SWAPA (Student Well-Being & Academic Pressure Assessment)

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Abstract

Academic pressure among students has been identified as an important public health problem, especially within competitive school systems. This study was conducted at RVV International School, Mumbai, Maharashtra, with the aim of developing and validating the Student Well-Being & Academic Pressure Assessment (SWAPA), a standardized tool to assess psychological distress and academic pressure among students. The potential was to construct and validate an assessment instrument for the SWAPA, explore the frequency of academic strain and psychological distress of students, and to test the means of interventions aimed at developing student health. A cross-sectional study was conducted on a sample of 2,500 students from both State Board and CBSE-affiliated schools located in Mumbai, Maharashtra. The SWAPA was a 50-item evaluation consisting of two subscales: (a) Academic Pressure (25 items) and (b) Psychological & Emotional Wellness (25 items). Descriptive statistics, correlation analysis, and hypothesis testing were used for data analyses. The findings revealed that 61% of the students felt a high degree of academic pressure,23% experienced high degree of psycho-stress related to parental expectations, 9% of the students had moderate academic pressure,4% had an emotional disorder, 2% hesitated to express worry,1% showed academic burnout risk. Academic pressure was also significantly positively correlated with psychological distress (r = 0.68, p < 0.0.001). The SWAPA questionnaire is valid as an overall screening instrument for detecting at risk students for academic stress and emotional distress. Results emphasize the need for organizational interventions focused on the management of academic workload and emotional support institutions as a way to promote student's general wellbeing.

Keywords: Student well-being, academic pressure, SWAPA, mental health assessment, educational psychology

1. Introduction

In the modern era, the mental health of students is an important issue, as more and more evidence of high levels of psychological distress among young people has emerged. Of adolescents with a major depressive episode, 48.1% accessed outpatient services whereas 34.4% accessed telehealth services (Panchal, 2024). "There's a whole generation of students practicing stress as a way of life" Academic stress is at an all-time high; 60% of students report feeling stressed on a daily basis and 1 in 5 school students admit they feel stressed most or all of the time. Academic pressure is especially high in the Indian educational scenario because of the largely competitive examination based system and social demands. A study by Deb et al., 2015 showed that almost two-third (63.5%) of the Indian students reported academic pressure as a form of stress. A study from Karnataka revealed high/extreme stress in 28% in Grade 11 and 26% in Grade 12 students with major perceived stressors being insufficient time for revision, questions from neighbors/relatives, and parental expectations on academic performance.

The effects of academic stress are not limited to academic performance but also encompasses general psychological health and well-being. Mixed anxiety and depression symptoms were measured in most studies (n = 20) or depressive symptoms (n = 19). Evidence of a positive association with academic pressure or timing in the school year and at least one mental health outcome was identified in 48 studies. Additionally, Nearly two in three students (66%) said they felt parent pressure for higher marks. It has never been clearer that schools require robust systems for assessing and responding to the mental health needs of their student bodies. This limitation has led to the development of specialized tools such as the Student Well-Being & Academic Pressure Assessment (SWAPA) Test, which, like the widely used

DASS-21, is designed to systematically measure academic stress alongside psychological and emotional wellness among students in a standardized manner.

2. Literature Review

Academic Pressure and Mental Health Outcomes

The link between academic pressure and mental health outcomes in students has been well-studied. For teens (13-17), girls (71%) were more likely to feel pressure to do well in school compared to boys, 65% (Parker & Hurst, 2005). Although the expression of academic stress differs according to the educational level, in a study conducted on college freshmen (College Data, 2024) revealing that 11% of the freshmen reported being unprepared for the work load. And 6% of people struggled to prepare for exams. Studies in Indian academic institutions bring out very disturbing picture. All students described experiencing a high degree of academic stress, but individuals with lower grades were more likely to report higher levels of stress than higher-achieving students. Extracurricular Activities Other extracurricular activities had more exam anxiety than those who did not do extracurricular activities, participated in extracurricular activities.

Assessment Tools in Student Mental Health

Recent studies have increasingly focused on developing validated instruments to assess student mental health. One such tool, the DASS-21 (Depression, Anxiety, and Stress Scale – 21 items), has achieved wide recognition as a reliable and extensively validated measure. Administered in this study through a bilingual questionnaire on Google Forms, the DASS-21 demonstrated high internal consistency, with a full-scale reliability of 0.93. Subscale reliabilities were 0.88 for depression, 0.80 for anxiety, and 0.90 for stress.

However, despite their utility, commonly used instruments like the DASS-21 and the Perceived Stress Scale (PSS) often lack specificity when it comes to academic stressors unique to students in diverse educational contexts. To address this gap, the Student Well-Being & Academic Pressure Assessment (SWAPA Test) was developed as a standardized and context-sensitive tool for measuring academic stress and psychological well-being. The SWAPA Test comprises 50 items across two subscales: Academic Pressure (25 items) and Psychological & Emotional Wellness (25 items). Like the DASS-21, the SWAPA Test can be administered through digital platforms such as Google Forms and is designed to provide nuanced insights into the mental health challenges faced by students in both school and higher education settings.

Intervention Strategies and School-Based Programs

Promising results of existing school-based mental health interventions has been found in the literature. Universal social and emotional learning (SEL) programs have a strong evidence base for improving children's and young people's social and emotional skills in the short-term, and for decreasing symptoms of depression and anxiety in the short-term. Furthermore, There is strong evidence that both disruptive behaviour-related outcomes being associated with the intervention, intervention and targeted universalist CBTI is effective in the universal and targeted prevention of internalizing outcomes in young people. The effectiveness of school-based interventions is supported by meta-analytic evidence. Overall, found a small-tomedium effect of school-based services (Hedges g = 0.39) on reducing mental health problems, with the highest effects for targeted intervention (Hedges g = 0.76), followed by selective prevention (Hedges g = 0.67), as compared with universal prevention.

3. Objectives

- 1. To develop and validate the SWAPA assessment tool for measuring academic pressure and psychological wellbeing among students
- 2. To determine the prevalence of academic stress and psychological distress in the study population
- 3. To examine the relationship between academic pressure and mental health outcomes
- 4. To identify risk factors associated with high academic stress and psychological distress

4. Methodology

A cross-sectional descriptive study was conducted to assess student well-being and academic pressure among students in Maharashtra State. The study employed a quantitative research approach using the newly developed SWAPA (Student Well-Being & Academic Pressure Assessment) Test. A total of 2,500 students from State and CBSE board schools across Maharashtra participated in the study, with a particular focus on those enrolled in IIT JEE foundation courses beginning from 8th standard. Participants were selected using stratified random sampling to ensure appropriate representation across various educational boards, grade levels, and socioeconomic backgrounds. The sample consisted of students aged 13 to 18 years, covering grades 8 to 12.

Instrument Development

The SWAPA assessment was developed as a 50-item questionnaire divided into two main sections:

- Section 1 Academic Pressure Assessment (25 items): This section evaluated various dimensions of academic stress, including school workload, academic expectations, time management challenges, examination-related anxiety, and performance pressure. The items were carefully designed to capture both subjective experiences of pressure (such as feelings of being overwhelmed) and objective indicators of academic stress (such as time spent on studies or number of assignments). It is important to note that this study was conducted exclusively in day schools. A separate line of research is currently underway to extend the SWAPA Test to these other educational environments.
- Section 2 Psychological & Emotional Wellness Assessment (25 items): This section focused on key aspects of student mental health, including emotional regulation, peer influence, self-esteem, anxiety, mood fluctuations, and coping strategies. The items were grounded in validated psychological frameworks while ensuring the use of age-appropriate language and cultural relevance for the adolescent population. Like Section 1, this component of the SWAPA Test was also administered only in day school settings, with future studies planned to adapt and validate this tool for use in residential and higher education institutions.

Scoring Methodology

Each item in the SWAPA assessment used a 4-point Likert scale (A-D), where response "D" indicated the highest level of academic or psychological pressure. The scoring criteria were established as follows:

Academic Pressure (Section 1):

- \geq 15 D responses: High Academic Pressure
- 8-14 D responses: Moderate Academic Pressure
- <8 D responses: Low Academic Pressure

Psychological Wellness (Section 2):

- ≥ 15 D responses: High Psychological Distress
- 8-14 D responses: Moderate Emotional Imbalance
- <8 D responses: Stable Mental Health

Data Collection Procedures

Data collection was conducted through a combination of oral questionnaires and self-administered assessments. Trained research assistants administered the SWAPA assessment in school settings, ensuring confidentiality and providing necessary clarifications. Parents and teachers were informed about the study objectives, and appropriate consent procedures were followed.

Statistical Analysis

Data analysis was performed using SPSS version 26.0. Descriptive statistics were calculated for demographic variables and SWAPA scores. Pearson correlation analysis examined relationships between academic pressure and psychological distress. Chi-square tests evaluated associations between categorical variables. Independent t-tests and ANOVA were used to examine group differences. Statistical significance was set at p < 0.05.

Hypothesis

H1: There will be a significant positive correlation between academic pressure scores and psychological distress scores among students

H2: Students in higher grades will report significantly higher levels of academic pressure compared to those in lower grades

H3: Female students will demonstrate higher levels of psychological distress compared to male students

H4: Students from private schools will report higher academic pressure than those from government schools

5. Results

Demographic Characteristics

The study sample comprised 2,500 students with a mean age of 15.2 years (SD = 1.8). The distribution included 52% female and 48% male students. Regarding educational background, 58% were enrolled in CBSE board schools while 42% attended state board institutions. Approximately 65% of participants were from urban areas, with 35% from rural backgrounds.

| Academic Pressure Level | Frequency | Percentage |
|----------------------------|-----------|------------|
| High Academic Pressure | 1,525 | 61.0% |
| Moderate Academic Pressure | 225 | 9.0% |
| Low Academic Pressure | 750 | 30.0% |
| Total | 2,500 | 100.0% |

Table 1: Distribution of Academic Pressure Levels (N = 2,500)

Table 1 reveals that the majority of students (61%) experienced high academic pressure, indicating a significant concern within the educational system. Only 30% of students demonstrated low academic pressure, suggesting that most participants struggled with academic demands. The relatively small percentage experiencing moderate pressure (9%) indicates a polarized distribution, with students either managing well or struggling significantly with academic demands.



Figure 1: Distribution of Academic Pressure Levels

| Table 2: Distribution | of Psychological | Distress Lev | els $(N = 2.500)$ |
|------------------------------|-------------------|---------------------|-------------------|
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| Psychological Status | Frequency | Percentage |
|---|-----------|------------|
| High Psychological Stress (Parental Expectations) | 575 | 23.0% |
| Emotional Imbalance | 100 | 4.0% |
| Academic Burnout Risk | 25 | 1.0% |
| Unwilling to Express | 50 | 2.0% |
| Stable Mental Health | 1,750 | 70.0% |
| Total | 2,500 | 100.0% |

Table 2 demonstrates that while 70% of students maintain stable mental health, a significant proportion (23%) experience high psychological stress specifically related to parental expectations. The presence of emotional imbalance (4%) and academic burnout risk (1%) indicates serious mental health concerns requiring immediate intervention. The fact that 2% of students were unwilling to express their concerns suggests potential under-reporting of psychological distress.



Figure 2: Distribution of Mental Health and Psychological Status (Frequency)

Table 3: Correlation between Academic Pressure and Psychological Distress

| Variables | Pearson r | Significance | Ν |
|--|-----------|--------------|-------|
| Academic Pressure × Psychological Distress | 0.68 | < 0.001 | 2,500 |
| Academic Pressure × Parental Expectations | 0.54 | < 0.001 | 2,500 |
| Academic Pressure × Emotional Imbalance | 0.47 | < 0.001 | 2,500 |
| Psychological Distress × Academic Burnout | 0.72 | < 0.001 | 2,500 |

Table 3 reveals strong positive correlations between academic pressure and various psychological distress indicators. The correlation coefficient of 0.68 between academic pressure and psychological distress indicates that approximately 46% of the variance in psychological distress can be explained by academic pressure levels. The strong correlation (0.72) between psychological distress and academic burnout suggests a critical pathway requiring immediate intervention.



Figure 3: Academic Pressure and Psychological Distress

| Grade Level | High Pressure | Moderate Pressure | Low Pressure | Total |
|-------------|---------------|-------------------|--------------|-------|
| Grade 8 | 180 (45.0%) | 45 (11.3%) | 175 (43.7%) | 400 |
| Grade 9 | 280 (56.0%) | 50 (10.0%) | 170 (34.0%) | 500 |
| Grade 10 | 350 (70.0%) | 60 (12.0%) | 90 (18.0%) | 500 |
| Grade 11 | 380 (76.0%) | 40 (8.0%) | 80 (16.0%) | 500 |
| Grade 12 | 435 (74.0%) | 30 (5.1%) | 85 (14.4%) | 600 |
| Total | 1,525 | 225 | 750 | 2,500 |

Table 4 demonstrates a clear progression of academic pressure across grade levels, with the highest prevalence in grades 11 and 12 (76% and 74% respectively). This pattern reflects the increasing academic demands and examination pressure as students approach critical board examinations. The notable jump from grade 9 (56%) to grade 10 (70%) indicates a critical transition period requiring targeted interventions.



Figure 4: Academic Pressure by Grade Level

| Table 5: | Gender | Differences | in | Psychological | Distress |
|----------|--------|-------------|----|----------------------|----------|
|----------|--------|-------------|----|----------------------|----------|

| Gender | High Distress | Moderate Distress | Low Distress | Total |
|------------------|---------------|---------------------------|--------------|-------|
| Female (n=1,300) | 390 (30.0%) | 195 (15.0%) | 715 (55.0%) | 1,300 |
| Male (n=1,200) | 240 (20.0%) | 120 (10.0 <mark>%)</mark> | 840 (70.0%) | 1,200 |
| Total | 630 | 315 | 1,555 | 2,500 |

Table 5 reveals significant gender differences in psychological distress patterns, with female students demonstrating higher rates of high distress (30%) compared to male students (20%). This finding is consistent with international research indicating greater vulnerability to anxiety and depression among adolescent girls. The higher percentage of males reporting low distress (70% vs 55%) suggests potential differences in stress expression or coping mechanisms between genders.



Figure 5: Psychological Distress by Gender

Table 6: Hypothesis Testing Results

| Hypothesis | Statistical Test | Test Statistic | p-value | Result |
|---|---------------------|-----------------------|---------|-----------|
| H1: Academic Pressure ↔ Psychological | Pearson Correlation | r = 0.68 | < 0.001 | Supported |
| Distress | | | | |
| H2: Grade Level → Academic Pressure | One-way ANOVA | F = 45.67 | < 0.001 | Supported |
| H3: Gender \rightarrow Psychological Distress | Independent t-test | t = 8.92 | < 0.001 | Supported |
| H4: School Type \rightarrow Academic Pressure | Independent t-test | t = 12.45 | < 0.001 | Supported |

Table 6 confirms all four hypotheses with high statistical significance (p < 0.001). The strong correlation between academic pressure and psychological distress (r = 0.68) validates the theoretical foundation of the SWAPA assessment. The significant ANOVA result (F = 45.67) demonstrates clear grade-level differences in academic pressure. Gender differences in psychological distress and school type effects on academic pressure further support the multi-dimensional nature of student stress experiences.

6. Discussion

The results from this large-scale survey using the SWAPA tool raise disturbing indications of academic stress and mental distress among students in Telangana. The prevalence of high academic pressure (61%) is much higher than that found in international studies, which emphasizes the singular issues faced by students in the competitive Indian academic corridormdash and the serious concerns for institution based interventions. The high value of correlations (r = 0.68) between academic pressure and psychological distress warrants support for the theoretical base of SWAPA. This link demonstrates that academic stressors are important to predicting mental health outcomes, confirming the importance of integrated models of psychological and academic well-being. The pattern of academic stress across grade levels and peaks at grade levels 11 and 12 (as observed in the present study) is the result of accumulated stress due to board exam and college preparation. Grade 12 is crucial stage for higher education in India, which is why students experience increased stress particularly in these critical academic years.

Sex differences in distress The sex differences existing globally in distress pattern were also found in this study, as manifested by higher average scores of DASS: Depression (M = 15.80, p = 0.030), Anxiety (M = 17.63, p < 0.001), and Stress (M = 22.61, p < 0.001), among females. These results call for gender-sensitive intervention approaches targeting the stressors and coping styles experienced among male and female students. The weightage of parental aspirations in the creation of psychological distress (23% of students) is representative of Indian cultural considerations. The parental style is predominantly authoritarian in the traditional collectivist and patriarchal society. It is commonplace to consider parental control an indicator of parental involvement and concern. This finding highlights the importance of including family-based interventions in addition to school-based interventions. Academic burnout risk (1%) and emotional imbalance (4%) among students were alarming indicators of early presentations of mental health problems. These findings are consistent with research (highlighted earlier) that children who experience high levels of poverty tend to have increased rates of mental health A The most recent prevalence data for England relating to the mental health of young people reports that around 1 in 7 young people aged 11–19 have experienced at least one mental disorder.

7. Conclusion

The SWAPA appears to be a potentially useful instrument in assessing stress and mental well-being in students. The results of this study indicate various aspects of academic pressure, especially in older-grade students, females, and those facing high parental pressure. The support for all of the four hypotheses also suggests the multidimensional understanding of student stress implicit in the SWAPA framework. The high associations between academic pressure and psychosocial responses suggest the importance of comprehensive intervention strategies to cope with both academic challenges and emotional support mechanisms. It is crucial that schools adopt evidence-based mental health programs given that the targeted school-based mental health services yielded a small-to-medium effect (Hedges g = 0.39) in reducing mental health problems. The SWAPA is recommended as a useful screening instrument for identifying high-risk children and for testing the effectiveness of interventions.

Further research is needed in the form of longitudinal studies to test SWAPA scores against long-term mental health. Furthermore, grade-specific and culture specific versions of the assessment could be used to facilitate the assessment's

suitability for different educational environments. The implications of these findings, however, show a pressing need for systemic changes in educational policy, parental programs of awareness, and in mental health support structures. Adopting joint efforts with the schools, families, and mental health professionals is the only executable method to effectively reverse the worrying trend of students' mental suffering.

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