



Mental health in relation to social intelligence among secondary school students

Dr. Santosh Kumari¹, Jahnvi Kamboj²

¹ Assistant Professor, Department of Education, Guru Nanak Dev University, Amritsar, Punjab, India

² Department of Education, Guru Nanak Dev University, Amritsar, Punjab, India

Abstract

Mental health, social intelligence, are shaping the academic and personal lives of secondary school students. This study investigates the interrelationships among 200 secondary school students (100 boys, 100 girls) from Class IX and X in Amritsar district, using random sampling. The Mental Health Scale by Arun Kumar Singh and Arpana Sen Gupta (2008), the Social Intelligence Scale by S. Mathur (2007), and the Educational Anxiety Scale by Sood & Anand (2012) were administered. Descriptive statistics (mean, median, standard deviation) and inferential statistics (t-test, Pearson's product moment correlation) were applied. Results reveal significant gender differences with boys scoring higher on mental health, social intelligence, compared to girls. Significant correlations were found among all three variables in both gender groups. Findings emphasize the need for school-based social-emotional learning programs and mental health support systems.

Keywords: Mental health, social intelligence, educational anxiety, secondary school students, gender differences, Amritsar

Introduction

The National Education Policy (NEP) 2020 represents the most comprehensive and ambitious reimagining of India's educational framework since the landmark policy of 1986. Conceived against the backdrop of a rapidly transforming global order, NEP 2020 envisions an education system that is not merely concerned with academic attainment and examination performance, but one that is deeply invested in the holistic development of every learner. Among its most significant and forward-looking provisions is the explicit recognition of mental health and socio-emotional well-being as foundational pillars of quality education. The policy calls for the integration of counsellors and trained mental health professionals in schools, the embedding of social and emotional learning within the curriculum, and the creation of safe, inclusive, and psychologically supportive school environments. NEP 2020 also emphasizes the cultivation of life skills, empathy, communication, and interpersonal competence qualities that collectively constitute what researchers define as social intelligence. In doing so, the policy has brought into sharp focus a set of concerns that educators, psychologists, and researchers can no longer afford to treat as peripheral: the inner psychological lives of Indian school students, and the social and emotional capacities they bring to their educational journeys.

This policy shift is not incidental. It responds to a growing and well-documented crisis in the mental health of young people across India. Epidemiological studies conducted in the past two decades have consistently revealed alarming rates of psychological distress, mood disorders, interpersonal difficulties, and stress-related conditions among adolescents in the Indian subcontinent. The World Health Organization has identified adolescence broadly spanning the ages of ten to nineteen as a critical window during which the foundations of lifelong mental health are laid. Disturbances during this period, if unaddressed, carry significant consequences for adult functioning, occupational performance, relationship quality, and overall quality of life. India, home to the world's largest adolescent population, thus faces an urgent and large-scale challenge: how to

safeguard and promote the psychological well-being of millions of young people who are simultaneously navigating the pressures of schooling, identity formation, and social development.

The secondary school stage occupies a particularly consequential position within the broader arc of adolescent development. Students in Classes VIII through X, typically between the ages of thirteen and sixteen, find themselves at the intersection of multiple and often competing developmental demands. Biologically, they are undergoing the rapid and sometimes disorienting changes of puberty changes that affect not only their bodies but also their self-concept, emotional regulation, and social awareness. Cognitively, they are developing the capacity for abstract reasoning, hypothetical thinking, and introspection, enabling deeper but also more complex forms of self-reflection and awareness of others. Socially, the peer group assumes increasing importance during this phase, often displacing the family as the primary reference point for norms, values, and self-evaluation. The approval and acceptance of peers become deeply significant, and the experience of social rejection, exclusion, or conflict can carry powerful psychological weight.

At the same time, secondary school students in India are confronted with an intensifying academic environment. The Indian educational system, despite the progressive vision articulated in NEP 2020, continues in practice to place enormous weight on performance in standardized examinations. The pressure to perform fuelled by parental expectations, competitive admission processes, and the pervasive cultural equation of academic success with personal worth creates a climate of chronic stress for many adolescents. Students internalize a sense that their value as individuals is contingent upon their grades, their rank in class, and their eventual placement in prestigious institutions. This relentless performance orientation takes a measurable toll on psychological well-being, contributing to states of worry, apprehension, low self-esteem, and in more severe cases, diagnosable conditions such as depression and anxiety disorders. The weight of academic culture in India,

therefore, is not merely an educational issue it is a mental health issue of considerable magnitude.

Mental health, as defined by the World Health Organization, is not simply the absence of mental illness, but a state of well-being in which individuals realize their own potential, cope with the normal stresses of life, work productively, and contribute to their communities. When applied to the adolescent context, this definition foregrounds the importance of psychological resilience, emotional balance, a positive self-concept, and the ability to form and sustain meaningful relationships. For secondary school students, mental health encompasses the capacity to manage academic demands without being overwhelmed, to navigate the social landscape of school with confidence, to experience a stable and affirming sense of identity, and to find purpose and satisfaction in their daily lives. Research consistently demonstrates that students with better mental health outcomes perform more effectively academically, engage more constructively with peers and teachers, and demonstrate greater personal and social responsibility.

Social intelligence emerges from the literature as one of the most significant determinants of adolescent mental health. First theorized by E.L. Thorndike in 1920 ^[19], social intelligence refers to the ability to understand and manage people to act wisely in human relations. Over subsequent decades, the construct has been elaborated and refined by numerous scholars. Contemporary frameworks define social intelligence as a multidimensional capacity encompassing social awareness, the ability to decode non-verbal cues and emotional signals, skill in managing social interactions, empathy, perspective-taking, and the ability to adapt one's behavior across diverse social contexts. Unlike general cognitive intelligence, which is primarily oriented toward the manipulation of abstract symbols and logical structures, social intelligence is fundamentally relational it is concerned with people, relationships, and the dynamics of social life.

For adolescents, social intelligence is of particular developmental relevance. The peer environment of the secondary school is a complex social world, rich with shifting alliances, hierarchies, communication norms, and emotional undercurrents. Students who possess well-developed social intelligence are better equipped to navigate this environment successfully. They are more adept at reading the intentions and emotions of others, more skilled at resolving interpersonal conflicts, more capable of forming stable and supportive friendships, and more effective at communicating their own needs and boundaries. These competencies directly support psychological well-being. Socially intelligent adolescents are less likely to experience loneliness, social alienation, and interpersonal conflict all of which are significant risk factors for poor mental health. They are also more likely to benefit from the protective effects of social support, which research has consistently identified as one of the strongest buffers against psychological distress.

Gender constitutes another important dimension in understanding the relationship between social intelligence and mental health among adolescents. A substantial body of research suggests that boys and girls differ in their social and emotional development, in the nature and quality of their peer relationships, and in the ways they experience and express psychological distress. Girls are generally found to score higher on measures of empathy and interpersonal sensitivity, while boys may demonstrate different patterns of

social coping and emotional regulation. At the same time, girls in India face a distinct constellation of social pressures including gendered expectations around behavior, mobility, academic aspiration, and family role — that create specific vulnerabilities for their mental health. Boys, meanwhile, may be socialized to suppress emotional expression and present an exterior of competence and toughness, making them less likely to seek help and more vulnerable to internalizing unrecognized distress. Understanding how gender mediates the relationship between social intelligence and mental health is therefore essential for developing targeted and equitable intervention strategies.

Despite growing awareness of adolescent mental health at the national policy level, empirical research specifically examining the relationship between mental health and social intelligence among secondary school students in India remains limited. Much of the existing literature has been conducted in Western contexts, and while its findings offer valuable insights, they cannot be uncritically transplanted onto the Indian educational and cultural landscape. Within the Indian research tradition, studies have tended to examine these constructs in relative isolation, or have focused on older populations such as undergraduate students or working adults. The secondary school level — a phase of uniquely intense and consequential developmental change has received comparatively less focused attention. This study seeks to address that gap directly.

The present investigation aims to explore the nature and levels of mental health and social intelligence among secondary school students of Amritsar district, to examine the relationship between these two constructs, and to analyze whether significant differences exist between male and female students on these dimensions. By doing so, it aspires not only to contribute to the empirical literature but also to generate insights that are of practical value to teachers, school counsellors, curriculum developers, and policymakers working within the spirit of NEP 2020 to build a more psychologically responsive and humane educational system in India.

Mental Health: Mental health is far more than simply the absence of mental illness or disorder. According to the World Health Organization (2001) ^[20], it represents a complete state of well-being in which a person is able to realize their own potential, cope effectively with the normal stresses of life, work productively, and contribute meaningfully to their community. This perspective shifts the focus from merely asking whether a person is sick to asking whether they are truly flourishing. When examined within the adolescent context, mental health becomes especially complex, as multiple forces simultaneously shape psychological well-being. Academic performance, peer relationships, family dynamics, and self-concept all interact to influence how an adolescent thinks, feels, and behaves on a daily basis. To measure mental health in a structured and meaningful way, the present study uses the Mental Health Scale developed by Arun Kumar Singh and Arpana Sen Gupta (2008), which breaks mental health down into six distinct but interconnected dimensions. Positive self-evaluation refers to holding a realistic yet favorable view of oneself, while perception of reality captures how accurately an individual sees themselves and the world around them. Integration reflects the internal coherence and harmony of one's personality, and autonomy refers to the capacity to think independently and resist unhealthy social pressure.

Group-oriented attitudes measure the ability to form positive social relationships, show empathy, and cooperate with others, while environmental mastery captures the ability to adapt to and effectively manage one's surroundings. Together, these six dimensions make the scale particularly well-suited for adolescent research, as it measures positive mental health rather than pathology alone and aligns with key developmental tasks such as identity formation, social belonging, and personal independence. Rather than reducing mental health to a single score, this framework treats it as a multi-dimensional profile that offers a more complete and nuanced understanding of adolescent well-being.

Social Intelligence

Social intelligence, as originally defined by Thorndike (1920) ^[19], refers to the ability to understand and manage people and to act wisely in human relations, distinguishing it from abstract or mechanical intelligence as a uniquely interpersonal form of cognitive and behavioral competence. It represents not just the ability to understand others, but the practical capacity to use that understanding to navigate complex social situations with skill, sensitivity, and effectiveness. Over the decades, this concept has evolved to encompass a broad cluster of interpersonal competencies that together enable individuals to function successfully in their social environments. Empathy, one of the most central components, involves the ability to recognize, understand, and share the feelings of others, allowing individuals to respond to people with genuine sensitivity rather than indifference. Social awareness refers to the capacity to read social situations accurately, pick up on subtle interpersonal cues, understand group dynamics, and remain attuned to the emotions and intentions of those around them. Adaptive social response reflects the ability to adjust one's behavior flexibly depending on the social context, ensuring that one's actions are appropriate, effective, and well-received across a variety of interpersonal situations. The ability to decode social cues — such as facial expressions, tone of voice, body language, and unspoken expectations — further enables socially intelligent individuals to respond in ways that are timely, accurate, and emotionally attuned. In an academic setting, these competencies carry significant practical value, as socially intelligent students tend to build stronger and more supportive peer relationships, communicate more openly and honestly, and resolve conflicts in constructive rather than destructive ways. They are also more likely to experience reduced levels of social anxiety, as their confidence in reading and responding to social situations allows them to engage with peers and authority figures with greater ease and assurance. Furthermore, social intelligence supports collaborative learning, leadership within group tasks, and the development of a positive classroom environment that benefits both the individual and their peers. Adolescence is a particularly important period for the development of social intelligence, as young people are simultaneously expanding their social worlds, forming deeper relationships, and learning to negotiate increasingly complex interpersonal dynamics. Students who develop strong social intelligence during this period are better equipped to handle peer pressure, form healthy relationships, and maintain emotional balance in socially demanding situations. For the present study, social intelligence is measured using the Social Intelligence Scale developed by S. Mathur (2007), which

captures these multifaceted dimensions of interpersonal competence in a structured and reliable manner. This scale provides a comprehensive and valid assessment of how well adolescents understand, relate to, and interact with the people around them in their everyday social and academic lives.

Review of Related Literature

Kaur (2010) ^[8] investigated the relationship between emotional intelligence and mental health among adolescents in secondary schools and found a strong positive correlation between the two. Students with higher emotional intelligence showed lower levels of anxiety, depression, and academic stress, and emotional regulation skills were identified as a protective factor for adolescents. The study emphasized the importance of incorporating emotional intelligence training into school curricula and concluded that mental health programs must include emotional learning strategies for effective outcomes.

Sharma and Kaur (2010) ^[13] explored how social intelligence impacts the academic stress experienced by secondary school students and found that students with higher social intelligence levels reported significantly less academic stress. The ability to manage interpersonal relationships, understand social cues, and maintain social networks provided emotional support and reduced school-related anxiety. The study recommended integrating social skills training into the school syllabus to foster academic resilience and highlighted the social dimension of academic success.

Singh (2011) ^[14] aimed to explore how training in social intelligence could influence peer relationships among adolescents using a quasi-experimental design. After eight weeks, students in the training group demonstrated significant improvements in trust, empathy, and conflict-resolution skills, and improved peer relationships led to enhanced classroom participation and academic engagement. Singh concluded that social intelligence training should be considered a critical part of secondary education programs and highlighted the preventive role of social competencies in mental health.

Bhatt (2012) ^[1] investigated the impact of parental academic pressure on the mental health of secondary school students and emphasized that academic pressure was often internalized as personal failure, particularly among high-achievers. Students from nuclear families reported slightly higher pressure levels, and those facing continuous parental comparisons with peers showed more symptoms of emotional distress. Bhatt recommended awareness programs for parents regarding the psychological impacts of unrealistic academic demands and stressed the critical role of family dynamics in shaping students' mental health.

Yadav (2013) ^[21] investigated the impact of social intelligence on coping mechanisms during examinations among adolescents and found that students with higher social intelligence reported feeling more confident and less anxious during examination periods. In contrast, students with lower social intelligence often resorted to avoidance and negative thinking patterns, increasing their stress levels. The study suggested that strengthening social skills could enhance emotional resilience and pointed toward integrating social intelligence education within stress management programs.

Kumar and Jain (2013) explored the effect of mental health interventions on student attendance and classroom

engagement in secondary schools by implementing a six-month mental health awareness program. Students participating in the program showed significantly improved attendance, better emotional regulation, and reduced symptoms of anxiety and depression. The study reinforced the argument for regular mental health programs and concluded that promoting mental wellness should be a collective responsibility involving educators, counselors, and parents.

Das and Roy (2014) conducted a study on how the school environment influences the mental health of adolescents and found that a positive school environment characterized by supportive teachers and collaborative learning significantly improved students' emotional well-being. Students who perceived their school environment as hostile or overly competitive were more prone to stress, anxiety, and feelings of alienation. The study concluded that a nurturing educational setting acts as a powerful protective factor for student mental health.

Patel (2015) ^[10] explored the mediating role of social intelligence between mental health and academic achievement in secondary school students and found that social intelligence significantly mediated the relationship, enhancing both mental health outcomes and academic performance. Students with higher social intelligence demonstrated better coping strategies, more positive peer relationships, and superior academic engagement. The study concluded with a call for schools to promote social-emotional learning as an integral part of education.

Smith and Brown (2015) ^[16] conducted a large-scale study on the prevalence of depression and anxiety among adolescents, highlighting that nearly 20% of teenagers exhibit symptoms of mental distress. Academic stress, peer pressure, and family conflicts were identified as key contributors, and the study emphasized the need for school-based mental health programs to provide early interventions. Their findings encouraged policymakers to integrate mental health education into school curricula.

Johnson *et al.* (2016) examined how social support systems influence mental health outcomes in young adults and found that individuals with strong familial and peer support experienced lower levels of stress and anxiety. Students who lacked strong support networks were twice as likely to develop depressive symptoms, and the study recommended community engagement initiatives to foster a culture of social support among adolescents.

Kapoor (2017) ^[6] conducted a study examining the relationship between self-esteem, social intelligence, and mental health in secondary school students and found that students with higher levels of both traits exhibited lower stress, higher optimism, and greater emotional balance. Socially intelligent students also had better conflict-resolution skills and were less likely to engage in self-destructive behaviors under stress. The research concluded that nurturing social competencies and self-esteem early in adolescence could act as a preventive measure against mental health issues.

Bhattacharya and Sen (2019) ^[2] examined the association between emotional intelligence, social intelligence, and mental health outcomes among adolescents and found that both dimensions significantly predicted mental health status. Students high in both areas exhibited lower symptoms of anxiety, depression, and academic burnout, and the research highlighted that emotional understanding and social

adaptability reinforced each other to create a supportive psychological framework. They concluded that comprehensive socio-emotional learning programs could greatly enhance adolescents' mental health and academic performance.

Verma and Singh (2021) studied the psychological impact of the COVID-19 pandemic on adolescents and adults and found an increase in loneliness, stress, and depressive symptoms due to prolonged lockdowns and social isolation. They recommended expanding telehealth services and virtual therapy to address pandemic-related mental health challenges and emphasized the importance of maintaining social connectedness for psychological well-being.

Robinson *et al.* (2021) found that schools with strong mental health support programs, such as counseling services and mental health awareness campaigns, reported lower levels of stress and depression among students, reinforcing the importance of institutional commitment to student psychological well-being.

Sharma and Gupta (2022) explored the influence of teacher-student relationships on the social intelligence and mental health of secondary school students and found that students who reported supportive and empathetic relationships with teachers demonstrated higher levels of social intelligence, better emotional regulation, and reduced educational anxiety. The study highlighted that the quality of teacher-student interaction plays a significant role in shaping students' interpersonal competencies and overall psychological well-being, and recommended that schools invest in building positive relational climates between teachers and students.

Justification of the Problem

An analysis of the relevant literature reveals that while individual constructs of mental health, social intelligence, and educational anxiety have been examined separately, their simultaneous interrelationships at the secondary school level within the Amritsar context remain understudied. The current educational environment, shaped by competitive board examinations, parental expectations, and post-pandemic psychological distress, demands empirical evidence that captures the psychological realities of Indian adolescents holistically. The National Education Policy (NEP) 2020 provides a legislative mandate for the integration of social-emotional learning and mental health support into school curricula. In this context, an empirically grounded investigation of these three interrelated constructs provides both scholarly contribution and practical guidance for teachers, school counselors, and policymakers operating within the CBSE system.

Delimitations of the Problem

- The present study was delimited to 200 secondary school students — both boys and girls.
- The present study was delimited to students of Class IX and X only.
- The present study was confined from schools of Amritsar district.
- The study examined three specific constructs: mental health, social intelligence

Objectives

- To find out whether there exists a significant difference between the mental health of boys and girls of secondary schools.

- To find out whether there exists a significant difference between the social intelligence of boys and girls of secondary schools.
- To find out whether there exists a significant relationship between mental health and social intelligence of boys of secondary schools.
- To find out whether there exists a significant relationship between mental health and social intelligence of girls of secondary schools.

Hypotheses

The following null hypotheses were formulated for the study

1. There exists no significant difference between the mental health of boys and girls of secondary schools.
2. There exists no significant difference between the social intelligence of boys and girls of secondary schools.
3. There exists no significant relationship between mental health and social intelligence of boys of secondary schools.
4. There exists no significant relationship between mental health and social intelligence of girls of secondary schools.

Sample and Sampling Technique

The present study employed a random sampling technique. The sample comprised 200 secondary school students (100 boys, 100 girls) studying in Class IX and X from schools in Amritsar district. Two schools were selected: (i) Shri Ram Ashram Public School and (ii) Ashok Vatika Public School, with 50 boys and 50 girls from each school.

Table 1: Distribution of Sample

Sr. No.	Name of School	Boys	Girls	Total
1	Shri Ram Ashram Public School	50	50	100
2	Ashok Vatika Public School	50	50	100
	Total	100	100	200

Table 1 reflects a well-balanced and systematic distribution of the sample. Equal representation of boys and girls from both schools ensures gender parity, thereby minimizing sampling bias. The use of random sampling from schools in Amritsar district enhances the representativeness of the findings and strengthens the validity of the study's conclusions.

Tools Used

The following standardized tools were administered to collect data

- The Mental Health Scale by Arun Kumar Singh and Arpana Sen Gupta (2008)
- The Social Intelligence Scale by S. Mathur (2007)
- Statistical Techniques
- The following statistical techniques were employed:
- Mean, Median, and Standard Deviation (SD) — for descriptive analysis.
- t-test — to determine significant differences between boys and girls on all three variables.
- Pearson's Product Moment Coefficient of Correlation (r) — to examine the relationships among the three variables.

Result and Discussion

Hypothesis I

There exist no significant difference between the mental health of boys and girls of secondary schools.

Table 2: Comparison of Mental Health of Boys and Girls (N=200)

Variable	Group	N	Mean	SD	SED	t-ratio	Level of Significance
Mental Health	Boys	100	92.08	5.6	0.74	3.21	Sig. at 0.05 & 0.01 (Ho1 Rejected)
Mental Health	Girls	100	89.70	4.9			

Table 2 reveals that the mean mental health score of boys is 92.08 (SD = 5.6) and that of girls is 89.70 (SD = 4.9). The Standard Error of Difference (SED) is 0.74 and the computed t-ratio is 3.21, significant at both 0.05 and 0.01 levels. Hence, Ho1 is rejected.

Interpretation: Boys' higher mental health scores may be attributed to social conditioning that encourages emotional resilience in males, while girls may face greater familial and social pressures that adversely affect their mental well-being. These findings suggest the need for gender-sensitive mental health support programmed in schools.

Hypothesis II

There exist no significant difference between the social intelligence of boys and girls of secondary schools.

Table 3: Comparison of Social Intelligence of Boys and Girls (N=200)

Variable	Group	N	Mean	SD	SED	t-ratio	Level of Significance
Social Intelligence	Boys	100	36.35	7.2	0.98	3.39	Sig. at 0.05 & 0.01 (Ho2 Rejected)
	Girls	100	33.02	6.8			

Table 3 reveals that the mean social intelligence score of boys is 36.35 (SD = 7.2) and of girls is 33.02 (SD = 6.8). The SED is 0.98 and the computed t-ratio is 3.39, significant at both 0.05 and 0.01 levels. Hence, Ho2 is rejected.

Interpretation: A significant gender difference in social intelligence exists, with boys scoring higher than girls. Boys' higher scores may reflect differences in socialization patterns and peer interaction opportunities in school environments. Boys tend to engage in more competitive and collaborative group activities that develop social competencies.

Hypothesis III

There exist no significant relationship between mental health and social intelligence of boys of secondary schools.

Table 4: Coefficient of Correlation — Mental Health and Social Intelligence (Boys)

Variable	N	df	r	Level of Significance
Mental Health & Social Intelligence (Boys)	100	198	-0.41	Significant at 0.05 & 0.01 level

$r = -0.41$ (df = 198), significant at both levels. Hence, Ho4 is rejected.

Interpretation: A significant negative relationship exists between mental health and social intelligence among boys. Boys with higher mental health scores tend to score lower

on social intelligence, suggesting that psychologically well-adjusted boys are less reliant on social networking as a coping strategy.

Hypothesis IV

There exist no significant relationship between mental health and social intelligence of girls of secondary schools.

Table 5: Coefficient of Correlation — Mental Health and Social Intelligence (Girls)

Variable	N	df	r	Level of Significance
Mental Health & Social Intelligence (Girls)	100	198	-0.32	Significant at 0.05 & 0.01 level

$r = -0.32$ (df = 198), significant at both levels. Hence, H_0 is rejected.

Interpretation: A significant negative relationship exists between mental health and social intelligence among girls. Girls with stronger mental well-being may become more self-reliant and less dependent on social interaction as a coping mechanism.

The present study sought to examine the interrelationships among mental health, social intelligence, and educational anxiety among secondary school students of Amritsar district, with a focus on gender differences. All nine null hypotheses were rejected at the 0.05 and 0.01 levels of significance. The following conclusions are drawn:

Findings of the study

- There exists a significant difference in mental health between boys and girls; boys score higher ($t = 3.21$, significant at 0.05 and 0.01 levels).
- There exists a significant difference in social intelligence between boys and girls; boys score higher ($t = 3.39$, significant at 0.05 and 0.01 levels).
- There exists a significant difference in educational anxiety between boys and girls; boys score higher ($t = 3.75$, significant at 0.05 and 0.01 levels).
- There exists a significant negative relationship ($r = -0.41$) between mental health and social intelligence of boys.
- There exists a significant negative relationship ($r = -0.32$) between mental health and social intelligence of girls.
- There exists a significant positive relationship ($r = 0.37$) between mental health and educational anxiety of boys.
- There exists a significant positive relationship ($r = 0.29$) between mental health and educational anxiety of girls.
- There exists a significant positive relationship ($r = 0.34$) between social intelligence and educational anxiety of boys.
- There exists a significant positive relationship ($r = 0.33$) between social intelligence and educational anxiety of girls.

Overall, the results underscore the importance of holistic student support systems addressing mental health, social-emotional learning, and academic stress simultaneously. The co-existence of high social intelligence with educational anxiety supports the view that social awareness can heighten sensitivity to academic evaluative contexts.

Educational Implications

1. Schools should integrate social-emotional learning (SEL) programmes into the curriculum to develop empathy, communication, and self-regulation skills among adolescents.
2. School counsellors should develop gender-sensitive mental health interventions addressing academic stress, parental expectations, and identity-related challenges of secondary school students.
3. Teachers should foster positive classroom climates that value effort over grades and promote collaborative learning to reduce unhealthy peer competition.
4. Parents should be sensitised about the psychological impact of excessive academic pressure and encouraged to provide emotional support rather than performance-contingent validation.
5. Policymakers should integrate mental health education and social intelligence training as mandatory components of teacher professional development, in alignment with NEP 2020.
6. Assessment reforms should prioritise competency-based and process-oriented evaluation over purely recall-based examinations, reducing the culture of high-stakes testing.
7. Peer mentoring and buddy systems should be formally established in secondary schools to promote social connectedness and reduce feelings of isolation among students.
8. Mindfulness and stress management programmes should be incorporated into the daily school schedule as structured activities to help students regulate their emotions and manage examination-related stress.
9. Digital literacy programmes should be introduced to help students develop a healthy and mindful relationship with social media and technology, reducing its negative impact on self-esteem and psychological well-being.
10. Extracurricular activities including arts, sports, theatre, and community service should be actively encouraged as they provide healthy emotional outlets, build social intelligence, and foster a sense of identity and belonging beyond academics.
11. Special support cells should be established within schools to identify and assist students who are academically vulnerable, socially isolated, or showing early signs of emotional disturbance.
12. Home-school partnerships should be strengthened through regular parent-teacher interactions focused not only on academic progress but also on the emotional and social development of students.
13. Training programmes for school administrators and principals should include modules on creating trauma-informed, inclusive, and mentally healthy school cultures that prioritise student well-being alongside academic excellence.
14. Sleep hygiene awareness programmes should be introduced in schools, educating students about the critical role of adequate and quality sleep in maintaining emotional balance, concentration, and overall mental health.
15. Resilience-building workshops should be conducted regularly in schools to equip students with adaptive coping strategies, helping them reframe failures as

learning opportunities and face academic challenges with greater confidence and perseverance.

21. Yadav S. Social intelligence and coping during examinations. *Indian Journal of Psychometry and Education*,2013;44(1):89–96.

References

1. Bhatt S. Parental academic pressure and mental health of secondary school students. *Journal of Adolescent Psychology*,2012;3(1):12–24.
2. Bhattacharya D, Sen R. Emotional and social intelligence as predictors of mental health in adolescents. *Educational Psychology Review*,2019;11(3):78–92.
3. Dey R, Ali M. Peer mentoring, educational anxiety, and mental health in secondary schools. *Journal of Educational Counseling*,2021;5(1):22–34.
4. Gupta N, Mehta R. Digital detoxification and educational anxiety among secondary school students. *Journal of Digital Wellness*,2023;4(2):101–115.
5. Joshi P, Singh R. Teacher-student relationships and academic stress. *Contemporary School Psychology*,2023;27(2):210–225.
6. Kapoor S. Self-esteem, social intelligence, and mental health in secondary school students. *Indian Psychological Review*,2017;72(3):134–146.
7. Kapoor S. Time management training and educational anxiety. *Journal of Applied Educational Psychology*,2023;15(1):56–67.
8. Kaur J. Emotional intelligence and mental health among secondary school adolescents. *Indian Journal of Mental Health*,2010;7(2):88–101.
9. Nair P. Exam-related stress, sleep patterns, and mental health in secondary school students. *Sleep and Biological Rhythms*,2020;18:123–134.
10. Patel H. Social intelligence as mediator between mental health and academic achievement. *Educational Psychology*,2015;35(7):876–890.
11. Rani A. Educational anxiety among secondary school students: A study. *Indian Educational Review*,2011;47(1):67–79.
12. Rani S. Perfectionism and educational anxiety in secondary school students. *Psychological Studies*,2021;66(3):290–302.
13. Sharma P, Kaur J. Social intelligence and academic stress among secondary school students. *Indian Journal of Social Science Researches*,2010;7(1):44–52.
14. Singh R. Social intelligence training and peer relationships among adolescents. *Adolescence*,2011;46(181):135–148.
15. Sinha R. Academic procrastination and educational anxiety among secondary school students. *Psychological Reports*,2018;121(3):503–524.
16. Smith T, Brown L. Prevalence of depression and anxiety among adolescents. *Journal of Adolescent Health*,2015;56(5):472–477.
17. Srivastava M. Gender differences in educational anxiety among secondary school students. *Journal of Educational Research*,2014;107(6):504–514.
18. Suresh P, Iqbal N. Gratitude interventions and academic anxiety. *Journal of Positive Psychology*,2021;16(1):78–90.
19. Thorndike EL. Intelligence and its uses. *Harper's Magazine*,1920;140:227–235.
20. World Health Organization. The world health report 2001: Mental health — New understanding, new hope. WHO, 2001.