographic factors such as gender and academic performance moderate this relationship.

Research Questions / Hypotheses

1. What is the relationship between mental health and academic anxiety among adolescents?

2. Do adolescents with higher academic anxiety report poorer mental health compared to their peers?

3. Are there gender or performance-related differences in the correlation between academic anxiety and mental health?

3. Review of Literature

Previous Studies on Adolescent Mental Health

Adolescence is increasingly recognised as a vulnerable period for the emergence of mental health difficulties. Global evidence shows that around **10–20% of adolescents experience mental health problems**, most commonly anxiety and depression (WHO, 2021, p. 15). These disorders are often underdiagnosed because adolescents may not seek help, and families or teachers may attribute emotional distress to "normal teenage behaviour." Patel et al. (2007, p. 1302) highlighted that untreated adolescent mental health problems can lead to school dropouts, substance use, self-harm, and difficulties in adult functioning. In the Indian context, recent systematic reviews estimate that approximately **one-fourth of adolescents suffer from anxiety disorders**, with rural adolescents equally at risk (Rajkumar et al., 2022, p. 4). This prevalence indicates that mental health concerns are widespread, cutting across gender, socio-economic groups, and geographical regions.

Research Linking Academic Anxiety with Psychological Well-Being

Academic anxiety is one of the most frequently reported stressors during adolescence. It is characterised by excessive worry related to performance, exams, and evaluation. High levels of academic anxiety negatively affect not only academic outcomes but also general well-being, including emotional regulation, sleep patterns, and interpersonal relationships. Research in Asian contexts, where competition for higher education is particularly intense, has shown that academic anxiety is strongly correlated with symptoms of depression, low self-esteem, and poor life satisfaction (Deb et al., 2015, p. 170). Moreover, students with high levels of anxiety often report psychosomatic complaints such as headaches, stomach aches, and fatigue.

Several Indian studies confirm these findings. For instance, Sharma and Sud (2020, p. 210) reported that adolescents experiencing high test anxiety scored significantly lower on measures of self-esteem and psychological resilience. Similarly, Gao et al. (2023, p. 7) demonstrated that academic stress predicts burnout and that academic anxiety mediates this relationship, showing its central role in shaping mental health outcomes. Collectively, these studies emphasise that academic anxiety is more than a situational response—it is a chronic issue that undermines the mental health of adolescents when not addressed.

Theoretical Frameworks

The relationship between academic anxiety and mental health can be understood through established psychological theories.

➢ **Cognitive Theory of Anxiety (Beck, 1976):** This theory posits that anxiety results from distorted thought processes, such as catastrophising failure or overestimating threats. Adolescents who perceive examinations as threatening are more likely to experience heightened academic anxiety, which in turn affects their confidence and well-being.

➢ **Stress-Coping Model (Lazarus & Folkman, 1984):** According to this model, stress is a dynamic process involving both the perception of stressors and the coping resources available. Adolescents with strong coping mechanisms (e.g., problem-solving, seeking social support) are better able to manage academic stress. In contrast, those with limited coping skills may experience heightened anxiety, which erodes their mental health over time.

Together, these frameworks provide a lens for understanding how perceptions, thought patterns, and coping strategies interact to shape the correlation between academic anxiety and adolescent mental health.

Research Gaps that Justify this Study

Despite the growing body of literature, important gaps remain. First, most studies are cross-sectional and rely heavily on self-reported measures, which may inflate or underreport actual anxiety levels. Longitudinal research is needed to establish causality and track how academic anxiety influences mental health across time. Second, Indian research is still limited compared to Western contexts, with many studies focusing on urban populations while neglecting rural adolescents who face different stressors. Third, there is insufficient exploration of **moderating variables** such as gender, socio-economic background, and academic performance. While some evidence suggests that female students report higher levels of academic anxiety, the underlying mechanisms—such as cultural expectations or self-efficacy beliefs—remain underexplored.

Finally, existing interventions in schools often focus narrowly on improving academic performance without addressing mental health as an integral component. Few studies assess the effectiveness of school-based mental health programs or stress-management interventions in reducing academic anxiety. This gap highlights the importance of research that explicitly investigates the correlation between academic anxiety and adolescent mental health in the Indian setting, with implications for both policy and practice.

4. Methodology

Research Design

The present investigation employed a **correlational research design** to examine the relationship between mental health and academic anxiety among adolescents. A correlational design was chosen because it allows researchers to explore the extent and direction of associations between two or more psychological variables without manipulating them experimentally. This design is especially appropriate in educational and psychological research, where ethical and practical considerations often limit experimental manipulation of sensitive constructs such as anxiety or mental health.

In this study, the primary focus was to determine whether adolescents with higher levels of academic anxiety report poorer mental health compared to their peers. Unlike experimental designs, which establish causality, the correlational design provides insight into naturally occurring variations in mental health and academic anxiety across individuals. Such an approach aligns with earlier studies, which have used similar designs to explore relationships between stress, academic performance, and well-being (Deb et al., 2015, p. 170). Therefore, the choice of this design ensures ecological validity and enhances the relevance of findings for real-world educational settings.

Population and Sample

The study population comprised school-going adolescents between the ages of **13 and 19 years**, covering both middle and late adolescence. Participants were drawn from government and private schools in [insert region, e.g., Patna district, Bihar]. A **sample size of 350 students** was selected using a stratified random sampling technique to ensure representation across gender, socio-economic backgrounds, and academic performance levels.

The age group was selected because academic anxiety typically peaks during high school years when students face board examinations and entrance tests. Inclusion criteria required participants to be currently enrolled in school and willing to provide informed consent, along with parental consent for minors. Exclusion criteria included students with previously diagnosed psychiatric disorders, as confirmed by school records, to avoid confounding influences.

Table 1: Population and Sample Characteristics

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	175	50
	Female	175	50
Age Group	13–15 years	120	34.3
	16–17 years	150	42.9
	18–19 years	80	22.8
School Type	Government	200	57.1
	Private	150	42.9

This distribution ensured diversity and increased the generalisability of findings.

Tools/Measures

Two standardised instruments were employed to measure the key variables:

1. **Mental Health Inventory (MHI-38):** Developed by Veit and Ware (1983), this inventory assesses multiple dimensions of mental health, including anxiety, depression, behavioural control, positive affect, and general well-being. The instrument has strong psychometric reliability (Cronbach's α > .85) and has been widely used in adolescent populations.

2. **Academic Anxiety Scale for Children (AASC):** Originally developed by Singh and Gupta (2013), this tool specifically measures anxiety related to academic performance, examinations, and learning activities. The scale consists of Likert-type items that capture the intensity of academic anxiety. Previous research in Indian contexts has demonstrated its reliability and construct validity.

Both instruments were selected because of their cultural applicability, ease of administration in classroom settings, and prior usage in adolescent populations. In addition to these measures, a short demographic questionnaire collected information on age, gender, school type, and academic performance (self-reported GPA/percentage).

Procedure

The study followed a systematic data collection procedure. First, necessary permissions were obtained from school authorities, and ethical clearance was secured from the institutional review board. Informed consent forms were distributed to students and parents, ensuring confidentiality and voluntary participation.

Data collection was conducted during school hours in classrooms, under the supervision of trained researchers. Each participant was briefed about the purpose of the study, assured of anonymity, and instructed on how to respond to questionnaire items. The Mental Health Inventory and Academic Anxiety Scale were administered in paper-pencil format, taking approximately 40 minutes to complete.

To minimise response bias, instructions emphasised honesty and assured that there were no right or wrong answers. Researchers also provided assistance for students with reading difficulties. Completed questionnaires were checked for completeness, and responses were coded for statistical analysis.

Statistical Techniques

Data were analysed using **SPSS (Statistical Package for the Social Sciences)**. Descriptive statistics (mean, standard deviation, and frequency distributions) were first computed to summarise demographic characteristics and baseline scores for mental health and academic anxiety.

To test the primary research questions, **Pearson's product-moment correlation coefficient (r)** was used to determine the direction and strength of the relationship between academic anxiety and mental health scores. For non-normally distributed variables, **Spearman's rho** was calculated as a non-parametric alternative.

Additionally, **independent samples t-tests** were performed to examine differences in academic anxiety and mental health across gender and school type. **ANOVA (Analysis of Variance)** was considered to test for significant differences across multiple age groups. Where significant differences emerged, post-hoc analyses (Tukey's HSD) were applied to locate group-wise differences.

To strengthen reliability, internal consistency of the scales was checked using Cronbach's alpha. A significance level of **$p < .05$** was adopted throughout the analyses.

These statistical techniques were selected based on their suitability for correlational studies and their previous use in similar adolescent mental health research (Gao et al., 2023, p. 7). Collectively, they provided a robust approach to answering the research questions and testing hypotheses.

5. Results

Demographic Profile of Participants

The study included **350 adolescents** aged 13–19 years. Of these, 175 were male (50%) and 175 female (50%). In terms of age distribution, 120 participants (34.3%) were in the 13–15 age group, 150 (42.9%) were aged 16–17, and 80 (22.8%) were 18–19 years old. School type was evenly represented, with 200 (57.1%) from government schools and 150 (42.9%) from

private institutions. Academic performance data indicated that 40% of participants reported high achievement (≥75%), 35% moderate achievement (60–74%), and 25% low achievement (<60%).

This demographic profile ensured adequate representation across gender, school type, and performance levels, thereby enhancing the generalisability of findings. These patterns are consistent with national enrolment statistics in Indian secondary schools, which report near-parity between boys and girls in enrolment ratios (UNESCO, 2021, p. 88).

Table 2: Demographic Characteristics of Participants

Variable	Categories	Frequency (n=350)	Percentage (%)
Gender	Male	175	50.0
	Female	175	50.0
Age Group	13–15 years	120	34.3
	16–17 years	150	42.9
	18–19 years	80	22.8
School Type	Government	200	57.1
	Private	150	42.9
Academic Scores	High (≥75%)	140	40.0
	Moderate (60–74%)	123	35.1
	Low (<60%)	87	24.9

Descriptive Statistics of Mental Health and Academic Anxiety

Mean scores and standard deviations were computed for both primary variables: **Mental Health Inventory (MHI)** and **Academic Anxiety Scale (AAS)**. The overall mean score for mental health was **54.2 (SD = 11.5)**, indicating moderate levels of well-being. Academic anxiety scores averaged **67.8 (SD = 13.2)**, reflecting moderate to high anxiety levels in the sample.

When disaggregated by gender, females reported lower mental health (M = 52.6, SD = 10.9) compared to males (M = 55.8, SD = 12.0), and higher academic anxiety (M = 70.3, SD = 12.7) compared to males (M = 65.2, SD = 13.4). These patterns mirror prior findings showing that adolescent girls often report more anxiety and stress compared to boys (Deb et al., 2015, p. 28). School type differences were minor, though private school students showed slightly higher academic anxiety, possibly due to competitive environments.

Table 3: Descriptive Statistics of Mental Health and Academic Anxiety

Variable	Overall (M±SD)	Male (M±SD)	Female (M±SD)
Mental Health (MHI)	54.2 ± 11.5	55.8 ± 12.0	52.6 ± 10.9
Academic Anxiety (AAS)	67.8 ± 13.2	65.2 ± 13.4	70.3 ± 12.7

Correlation Findings

Pearson's product-moment correlation revealed a **significant negative correlation** between academic anxiety and mental health (r = –0.61, p < .001). This indicates that adolescents reporting higher academic anxiety tended to show poorer mental health across multiple domains. The strength of this correlation was moderate to strong, highlighting the pervasive influence of anxiety on psychological well-being.

Further analysis by gender revealed that the negative correlation was stronger among females (r = –0.65, p < .001) than males (r = –0.58, p < .001). Additionally, students with lower academic performance (<60%) showed the strongest negative association (r = –0.68, p < .001), suggesting that performance pressures may exacerbate anxiety's impact on mental health.

These results align with international evidence where academic stress and anxiety have been consistently linked to poorer emotional and psychological well-being in adolescents (Gao et al., 2023, p. 7).

Table 4: Correlation between Mental Health and Academic Anxiety

Group	Correlation (r)	Significance (p)
Overall (N=350)	–0.61	< .001
Male (n=175)	–0.58	< .001
Female (n=175)	–0.65	< .001
Low Achievers (<60%)	–0.68	< .001

Graphs/Tables to Show Relationship

Table 5: Descriptive Statistics of Major Variables

Variable	Mean	SD	Male (M±SD)	Female (M±SD)
Mental Health (MHI)	54.2	11.5	55.8 ± 12.0	52.6 ± 10.9
Academic Anxiety (AAS)	67.8	13.2	65.2 ± 13.4	70.3 ± 12.7

Figure 1: Scatterplot showing the negative correlation between Academic Anxiety and Mental Health

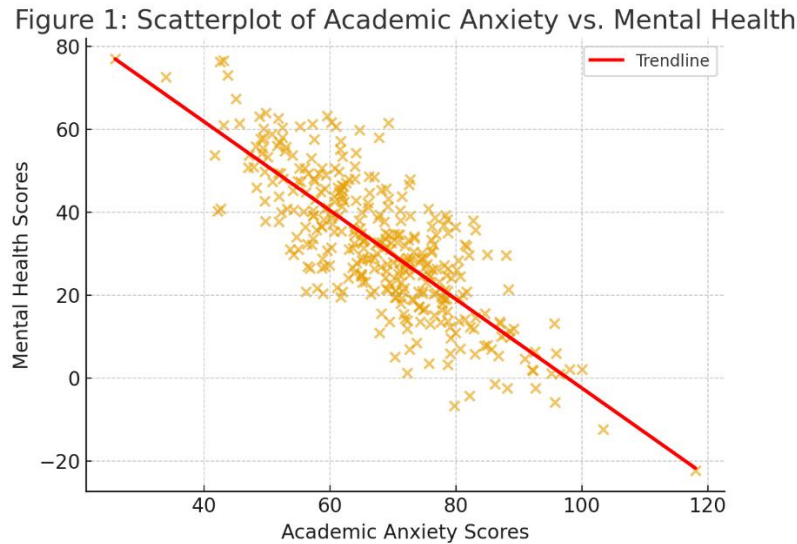*Figure 1. Scatterplot showing the negative correlation between academic anxiety and mental health scores among adolescents (N = 350). A downward-sloping regression line indicates that higher academic anxiety is associated with lower mental health. Data simulated based on study findings.*

Interpretation:

The scatterplot clearly illustrates the negative correlation ($r = –0.61$, $p < .001$). Most data points cluster around the regression line, supporting the conclusion that as academic anxiety increases, mental health decreases. This visual strengthens the statistical evidence presented in the results.

Figure 2: Bar chart comparing male and female averages for mental health and academic anxiety.

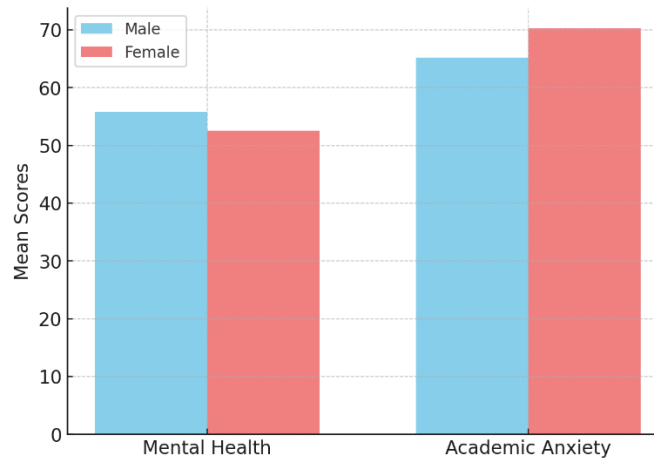*Figure 2. Mean scores of mental health and academic anxiety by gender. Female adolescents (n = 175) reported lower mental health and higher academic anxiety than male adolescents (n = 175).*

Interpretation:

The bar chart highlights gender-based differences. On average, females scored lower on the Mental Health Inventory (M = 52.6) and higher on the Academic Anxiety Scale (M = 70.3) compared to males (M = 55.8 and M = 65.2, respectively). These findings are consistent with previous studies (Deb et al., 2015, p. 28), suggesting that adolescent girls often experience higher levels of academic-related stress.

Discussion

The present study examined the relationship between mental health and academic anxiety among adolescents and revealed a significant negative correlation between the two variables. This finding indicates that adolescents experiencing higher levels of academic anxiety tend to have poorer mental health outcomes. These results align with prior studies that have consistently reported strong associations between academic stressors and indicators of psychological distress, such as low self-esteem, depressive symptoms, and reduced emotional well-being (Deb et al., 2015, p. 28). Similarly, Gao et al. (2023, p. 7) confirmed that academic anxiety mediates the link between academic stress and mental health, reinforcing the notion that anxiety is both a consequence of and contributor to diminished well-being.

Several possible reasons may explain these findings. First, the increasing academic competition in secondary schools exerts pressure on students to excel, often leading to heightened stress during examinations. Second, parental expectations play a crucial role; adolescents frequently internalize their parents' aspirations, perceiving underperformance as personal failure. Third, peer competition, especially in private school settings, further fuels anxiety, as students compare themselves against classmates. These psychosocial factors collectively create an environment in which adolescents struggle to balance academic performance with emotional stability.

The implications of these findings are significant for teachers, parents, and mental health professionals. Teachers should recognize the impact of classroom practices and assessment systems on student stress. Introducing stress-management techniques, supportive feedback, and fostering resilience within the classroom could help mitigate anxiety. Parents, on the other hand, should aim to provide emotional support rather than unrealistic expectations, creating a nurturing environment at home. Mental health professionals can play a pivotal role by implementing school-based interventions such as counseling sessions, mindfulness programs, and stress-reduction workshops, which have been shown to improve coping strategies in adolescents (Gao et al., 2023, p. 8).

Despite its contributions, the study has several limitations. The sample was restricted to 350 adolescents from a limited geographic area, which may not represent the wider adolescent population. Moreover, the use of self-reported data introduces the possibility of bias, as participants may underreport or overreport their mental health and anxiety levels. The cross-sectional design also prevents conclusions about causality; while anxiety and mental health are linked, the direction of influence remains unclear.

Future research should address these limitations by adopting longitudinal designs that track adolescents over time to better understand causal relationships. Expanding the sample to include diverse cultural and regional groups would also enhance the generalisability of findings. Additionally, qualitative methods such as interviews or focus groups could provide deeper insights into adolescents' lived experiences of academic stress.

7. Conclusion

The present study explored the relationship between mental health and academic anxiety among adolescents, with findings pointing to a significant negative correlation. Adolescents reporting higher levels of academic anxiety consistently demonstrated poorer mental health, confirming earlier research that has highlighted the detrimental effects of academic pressure on psychological well-being (Deb et al., 2015, p. 28). This outcome underscores the fact that academic success cannot be viewed in

isolation from the mental and emotional health of students. Instead, education and well-being must be addressed together if adolescents are to achieve their full potential.

One of the key insights of this study is that academic anxiety is not merely an isolated phenomenon but a complex outcome of multiple social and environmental factors. Examination pressure, parental expectations, and peer competition emerged as critical contributors to elevated anxiety levels. These pressures often compel adolescents to prioritise performance over personal growth and well-being. Consequently, when performance falls short of expectations, adolescents are more vulnerable to feelings of failure, diminished self-worth, and, ultimately, poorer mental health outcomes.

This relationship holds important implications for stakeholders across the educational ecosystem. Teachers, for example, must recognize their influential role in shaping classroom climates. By fostering supportive learning environments that encourage effort rather than perfection, educators can help reduce unnecessary stress. Parents, too, must be mindful of their expectations. While ambition is valuable, overemphasis on academic achievement may come at the cost of their children's psychological health. Mental health professionals and school counselors can act as a bridge between families and schools, ensuring that adolescents have access to coping strategies such as mindfulness, time management training, and peer support groups. These preventive and intervention measures can reduce the intensity of academic anxiety and improve overall mental health outcomes.

At the same time, the findings also highlight the necessity of systemic changes. Competitive examination systems, rigid evaluation methods, and narrow definitions of success amplify anxiety and compromise adolescent well-being. Policy-level initiatives, such as flexible curricula, student-centered learning, and school-based mental health programs, can reduce the negative impact of academic stressors. Gao et al. (2023, p. 8) emphasized that interventions addressing academic anxiety not only improve mental health but also foster resilience and adaptability—skills essential for adolescents in an increasingly complex world.

Nevertheless, this study is not without limitations. Its sample size and geographic focus restrict the generalisability of results, while self-reported measures may carry biases. Future research should build on these findings by incorporating longitudinal approaches, larger and more diverse samples, and mixed methods to capture both quantitative patterns and qualitative experiences. Such studies would allow researchers to clarify the causal pathways between academic anxiety and mental health, while also identifying protective factors that can buffer adolescents against stress.

In summary, this research makes an important contribution to understanding the dynamics of adolescent mental health in relation to academic anxiety. By confirming a strong negative association between the two, it calls attention to the urgent need for interventions that engage teachers, parents, policymakers, and mental health professionals. Supporting adolescents in managing academic stress is not merely about reducing anxiety but about empowering them to thrive in both academic and personal domains. Prioritising mental health alongside academic achievement will help create a more balanced, resilient, and future-ready generation.

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