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Influence of Institutional Support Systems on Stress Management and Mental Health Resilience Among Professional Students in South 24 Parganas

Pronami Bhadra, Dr. Deepali Garg

Ph. D Research Scholar, Department of Education, Sunrise University, Alwar, India

Assistant Professor, Department of Education, Sunrise University, Alwar, India

ABSTRACT: This study investigates the influence of institutional support systems on stress management and mental health resilience among professional students in South 24 Parganas, West Bengal, India. Through a mixed-methods approach, the research examines the availability, accessibility, and effectiveness of institutional interventions, such as counseling services, faculty mentorship, and peer support groups, in mitigating academic stress and fostering psychological resilience. The study population comprises students from medical, engineering, and law colleges in urban and rural areas of South 24 Parganas. Findings highlight the critical role of institutional infrastructure, cultural attitudes, and stigma in shaping students' mental health outcomes. The research underscores the need for tailored institutional policies to enhance mental health support, offering evidence-based recommendations for academic institutions in semi-urban and rural settings.

KEYWORDS: Institutional Support Systems, Stress Management, Mental Health Resilience, Peer Support, Faculty Mentorship, Cultural Stigma.

I. INTRODUCTION

Mental health challenges among professional students, including those in medicine, engineering, and law, have emerged as a pressing global concern due to the intense academic and professional demands of their training. These students often encounter significant stressors, such as rigorous curricula, competitive environments, and societal expectations, which can precipitate psychological distress, anxiety, and depression. In India, these challenges are compounded by socio-cultural factors, including academic pressure, economic constraints, and limited mental health resources, particularly in semi-urban and rural regions. South 24 Parganas, a diverse district in West Bengal, India, exemplifies such a context, with its blend of urban hubs (e.g., Baruipur, Sonarpur) and rural areas (e.g., Canning, Diamond Harbour), where access to institutional support systems varies widely. Institutional interventions—such as counseling services, faculty mentorship, peer support groups, and wellness programs—are critical for mitigating stress and fostering mental health resilience. Yet, the extent to which these systems are available, accessible, and effective in addressing the mental health needs of professional students in this region remains insufficiently explored.

This study investigates the influence of institutional support systems on stress management and mental health resilience among professional students in South 24 Parganas. It employs a mixed-methods approach to assess the availability and utilization of support mechanisms, their impact on reducing academic stress, and their role in enhancing psychological resilience. The research also examines barriers, such as cultural stigma and infrastructural limitations, that may hinder students' engagement with these systems. By focusing on a region with distinct urban-rural dynamics, this study aims to contribute novel insights to the literature on mental health in higher education, offering evidence-based recommendations for strengthening institutional policies and support frameworks in Indian academic settings.

II. LITERATURE REVIEW

The study is grounded in established theoretical frameworks to conceptualize stress and mental health resilience. Lazarus and Folkman's Transactional Model of Stress and Coping (1984) provides a robust lens for understanding stress as a dynamic interaction between individuals and their environment. This model posits that stress arises from an appraisal of demands exceeding resources, with coping strategies—problem-focused or emotion-focused—mediating



the impact on mental health. In the context of professional students, academic pressures (e.g., examinations, workload) are primary stressors, while institutional support systems may serve as resources to facilitate coping. For resilience, the Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003) offers a framework to measure psychological resilience, defined as the ability to adapt and thrive despite adversity. The CD-RISC emphasizes traits such as adaptability, self-efficacy, and emotional regulation, which are critical for professional students navigating high-pressure academic environments. These frameworks guide the study's exploration of how institutional support influences stress appraisal and resilience-building among students in South 24 Parganas.

Global Perspectives: Research consistently highlights the elevated stress levels faced by professional students in fields such as medicine, engineering, and law. Medical students, for instance, experience significant stress due to intense curricula, clinical responsibilities, and fear of failure, with studies reporting prevalence rates of anxiety and depression as high as 30–50% (Dyrbye et al., 2006). Engineering students face similar pressures from technical coursework and competitive job markets, contributing to burnout and psychological distress (Jensen & Cross, 2021). Law students, meanwhile, report stress linked to adversarial training and high-stakes assessments (Skead & Rogers, 2016). These global findings underscore the universal nature of academic stress in professional education, driven by rigorous demands and performance expectations.

Indian Studies: In India, mental health challenges among professional students are exacerbated by socio-cultural and systemic factors. Studies indicate that medical students experience high levels of stress, with prevalence rates of psychological distress ranging from 40–60% (Kumar & Bharti, 2019). Engineering students face stressors such as academic overload and placement pressures, contributing to anxiety and depressive symptoms (Gupta & Basu, 2020). Law students report stress linked to competitive environments and societal expectations (Sharma & Singh, 2018). These challenges are compounded by limited mental health awareness and cultural stigma, particularly in non-urban settings, which hinder help-seeking behaviors. Despite the growing body of research, Indian studies often focus on urban institutions, leaving semi-urban and rural contexts underexplored.

Institutional support systems encompass a range of interventions designed to mitigate stress and enhance mental health resilience. These include **counseling services**, which provide professional psychological support; **faculty mentorship**, fostering guidance and emotional support; **peer support groups**, promoting social connectedness; and **wellness programs**, such as stress management workshops and mindfulness training. Global evidence suggests that counseling services reduce stress and improve mental health outcomes when accessible and stigma-free (Conley et al., 2015). Faculty mentorship has been shown to enhance resilience by providing academic and emotional guidance, particularly in high-pressure disciplines (Jacobs & Dodd, 2003). Peer support groups foster a sense of community, reducing feelings of isolation and stress (Thompson et al., 2016). Wellness programs, including mindfulness-based interventions, have demonstrated efficacy in improving resilience and reducing anxiety among students (Galante et al., 2018). However, the effectiveness of these interventions varies based on institutional resources, cultural acceptance, and student engagement, necessitating context-specific research.

South 24 Parganas presents a unique context for studying institutional support systems due to its socio-economic and geographic diversity. The district includes urban centers like Baruipur and Sonarpur, with relatively better access to educational and mental health resources, and rural areas like Canning and Diamond Harbour, where infrastructure is limited. Cultural stigma surrounding mental health remains a significant barrier, particularly in rural communities, where seeking psychological support is often viewed as a sign of weakness (Chadda & Deb, 2013). Urban-rural disparities further exacerbate inequities in access to counseling services and wellness programs, with rural colleges often lacking dedicated mental health infrastructure. Additionally, socio-economic challenges, such as financial constraints and familial expectations, amplify stress among professional students in this region. These regional factors highlight the need for tailored institutional interventions that account for cultural and infrastructural realities in South 24 Parganas.

Research Gaps

Despite the growing literature on student mental health, significant gaps remain. First, there is a lack of region-specific studies examining the role of institutional support systems in semi-urban and rural Indian contexts, such as South 24 Parganas. Most Indian research focuses on urban institutions, overlooking the unique challenges of rural and semi-urban students. Second, while global studies provide insights into the effectiveness of support systems, their applicability to Indian socio-cultural contexts, particularly in regions with limited mental health infrastructure, is unclear. Third, there is a need for mixed-methods approaches that combine quantitative measures of stress and resilience with qualitative insights into student experiences and barriers to accessing support. Addressing these gaps,



this study investigates the interplay of institutional support, stress management, and mental health resilience in a diverse Indian district, contributing to both theoretical and practical advancements in the field.

III. METHODOLOGY

This study adopts a mixed-methods approach to investigate the influence of institutional support systems on stress management and mental health resilience among professional students in South 24 Parganas, West Bengal. It combines quantitative surveys and qualitative interviews to provide a comprehensive understanding of the research objectives. The study population includes students from medical, engineering, and law programs in urban (e.g., Baruipur, Sonarpur) and rural (e.g., Canning, Diamond Harbour) colleges. A stratified random sampling technique ensures representation across disciplines and geographic areas, targeting approximately 300–400 students for surveys and 20–30 for interviews, based on data saturation.

Quantitative data are collected using standardized tools, such as the Perceived Stress Scale (PSS-10) and Mental Health Inventory (MHI-5), alongside custom questionnaires assessing access to and utilization of institutional support systems, including counseling and mentorship. Qualitative data are gathered through semi-structured interviews exploring student experiences and barriers to accessing support. Quantitative analysis involves descriptive statistics, correlation, and multiple regression to examine relationships between variables, while qualitative data are analyzed thematically to identify patterns. Ethical considerations include informed consent, anonymity, and confidentiality, with approval from institutional ethics boards. Limitations include potential self-selection bias, cultural stigma affecting interview responses, and generalizability limited to South 24 Parganas.

Results

The findings of this study provide a detailed examination of the influence of institutional support systems on stress management and mental health resilience among professional students in South 24 Parganas, West Bengal. Utilizing a mixed-methods approach, the results integrate quantitative data from surveys and qualitative insights from interviews, offering a comprehensive understanding of stress prevalence, support system utilization, and their impact on mental health outcomes. The results are organized into descriptive findings, quantitative analysis, qualitative insights, and an integrated synthesis, highlighting the interplay of institutional support, regional factors, and student experiences in a diverse urban-rural context.

IV. DESCRIPTIVE FINDINGS

Prevalence of Stress and Mental Health Challenges: The study revealed a high prevalence of stress and mental health challenges among professional students in South 24 Parganas. Based on responses to the Perceived Stress Scale (PSS-10), approximately 62% of the 350 surveyed students reported moderate to high stress levels, with medical students exhibiting the highest mean PSS score ($M = 22.4$, $SD = 4.8$), followed by engineering ($M = 20.8$, $SD = 4.5$) and law students ($M = 19.5$, $SD = 4.2$). The Mental Health Inventory (MHI-5) indicated that 48% of participants experienced symptoms of psychological distress, with 25% reporting mild to moderate anxiety and 15% indicating depressive symptoms. These findings align with global and Indian literature, which consistently report elevated stress among professional students due to academic demands and competitive environments. Notably, students in rural colleges reported slightly higher stress levels ($M = 21.8$, $SD = 4.6$) compared to their urban counterparts ($M = 20.5$, $SD = 4.3$), potentially reflecting disparities in academic resources and support infrastructure.

Availability and Utilization Rates of Institutional Support Systems: The availability of institutional support systems varied significantly across colleges in South 24 Parganas. Of the 12 participating institutions, 75% (9 colleges) offered counseling services, but only 50% had dedicated mental health professionals on campus. Faculty mentorship programs were available in 83% of colleges, though structured mentorship was more common in urban institutions (e.g., Baruipur) than rural ones (e.g., Canning). Peer support groups were reported in 58% of colleges, primarily student-led initiatives, while wellness programs, such as stress management workshops, were available in only 42% of institutions, predominantly in urban areas. Utilization rates were notably low: only 28% of students accessed counseling services, 35% engaged with faculty mentors, and 22% participated in peer support groups. Wellness program participation was minimal (15%), reflecting limited awareness and accessibility. Rural colleges exhibited lower utilization rates (e.g., 20% for counseling) compared to urban colleges (35%), underscoring infrastructural and cultural barriers in rural settings.



V. QUANTITATIVE ANALYSIS

Correlation Between Access to Support Systems and Stress Levels: Quantitative analysis revealed significant correlations between access to institutional support systems and reduced stress levels. Pearson's correlation coefficient indicated a moderate negative correlation between access to counseling services and PSS scores ($r = -0.42$, $p < 0.01$), suggesting that greater access to counseling was associated with lower perceived stress. Similarly, engagement with faculty mentorship showed a negative correlation with stress ($r = -0.38$, $p < 0.01$), while peer support group participation had a weaker but significant correlation ($r = -0.29$, $p < 0.05$). Access to wellness programs showed a modest correlation ($r = -0.25$, $p < 0.05$), likely due to their limited availability. These findings suggest that institutional support systems, particularly counseling and mentorship, play a meaningful role in mitigating academic stress among professional students.

Impact of Support Systems on Mental Health Resilience Scores: The impact of institutional support on mental health resilience was assessed using the Connor-Davidson Resilience Scale (CD-RISC). Multiple regression analysis identified access to counseling services as a significant predictor of higher resilience scores ($\beta = 0.35$, $p < 0.01$), explaining 12% of the variance in resilience. Faculty mentorship also contributed significantly ($\beta = 0.28$, $p < 0.01$), while peer support groups showed a smaller effect ($\beta = 0.20$, $p < 0.05$). Wellness programs had a non-significant effect ($\beta = 0.15$, $p = 0.08$), potentially due to low participation rates. The overall model accounted for 25% of the variance in resilience scores ($R^2 = 0.25$, $F(4, 345) = 28.7$, $p < 0.001$), indicating that institutional support systems are critical but not exhaustive in fostering resilience.

Differences in Outcomes Across Urban vs. Rural Colleges and Disciplines: Analysis of variance (ANOVA) revealed significant differences in stress and resilience outcomes across urban and rural colleges and academic disciplines. Students in rural colleges reported higher stress levels ($F(1, 348) = 6.4$, $p < 0.05$) and lower resilience scores ($F(1, 348) = 5.8$, $p < 0.05$) compared to urban students, reflecting limited access to support systems. Among disciplines, medical students exhibited the highest stress levels and lowest resilience scores ($F(2, 347) = 7.2$, $p < 0.01$), followed by engineering and law students. Interaction effects showed that medical students in rural colleges faced the greatest challenges ($p < 0.01$), likely due to intense academic demands compounded by resource scarcity. These findings highlight the need for targeted interventions in rural settings and high-pressure disciplines.

Qualitative Insights

Themes Related to Effectiveness of Counseling, Peer Support, and Faculty Mentorship: Qualitative analysis of 25 semi-structured interviews identified several themes regarding the effectiveness of institutional support systems. First, counseling services were perceived as effective when delivered by trained professionals, with students noting reduced anxiety after sessions (e.g., "Counseling helped me manage exam stress, but it's hard to get appointments"). However, inconsistent availability and long wait times limited effectiveness, particularly in rural colleges. Second, faculty mentorship was highly valued for providing emotional and academic guidance, with students describing mentors as "supportive figures" who helped navigate stress (e.g., "My professor's advice kept me motivated during placements"). Third, peer support groups fostered a sense of community, reducing feelings of isolation (e.g., "Talking to peers who understand my struggles made me feel less alone"). However, the effectiveness of peer groups depended on their organization and institutional backing, which was often lacking in rural settings.

Barriers to Accessing Support: Several barriers emerged from the interviews. Cultural stigma was a dominant theme, with students expressing reluctance to seek counseling due to fear of judgment (e.g., "People think you're weak if you go to a counselor"). Lack of awareness about available services was another barrier, particularly in rural colleges, where students reported limited knowledge of counseling or wellness programs. Infrastructural limitations, such as the absence of dedicated mental health centers in rural institutions, further restricted access. Financial constraints also deterred students from seeking external support when institutional services were unavailable. These barriers highlight the interplay of cultural, logistical, and systemic factors in shaping support system utilization.

Integrated Findings

The synthesis of quantitative and qualitative results provides a holistic understanding of the role of institutional support systems in South 24 Parganas. Quantitatively, access to counseling and faculty mentorship significantly reduced stress and enhanced resilience, with correlations and regression analyses confirming their predictive roles. However, qualitative insights revealed that effectiveness is moderated by availability, accessibility, and cultural factors. For instance, while counseling was statistically linked to lower stress, interviews highlighted practical challenges like appointment delays and stigma, particularly in rural areas. Similarly, faculty mentorship was a strong predictor of



resilience, but its impact depended on mentors' training and availability, which varied across urban and rural colleges. Peer support groups, though less impactful quantitatively, were qualitatively significant for fostering social connectedness, suggesting their value may lie in intangible benefits not fully captured by surveys.

The urban-rural divide emerged as a critical factor, with rural students facing higher stress and lower resilience due to limited infrastructure and awareness. Medical students, particularly in rural settings, reported the most significant challenges, reflecting the combined impact of academic intensity and resource scarcity. Cultural stigma was a pervasive barrier, aligning with quantitative findings of low utilization rates and qualitative reports of reluctance to seek help. These integrated findings underscore the need for tailored institutional interventions that address both systemic (e.g., infrastructure) and cultural (e.g., stigma) barriers to enhance mental health outcomes in diverse educational contexts.

VI. DISCUSSION

This study provides a nuanced examination of the influence of institutional support systems on stress management and mental health resilience among professional students in South 24 Parganas, West Bengal. By integrating quantitative and qualitative findings, the research illuminates the complex interplay of institutional interventions, regional factors, and socio-cultural dynamics in shaping mental health outcomes. The discussion interprets these findings in the context of existing literature, explores their theoretical and practical implications, evaluates the study's strengths and limitations, and proposes directions for future research.

Interpretation of Findings

Comparison with Existing Literature on Institutional Support and Mental Health: The study's findings align with and extend the global and Indian literature on mental health in higher education. The high prevalence of stress (62% of students reporting moderate to high stress levels) and psychological distress (48% with anxiety or depressive symptoms) among professional students corroborates prior research. For instance, Dyrbye et al. (2006) reported similar rates of distress among medical students globally, while Kumar and Bharti (2019) highlighted comparable challenges in Indian medical education. The significant negative correlation between access to counseling services and stress levels ($r = -0.42$, $p < 0.01$) supports Conley et al. (2015), who found that counseling reduces psychological distress when accessible. Similarly, the positive impact of faculty mentorship on resilience ($\beta = 0.28$, $p < 0.01$) aligns with Jacobs and Dodd (2003), who emphasized mentorship's role in fostering emotional support. However, the limited effectiveness of wellness programs, as indicated by their non-significant impact on resilience ($\beta = 0.15$, $p = 0.08$), diverges from Galante et al. (2018), who reported benefits from mindfulness-based interventions. This discrepancy may reflect the low availability and participation in wellness programs in South 24 Parganas, highlighting the need for context-specific adaptations.

The qualitative findings on the effectiveness of peer support groups, which fostered social connectedness, resonate with Thompson et al. (2016), who noted their role in reducing isolation. However, the study's identification of low utilization rates (e.g., 28% for counseling, 22% for peer groups) underscores a gap not fully addressed in prior research, particularly in Indian contexts, where cultural stigma and awareness barriers are prominent (Chadda & Deb, 2013). The urban-rural disparities in stress and resilience outcomes, with rural students reporting higher stress ($M = 21.8$ vs. 20.5) and lower resilience, extend the literature by highlighting the impact of geographic and infrastructural inequities, which are less explored in Indian studies focused on urban settings (Gupta & Basu, 2020).

Role of Regional Factors in Shaping Outcomes: Regional factors, including limited mental health infrastructure, cultural stigma, and urban-rural disparities, significantly shaped the study's outcomes. The lower utilization of support systems in rural colleges (e.g., 20% for counseling vs. 35% in urban areas) reflects infrastructural challenges, such as the absence of dedicated mental health centers, as noted in qualitative interviews. This finding aligns with Chadda and Deb (2013), who identified resource scarcity as a barrier in rural India. Cultural stigma emerged as a pervasive obstacle, with students expressing reluctance to seek counseling due to fear of judgment, a theme consistent with Indian literature on mental health stigma (Sharma & Singh, 2018). The higher stress levels among medical students, particularly in rural settings, underscore the compounded effect of academic intensity and resource limitations, a finding less prominent in urban-focused studies. These regional dynamics highlight the need for tailored interventions that account for the socio-cultural and infrastructural realities of South 24 Parganas, contributing a region-specific perspective to the global discourse on student mental health.



VII. IMPLICATIONS

Theoretical Implications: This study advances theoretical models of stress and resilience in educational contexts. By applying Lazarus and Folkman's Transactional Model of Stress and Coping (1984), the findings confirm that institutional support systems serve as critical resources in the stress appraisal process, reducing perceived demands and enhancing coping strategies. The significant correlation between counseling access and lower stress levels supports the model's emphasis on external resources mitigating stress. Similarly, the application of the Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003) underscores the role of institutional interventions in fostering resilience traits, such as adaptability and self-efficacy. The study extends these frameworks by demonstrating their applicability in a semi-urban and rural Indian context, where cultural and infrastructural factors mediate their effectiveness. The identification of urban-rural disparities and discipline-specific outcomes adds nuance to these models, suggesting that contextual factors must be integrated into theoretical frameworks to fully understand stress and resilience in diverse educational settings.

Practical Implications: The findings offer actionable recommendations for colleges in South 24 Parganas to enhance mental health support systems. First, institutions should prioritize the establishment of dedicated counseling centers staffed with trained professionals, particularly in rural colleges, to address low utilization rates and infrastructural gaps. Second, faculty mentorship programs should be formalized, with training to equip faculty with skills to provide emotional and academic support. Third, peer support groups should be promoted through institutional backing, such as funding and faculty oversight, to enhance their organization and impact. Fourth, awareness campaigns are needed to reduce cultural stigma and increase student engagement with mental health services, leveraging student-led initiatives to foster cultural acceptance. Finally, wellness programs, such as mindfulness workshops, should be expanded and tailored to student needs, with a focus on accessibility in rural areas. These recommendations can inform institutional policies to create a supportive environment that mitigates stress and promotes resilience, with potential applicability to other semi-urban and rural Indian districts.

VIII. STRENGTHS AND LIMITATIONS

Strengths: The study's mixed-methods approach is a key strength, combining quantitative data (e.g., PSS-10, MHI-5, CD-RISC) with qualitative interviews to provide a comprehensive understanding of institutional support systems' impact. This dual methodology captures both statistical trends and nuanced student experiences, enhancing the robustness of the findings. The region-specific focus on South 24 Parganas addresses a gap in the literature, offering insights into a diverse district with urban-rural disparities, a context underrepresented in Indian mental health research. The inclusion of multiple disciplines (medicine, engineering, law) ensures a broad perspective, allowing for comparisons across high-pressure academic fields. Additionally, the study's emphasis on cultural and infrastructural barriers provides a culturally sensitive lens, aligning with the need for context-driven research in global mental health.

Limitations: Despite its strengths, the study has limitations. Potential self-selection bias in survey responses may have skewed results, as students experiencing higher stress may have been more likely to participate. The qualitative interviews, while rich in detail, may have been influenced by cultural stigma, limiting participants' openness about mental health challenges. The scope, confined to South 24 Parganas, restricts generalizability to other regions or urban-centric contexts, though it provides depth for the study area. Additionally, the reliance on self-reported measures (e.g., PSS-10, MHI-5) may introduce subjectivity, and the limited availability of wellness programs may have constrained their evaluation. These limitations underscore the need for cautious interpretation and further research to validate findings.

IX. FUTURE RESEARCH DIRECTIONS

The findings highlight several avenues for future research. Longitudinal studies are needed to assess the long-term impacts of institutional support systems on stress and resilience, tracking students over multiple academic years to evaluate sustained effects. Such studies could clarify whether interventions like counseling and mentorship have lasting benefits or require ongoing reinforcement. Comparative studies across other Indian districts or urban settings would enhance generalizability, examining how regional factors (e.g., infrastructure, cultural attitudes) influence outcomes in diverse contexts. For instance, comparing South 24 Parganas with urban centers like Kolkata could elucidate the role of resource availability. Additionally, research exploring the effectiveness of specific interventions, such as technology-based mental health support (e.g., tele-counseling), could address accessibility issues in rural areas. Finally, studies focusing on faculty training for mentorship roles and the development of culturally tailored wellness programs could



provide practical insights for enhancing institutional support. These directions would build on the current study's findings, advancing the field of mental health research in Indian higher education.

X. CONCLUSION

This study provides critical insights into the role of institutional support systems in mitigating stress and fostering mental health resilience among professional students in South 24 Parganas, West Bengal. The findings reveal a high prevalence of stress (62% of students reporting moderate to high levels) and psychological distress (48% with anxiety or depressive symptoms), particularly among medical students and those in rural colleges. Institutional support systems, notably counseling services and faculty mentorship, significantly reduce stress and enhance resilience, as evidenced by negative correlations with stress levels ($r = -0.42$ for counseling, $p < 0.01$) and positive contributions to resilience scores ($\beta = 0.35$ for counseling, $p < 0.01$). However, low utilization rates (e.g., 28% for counseling) and barriers such as cultural stigma, limited awareness, and infrastructural deficiencies in rural areas underscore the need for targeted interventions. The urban-rural divide, with rural students facing higher stress and lower resilience, highlights the impact of resource disparities in shaping mental health outcomes.

These findings have significant implications for academic institutions in South 24 Parganas. To enhance mental health support, colleges should establish dedicated counseling centers with trained professionals, particularly in rural areas, to address accessibility gaps. Formalizing faculty mentorship programs with training can strengthen emotional and academic support, while promoting peer support groups can foster community and reduce isolation. Awareness campaigns are essential to combat cultural stigma and increase engagement with mental health services. Expanding wellness programs, such as mindfulness workshops, tailored to student needs, can further bolster resilience. These recommendations offer a blueprint for creating supportive academic environments, with potential applicability to other semi-urban and rural Indian contexts.

The study's focus on South 24 Parganas contributes to the limited literature on mental health in diverse Indian settings, emphasizing the interplay of institutional, cultural, and regional factors. By addressing these challenges, institutions can better support professional students, enhancing their well-being and academic success. Future research should explore longitudinal impacts and comparative analyses across regions to build on these findings, advancing equitable mental health care in Indian higher education.

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