



Understanding the Emotional and Mental Health Issues of Students at Samtse College of Education: A Case Study

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Abstract

The emotional and mental health of college students has become an increasing concern, influenced by academic pressure, cultural expectations, and stigma associated with mental illness. Despite anecdotal recognition of these challenges, systematic research within Bhutanese higher education remains scarce. This study explored students' awareness, perceptions, and lived experiences of mental health at Samtse College of Education, with particular attention to the roles of gender, academic expectations, and cultural norms in shaping resilience and help-seeking behaviour. A convergent case study design was employed, combining quantitative and qualitative approaches. Questionnaires were administered to a stratified random sample of 500 students across various programmes and the responses were analysed using descriptive and correlational statistics in SPSS. Complementary semi-structured focus groups generated qualitative insights, which were thematically analysed using Braun and Clarke's six-step framework. Findings revealed that although students acknowledged the significance of mental health, access to coping mechanisms and institutional support remained limited. Academic workload and competitive environments were leading stressors, while female students and postgraduates reported higher levels of vulnerability. Stigma and fear of social exclusion further discouraged many from seeking help. These results highlight the urgent need for culturally sensitive counselling, stigma reduction, and inclusive support systems to foster student well-being and academic success.

Keywords: Mental health, academic stress, stigma, resilience, higher education

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Introduction

Emotional and mental health challenges among university students have become a critical concern in higher education worldwide. A growing body of evidence highlights that student well-being shapes not only academic achievement but also retention, identity formation, and long-term quality of life (Auerbach et al., 2018; Eisenberg et al., 2019; Ibrahim et al., 2013). Rising cases of anxiety, depression, stress, and burnout reflect a widening gap between students' needs and institutional support. While these trends are well documented in global contexts, localised research remains limited, particularly in Bhutan. This absence of evidence underscores the importance of context-sensitive inquiry that can guide institutional practice and national policy.

Despite Bhutan's national development philosophy of Gross National Happiness (GNH), which places well-being at the core of planning, public discourse on mental health remains limited and stigma persists (Choki et al., 2014). Cultural and religious frameworks can both foster resilience and reinforce silence, discouraging formal help-seeking (Dorji & Wangmo, 2021; Tobgay & Dophu, 2011). Existing studies on university student mental health are largely drawn from Western and other high-income contexts, where substantial empirical work has documented prevalence patterns, help seeking behaviours, and institutional risk factors (Auerbach et al., 2018; Ibrahim et al., 2013; Li et al., 2022). In contrast, research conducted within Bhutan has primarily focused on national mental health policy, service delivery, and general population concerns rather than the lived experiences of students in higher education institutions (Ministry of Health, 2020; Wangdi & Jamtsho, 2019). To date, there is limited empirical research that systematically examines and documents how Bhutanese college students experience, interpret, and navigate emotional distress within academic settings. Consequently, a gap exists between the global evidence base on student emotional and mental health and the unique cultural realities of Bhutanese higher education.

This study investigated the emotional and mental health of students at Samtse College of Education (SCE), the Royal University of Bhutan. It specifically examined students' perceptions of their emotional and mental well-being, identified the most common challenges they encounter, analysed the contextual and cultural factors influencing these challenges, and explored the coping strategies and support systems that they utilise.

Samtse College of Education, as a teaching institution, is particularly important, as the well-being of today's student-teachers has long-term implications for future generations of learners. The findings from this study will not only advance academic understanding but will also provide evidence for institutional initiatives in the fields of mental health literacy, peer support, and counselling services. At the policy level, the research will inform national debates on allocation of resources, reduction of stigma, and culturally sensitive interventions.

While international research offers useful frameworks (Chung & Hudziak, 2017; King et al., 2020; Mojtabei et al., 2016), applying these without attention to Bhutanese socio-cultural realities risks oversimplification. Localised scholarship remains scarce (Wangchuk et al., 2020), particularly in teacher education contexts, leaving a pressing need for empirically grounded, Bhutan-specific studies.

This study is confined to students enrolled at Samtse College of Education across various academic programmes. The focus on this institution is informed not only by its institutional characteristics but also by the researchers' extensive professional experience as tutors and counsellors working with students over several decades. Through sustained engagement in academic guidance and student counselling, the researchers have observed recurring patterns of emotional strain, academic stress, reluctance to seek formal psychological support, and the influence of cultural expectations on students' coping behaviours. These long-term observations provide contextual insight into the lived realities of students and underscore the practical relevance of systematically examining their emotional and mental well-being. Although the study does not extend to all colleges in Bhutan, Samtse College of Education represents a regional higher education context shaped by similar cultural norms, institutional structures, and academic demands found in other Bhutanese institutions. Therefore, while findings are context specific, they may offer insights that are analytically transferable to comparable higher education settings within Bhutan. By grounding the study within both professional experience and empirical investigation, the research seeks to offer insights that may be transferable to other higher education institutions with similar cultural and academic contexts.

Research Questions

1. How do students at Samtse College of Education understand and perceive their emotional and mental well-being?
2. What are the most common emotional and mental health issues reported by the students?
3. What factors influence students' emotional and mental health?
4. What coping mechanisms and support systems do students use to manage mental health challenges?

Literature Review

Conceptualising Emotional Well-being and Mental Well-being:

Emotional and mental well-being among university students have emerged as urgent global concerns. Although these terms are often used interchangeably, conceptual distinctions are essential for clarity. Emotional well-being refers to immediate, context-specific affective experiences such as anxiety before examinations, frustration with academic deadlines, or sadness following interpersonal conflict. These emotional states are dynamic and fluctuate over time. In

contrast, mental well-being represents a broader and more enduring state of psychological functioning that includes resilience, life satisfaction, meaning in life, social integration, and effective coping (Keyes, 2002; World Health Organization (WHO), 2020).

Contemporary scholarship increasingly emphasises that emotional well-being not limited to the presence of positive affect but includes the appropriate experience and regulation of both positive and negative emotions (Gross, 2015; Vander Weele & Lomas, 2022). Emotional regulation capacity, which refers to how individuals manage and respond to affective states, is therefore central to emotional well-being. Mental well-being extends beyond emotional experience and incorporate cognitive evaluations such as life satisfaction and coherence (George & Park, 2016; Martela & Steger, 2016), psychological functioning such as self- acceptance and purpose (Keyes, 2002), and broader social dimensions including connectedness and contribution to community (Park et al., 2022). Thus, emotional well-being is best understood as a component of mental well-being (Vander Weele & Lomas, 2022). Distinguishing between episodic emotional strain and deeper psychological impairment is critical when examining student experiences in higher education settings, where students may experience temporary emotional strain while maintaining overall psychological functioning, or conversely, display limited overt distress yet experience diminished meaning, engagement, or social integration.

Global Perspectives on Student Mental Health:

Research conducted across global contexts consistently indicates rising levels of psychological distress among university students (Ibrahim et al., 2013; Li et al., 2022). The transition to higher education represents a developmental period marked by increased academic demands, financial pressures, identity formation and shifting social networks (Mojtabai et al., 2016; Seden et al., 2022; World Health Organization, 2023). These stressors are associated with heightened risks of anxiety, depression, burnout, and emotional exhaustion (Chung & Hudziak, 2017; King et al., 2020). Studies have demonstrated that mental health challenges are not isolated phenomena but systemic concerns affecting institutions worldwide (Auerbach et al., 2018; Eisenberg et al., 2019). Student well-being is shaped not only by individual coping strategies but also by institutional culture, access to support services, and sociocultural norms surrounding help seeking.

Prevalence and Patterns:

Meta-analytic evidence provides important context for understanding the scope of student mental health challenges. A global meta-analysis conducted by Ibrahim et al., (2013) found that prevalence rates of depression among university students ranged from 10 percent to over 40 percent and consistently exceed rates observed in the general population of similar age. More recent research by Li et al. (2022) confirmed substantial global variability and similarly reported high pooled prevalence rates for anxiety and depressive symptoms among students. These findings indicate that psychological distress in higher education is widespread rather than regionally isolated.

Cross-national surveys further indicate that nearly one in three university students meets criteria for at least one common mental health disorder (Auerbach et al., 2018; WHO, 2023). Importantly, prevalence patterns are shaped by contextual factors including economic conditions, academic competitiveness, and cultural attitude towards mental health.

The COVID-19 pandemic amplified existing vulnerabilities. Studies conducted during the pandemic documented significant increases in anxiety, depressive symptoms, sleep disturbances, and social isolation among students (Czeisler et al., 2020; Son et al., 2020). These disruptions exposed inequities in access to digital learning, counselling services, and social support, particularly in low- and middle-income countries (Charles et al., 2021). Consequently, prevalence patterns must be understood within broader structural and global contexts.

Access and Gaps in Care:

Despite increasing prevalence, service utilisation remains low. Barriers include public stigma, limited mental health literacy, confidentiality concerns, and scepticism about counselling effectiveness (Gulliver et al., 2010; Lipson et al., 2022; Wei et al., 2015). These challenges are more pronounced in low- and middle-income countries, where mental health professionals and infrastructure are scarce. Stressors such as family pressure and financial insecurity exacerbate risks, underscoring the need for culturally appropriate interventions (Auerbach et al., 2018). These gaps highlight a disconnect between rising need and institutional response capacity. Without culturally responsive and accessible interventions, untreated distress may undermine both academic achievement and long-term psychological functioning.

Stigma and Help-Seeking Behaviour:

Stigma remains one of the strongest deterrents to psychological support. Corrigan and Watson (2002) conceptualise stigma as a process involving stereotyping, prejudice, and discrimination, which often becomes internalized as self-stigma. Among students, fear of being perceived as weak or incompetent can discourage disclosure (Vogel et al., 2007). Gender norms may intensify these barriers. Addis & Mahalik (2003) found that traditional masculine norms discourage emotional vulnerability and reduce help-seeking among male students. Confidentiality concerns and doubts about counselling effectiveness further discourage engagement (Braunstein-Bercovitz, 2019). Interventions that combine peer-led programmes, mental health literacy campaigns, and culturally adapted messaging show promise in reducing stigma and normalise help-seeking (Arjadi et al., 2021; Corrigan et al., 2014; Wei et al., 2013).

Academic and Institutional Stressors:

The university environment can function as both a risk factor and a protective factor. High academic workloads, competitive grading systems, and limited flexibility contribute to burnout and disengagement (Mojtabai et al., 2016; Seden et al., 2022). Perceived institutional unfairness, such as a lack of student voice, can exacerbate emotional strain (Keyes, 2020; Shankar et al., 2022).

Ecological models emphasise that student distress is shaped by interconnected systems including family relationships, institutional culture, and broader sociocultural norms (Bronfenbrenner, 1979; Ungar, 2012). Conversely, supportive faculty relationships, accessible counselling services, and an inclusive campus climate serve as protective factors (Becker et al., 2018; Eisinger et al., 2019). These findings highlight the importance of institutional responsibility in promoting student well-being.

Cultural Context of Mental Health in Bhutan:

Bhutan presents a distinctive context shaped by the Gross National Happiness (GNH) framework, which emphasises holistic development and psychological well-being. Despite this policy orientation, empirical research on student mental health remains limited. Public discourse often frames psychological distress in spiritual or moral terms, which may reinforce silence and stigma (Choki et al., 2014; Tobgay & Dophu, 2011).

Traditional beliefs may interpret mental illness through karmic or spiritual lenses (Dorji, 2019; Pommaret, 2016). While collectivist values and spiritual practices can promote resilience and social cohesion, they may also discourage open emotional expression.

Access to professional support is uneven, particularly in regional institutions (Dorji & Wangmo, 2021; Wangchuk et al., 2020). These cultural and structural factors create a complex landscape for student mental health in Bhutanese higher education.

Technology and Social Media:

The rapid expansion of digital technology has introduced new dimensions to student mental health globally. Social media platforms offer opportunities for peer connection, identify exploration, and informational support. However, systematic reviews indicate associations between excessive social media use and increased anxiety, depressive symptoms, poor sleep quality, and negative self-comparisons (Baker & Algorta, 2016; Fardouly et al., 2015; Woods & Scott, 2016).

The growing influence of digital culture requires closer examination in the Bhutanese higher education context. Bhutan has experienced accelerated digital penetration over the past decade, which has reshaped communication patterns, academic engagement, and social interaction among youth. While digital platforms may foster connectivity in geographically dispersed communities, emerging evidence suggests that excessive use is associated with procrastination, academic disengagement, and emotional instability among Bhutanese students (Wangchuk et al., 2022).

Exposure to globalised standards of success and lifestyle through social media may intensify self-comparison and perceived academic inadequacy. Students who navigate collectivist expectations alongside modern digital identities may experience unique psychological stressors. Digital culture should therefore be understood as a social and cultural force that interact with academic and institutional pressures.

Coping Mechanisms and Emotional Regulation:

Students employ diverse coping strategies in response to academic and psychological stress. Adaptive strategies include mindfulness practices, physical activity, music engagement, and social support (Koelsch, 2010; Wangchuk et al., 2011). Maladaptive strategies, including substance use and excessive gaming, often emerge during periods of heightened stress (Grant et al., 2017; Shankar et al., 2022).

In Bhutan, culturally embedded practices such as prayer, meditation, and engagement with nature remains important coping resources (Dorji & Wangmo, 2021). Integrating evidence-based psychological interventions with local contemplative traditions may enhance both effectiveness and cultural acceptability.

Toward Culturally Sensitive Interventions:

Although Bhutan's Gross National Happiness framework foregrounds holistic well-being, gaps remain between policy aspirations and student experiences. Effective interventions must balance traditional practices with innovative, evidence-based approaches. Tailored psychoeducation, peer-led support, and institutional reforms are needed to ensure care is both culturally respectful and practically accessible (Pommaret, 2016; Dorji & Wangmo, 2021).

In conclusion, the literature highlights that student mental health is shaped by academic pressure, stigma, sociocultural norms, gender dynamics, and digital culture. In Bhutan, spiritual interpretations of distress, limited professional resources, and rapid digital transformation intersect to create a distinct context. In Bhutan, these challenges are further compounded by spiritual interpretations of distress, limited professional resources, and uneven access to care. However, systematic studies within Bhutanese higher education remain scarce. This study addresses these gaps by investigating student mental health at Samtse College of Education, aiming to generate contextually grounded insights that align with the holistic ethos of GNH while addressing contemporary student needs.

Methodology

Research Design

This study employed a convergent parallel mixed-methods design (Creswell & Creswell, 2018), selected for its ability to capture both measurable patterns of prevalence and a rich contextual narrative of the emotional and mental well-being of students at the Samtse College of Education. To ensure a balanced weighting between breadth and depth, quantitative and qualitative data were collected at the same time. The survey quantified the prevalence, patterns, and associations of the indicators of well-being, while focus group interviews (FGIs) elicited nuanced narratives. Both sets of data sets were analysed separately and integrated at the interpretation stage, enabling assessment of convergence, complementarity, and divergence. This approach not only strengthens

validity through triangulation but also ensures that student voice remained central to interpretation, thereby enhancing trustworthiness and applicability of findings.

Participants and Sampling

The study was conducted at Samtse College of Education and employed a mixed methods approach involving both quantitative and qualitative data collection. For the quantitative component, stratified random sampling was used to ensure proportional representation of students across different academic programmes and year levels. This approach enhanced the representativeness of the sample and strengthened the generalisability of the findings within the institutional context.

For the qualitative component, purposive sampling was employed to select participants from various academic programmes and courses. Students were chosen based on their potential to provide rich and relevant insights into their emotional and mental well-being experiences. Focus group interviews were conducted using semi-structured questions to facilitate in-depth discussion while maintaining consistency across groups. Participants represented diverse academic disciplines, demographic characteristics, and educational backgrounds. This diversity was intentionally sought to capture varied experiences, enhance contextual relevance, and support meaningful interpretation of both quantitative trends and qualitative themes.

Quantitative Component

The quantitative sample comprised 156 students drawn from five academic programmes at SCE: Bachelor of Education (B.Ed), Master of Education (M.Ed), Postgraduate Diploma in Education (PgDE), Postgraduate Diploma in Contemplative Counselling and Psychology (PgDCCP), and Bachelor of Arts in Social Work (BASW). Stratified random sampling was employed to enhance representativeness across programme type, gender, and age. Age distribution reflected the typical demographic composition of higher education students: 18–24 years (68%), 25–34 (26%), under-18 (2%), and 35–44 (4%). Gender distribution was 54% female, 45% male, and 1% identified as other or preferred not to disclose. Stratification minimised bias, ensured adequate subgroup representation, and increased reliability of statistical inference.

Qualitative Component

To capture diversity of experience, 48 students were selected through maximum-variation purposive sampling. Variation was based on gender, year of study, and academic performance. Four FGIs were conducted, each involving 6–8 participants, which is within recommended group size for balanced participation and rich dialogue. Interviews were held in private, supportive settings, thereby promoting psychological safety and minimising response bias. This approach ensured credibility and depth in exploring experiences of stigma, stressors, and coping mechanisms.

Data Collection Tools

Quantitative data were obtained via a structured questionnaire measuring emotional and mental well-being, key academic and non-academic stressors, and commonly used coping strategies. The instrument drew upon validated constructs from prior studies to strengthen reliability, and was pilot-tested with a small group of SCE students to refine clarity and relevance.

Qualitative data were gathered through semi-structured FGIs guided by prompts that paralleled survey domains. This alignment allowed participants to elaborate on quantitative trends, while still offering space for emergent themes. Interviewers employed active listening, neutral prompts, and culturally sensitive facilitation to reduce researcher bias. Consistency across groups was maintained through a common FGI protocol.

Data Analysis Procedures

Descriptive statistical analysis was conducted for quantitative data. The results summarised distributions of well-being indicators, while correlations examined associations between stressors, coping strategies, and emotional states. Reliability of multi-item scales was checked using Cronbach's alpha which yielded a value of .79, demonstrating an acceptable internal consistency.

Qualitative data were analysed using Braun and Clarke's (2021) six-phase thematic analysis: familiarisation, coding, theme generation, theme review, theme definition, and reporting. Two researchers coded transcripts independently before reconciling codes through discussion, thereby enhancing inter-rater reliability and reducing subjectivity.

Integration occurred at the interpretation stage via side-by-side comparison of quantitative and qualitative findings. This process highlighted points of convergence (where numerical trends and narratives aligned), complementarity (where one enriched the other), and divergence (where findings conflicted). Such integration bolstered validity, credibility, and explanatory depth.

Ethical Considerations

Ethical safeguards were rigorously addressed. All participants provided informed consent, with assurance of confidentiality and anonymity. FGIs were held in private settings to protect participants' privacy and minimise social risk. Sensitive topics were handled with care, and participants were reminded of their right to withdraw at any stage. Ethical approval was obtained from the office of Dean Research and Industrial Linkages (DRIL) at SCE prior to data collection.

Results and Discussions

This section presents results of the study and its discussion with the relevant literature.

Academic and Institutional Pressures

Students reported varying levels of academic and institutional pressures are shown in Table 1.

Table 1

Student Reports of Academic and Institutional Pressures

Stress Factor	Mean (1–10)	Standard Deviation (SD)
Academic Pressure	8.73	1.12
Institutional Stress	7.85	1.34
Social Isolation	7.22	1.68
Financial Burden	7.94	1.39
Self-Expectation	8.16	1.27

Table 1 presents quantitative data showing that academic pressure ($M = 8.73$) and self-expectation ($M = 8.16$) are the most intense stressors, followed by financial burden ($M = 7.94$) and institutional stress ($M = 7.85$). Although social isolation ($M = 7.22$) scored slightly lower, it showed the greatest variability ($SD = 1.68$), indicating uneven impact across students. Qualitative insights reinforce these findings whereby students reported being overwhelmed by overlapping deadlines, rigid timetables, mandatory volunteerism, and strict attendance policies, which intensified their emotional exhaustion.

The combination of high academic demands, institutional rigidity, and self-imposed expectations creates a cycle of stress and fatigue. Students experience pressure not only from external structures but also from internal perfectionism. While financial burden and social isolation further amplify distress, the variability suggests that support systems or personal resilience mediate experiences differently among individuals. This indicates that stressors are both systemic (policies, workload) and personal (self-expectation, resilience).

These findings align with global evidence that excessive academic workloads and institutional inflexibility undermine student well-being (Auerbach et al., 2018; Eisenberg et al., 2019). In Bhutan's collectivist context, self-expectation and familial duty intensify these pressures, making failure feel not only personal but also social. Institutional rigidity through compulsory extracurricular or inflexible attendance exacerbates stress by reducing student agency. The data underscore the importance of policy reforms that balance rigour with well-being, normalise help-seeking, and create emotionally safe academic environments.

Qualitative data reinforced the quantitative patterns, revealing intense feelings of pressure from overlapping deadlines, rigid schedules, and demanding assessments. One of the Master's students described weeks filled with multiple assignments and presentations with *“hardly any breathing*

space,” emphasising emotional build-up. Others highlighted institutional rigidity including compulsory volunteerism, strict attendance, and non-negotiable extracurricular requirements as additional stress multipliers. While these activities are presented as character-building, students felt they lacked agency, stating, “*We don’t get to choose.*” Overall, the qualitative insights illustrate a lived experience of constraint, exhaustion, and limited autonomy, deepening understanding of the numerical trends and underscoring the need for responsive institutional support.

Social and Familial Pressures

The intensity of social and familial stressors experienced by students is presented in Table 2

Table 2
Students’ Experiences of Social and Familial Stressors

Stress Factor	Mean (1–10)	Standard Deviation (SD)
Financial Burden	7.94	1.39
Social Isolation	7.22	1.68

As shown in Table 2, the quantitative results indicate that financial burden ($M = 7.94$, $SD = 1.39$) remains a major and consistent stressor, while social isolation ($M = 7.22$, $SD = 1.68$), although slightly lower in intensity, demonstrates greater variability in its impact on students. The qualitative insights echo these patterns. Students, particularly from rural areas, expressed feelings of responsibility and guilt over their families’ sacrifices, which heightened their emotional strain. Additionally, many students described experiencing confinement and loneliness despite the residential college setting, reporting a lack of emotionally safe spaces for open conversation.

These findings highlight how familial obligations and social disconnection converge to shape students’ emotional well-being. Financial burden appears to be a shared and structural stressor, consistently affecting most students. In contrast, social isolation is more individualised, with some students navigating strong support networks while others withdraw emotionally. The guilt associated with parental sacrifice deepens the emotional weight of academic expectations, reflecting Bhutan’s collectivist values, where success or failure is perceived as impacting the entire family. The higher variability in social isolation suggests uneven access to meaningful peer relationships and support systems within the college environment.

The convergence of financial burden and social isolation highlights the complex interplay between structural pressures and relational experiences. Financial stress reflects systemic issues such as limited scholarships, socioeconomic disparities, and family dependence, which align with regional studies on higher education burdens (Russell et al., 2025). Meanwhile, social isolation highlights institutional and cultural gaps in fostering community and emotional safety. Even in a residential

setting designed for interaction, students reported loneliness and hesitancy to open up which indicates the prevalence of stigma surrounding vulnerability.

Addressing these challenges requires a dual approach. On one hand, policy reforms could reduce financial strain through targeted aid, flexible fee structures, or work-study opportunities. On the other hand, peer-support programmes, mentoring systems, and inclusive community-building initiatives are needed to reduce isolation and normalise emotional expression. Together, these measures would help create a learning environment that not only supports academic performance but also nurtures resilience, connection, and holistic well-being.

Further qualitative results reveal a strong emotional connection between financial pressure and family expectations. Many students especially from rural backgrounds, expressed guilt over parental sacrifices, translating economic burden into fear of academic failure. For instance, one student noted, *“I feel like I can’t afford to fail not just academically, but as their hope.”* Social isolation emerged as a persistent theme despite being in a residential college. Students described loneliness, confinement, and the absence of emotionally safe spaces. One added, *“Even though we’re surrounded by people, it’s hard to open up.”* These insights demonstrate that financial stress is shared collectively, whereas isolation is deeply personal and unevenly experienced.

Mental Health Symptoms and Coping Behaviours

The most commonly reported mental health symptoms and coping behaviours among students are presented in Table 3.

Table 3
Mental Health Symptoms and Coping Behaviours

Symptom / Behaviour	Mean (1–5)	Standard Deviation (SD)
Overthinking	4.32	0.69
Sleep Disturbances	4.11	0.87
Social Withdrawal	3.44	1.09
Substance Use	1.79	0.95

Table 3 highlights that overthinking ($M = 4.32$, $SD = 0.69$) and sleep disturbances ($M = 4.11$, $SD = 0.87$) are the most prevalent symptoms, both reported with high frequency among students. Social withdrawal ($M = 3.44$, $SD = 1.09$) appeared at moderate levels but showed greater variability, indicating differences in how students respond to stress. Substance use ($M = 1.79$, $SD = 0.95$) was the least reported, suggesting limited reliance on maladaptive coping strategies. Qualitative insights reinforce these findings. For example, students described being ‘trapped’ in cycles of worry, struggling to rest due to racing thoughts, and often withdrawing socially when overwhelmed while substance use was less common, occasional alcohol or gaming surfaced as

temporary relief mechanisms. These findings suggest that students' mental health challenges are primarily cognitive and emotional. These symptoms highlight a cycle of rumination and fatigue, which can diminish concentration, academic performance, and overall well-being. Social withdrawal emerges as an intermediate coping mechanism neither as dominant as overthinking nor as rare as substance use, indicating that isolation becomes a chosen strategy when students feel unsupported. The low level of substance use may reflect cultural and institutional norms in Bhutan, where such behaviours are less socially accepted, but it also indicates that students rely more on internalised coping (e.g., overthinking, withdrawal) than external behaviours.

The findings collectively point to a pattern of silent suffering among students. High levels of overthinking and poor sleep indicate significant psychological strain that is largely internalised, while moderate withdrawal reflects avoidance rather than active coping. These patterns resonate with global studies (Eisenberg et al., 2019; WHO, 2023) showing that students often experience high anxiety yet hesitate to seek professional support due to stigma or limited trust in mental-health services. In Bhutan's collectivist context, withdrawal may also reflect reluctance to burden family and peers, thereby reinforcing the internalisation of stress. Furthermore, Seden et al. (2020) emphasise the role of environmental mastery and positive relationships with others in promoting the psychological well-being of college students, both areas that may be strained when students struggle silently. These insights combined confirm that the discussion is consistent with the observed results.

Qualitative results report that students feeling mentally "trapped" in cycles of intrusive worry, with overthinking affecting rest. As one student described, "*Sometimes I just lie on my bed staring at the ceiling. My mind won't stop spinning.*" Sleep problems were linked to racing thoughts, stress, and exhaustion. Social withdrawal emerged as a coping mechanism, where students avoided interaction to mask vulnerability. One shared, "*I just stop talking to people when I'm stressed.*" Although substance use was relatively uncommon, some mentioned occasional alcohol or gaming during pressure periods. Music appeared as a comforting outlet with one student expressing, "*Music is my escape. It calms me when everything feels too loud.*"

The Role of Social Media and Technology

The relationship between students' emotional discomfort and frequency of social media use is shown in Table 4.

Table 4
Student Emotional Discomfort and Social Media Usage

Factor	Value / Mean	Scale / Note
Emotional Discomfort	2.99	Mean on a 1–5 scale
Social media Browsing	54 students	Frequency out of 156 (very high)

As shown in Table 4, the findings revealed two distinct yet interconnected aspects of student online experiences. First, emotional discomfort was reported at a moderate level ($M = 2.99$, $SD = 0.85$)

on a 5-point scale, suggesting that students often felt uneasy when exposed to distressing online content. Second, social media browsing was a highly frequent activity, with 54 out of 156 students reporting regular use, a trend further emphasised by the intensity shown on the heatmap. Qualitative insights reveal ambivalence: while social media served as a platform for self-expression and emotional release, it also contributed to lowered self-esteem, procrastination, and heightened academic stress.

These data suggest a dual role of social media in students' lives. On one hand, its frequent usage highlights its centrality in students' daily routines, possibly reflecting a need for connection, entertainment, and belonging. On the other hand, the moderate level of emotional discomfort indicates that exposure to distressing content or social comparison undermines students' psychological well-being. The qualitative results illustrate this tension, whereby some students felt inspired or comforted, while others reported self-doubt, anxiety, and wasted time. This ambivalence reveals that social media is not inherently harmful or beneficial but exerts its influence depending on usage patterns and individual coping strategies.

These findings align with global literature on the complex relationship between social media and student well-being. Prior studies (Auerbach et al., 2018; Eisenberg et al., 2019) have similarly noted that while online spaces offer opportunities for self-expression and support, they can also intensify stress through social comparison and overuse. The moderate emotional discomfort observed in this study suggests that distressing online exposure is not overwhelming but persistent enough to impact mental health. Furthermore, the high prevalence of social media browsing indicates a habitual or even compulsive pattern that may exacerbate academic pressures. The challenge, therefore, lies in fostering digital literacy, self-regulation, and healthier coping strategies to mitigate the negative consequences while preserving the positive potential of online engagement.

Qualitative results show mixed emotions about social media. For some students, it served as a space for connection, expression, and temporary emotional release. However, many reported that browsing often triggered comparison, self-doubt, and anxiety. For instance, one student opined, *"I feel worse when I see others doing so well, it makes me doubt myself."* Others acknowledged engaging in compulsive scrolling despite knowing it heightened their stress, with one student admitting, *"I keep scrolling, even when I know it's wasting my time."* Social media also emerged as a procrastination tool, intensifying academic pressure rather than reducing it. Overall, the insights illustrate social media as both comfort and burden, shaping emotional well-being in contradictory ways.

Institutional Support and Emerging Recommendations

Students' perceptions of the availability and adequacy of institutional mental health support are summarized in Table 5.

Table 5

Students' Perceptions of Institutional Support for Mental Health

Response Category	Frequency (n)
Strongly Agree	156
Agree	92
Neutral	28
Disagree	10

Table 5 demonstrates that the majority of students strongly agreed (156) or agreed (92) that resources and support for emotional and mental health well-being are available. This represents almost 87% of responses, suggesting a predominantly positive perception of institutional support. A smaller portion reported neutrality (28), and only a few disagreed (10). However, qualitative responses reflect underlying concerns. Students expressed fear of stigma when seeking help, and uncertainty about how or when to approach counsellors, with some perceiving support as available only during emergencies.

The quantitative data suggests a robust framework of mental health resources that students largely recognise and value. Yet, the qualitative insights reveal a hidden layer of hesitation and cultural barriers such as students fear of being judged as “weak” or “unstable,” and some perceive counselling services as inaccessible or crisis-oriented rather than preventive. This indicates that while resources exist and are acknowledged, psychological and social factors still inhibit full utilisation.

The juxtaposition of quantitative positivity and qualitative caution highlights a critical gap between availability and accessibility. Institutions may have invested in mental health initiatives, but if stigma and misconceptions persist, students will remain reluctant to engage. This reflects broader cultural narratives where mental health is often linked with weakness, thereby discouraging open help-seeking. To bridge this gap, interventions should focus not only on expanding services but also on destigmatising mental health care through awareness campaigns, peer-support models, and proactive outreach. Additionally, redefining counselling as a space for growth, coping strategies, and everyday well-being rather than just emergencies could enhance trust and normalise usage. Ultimately, the findings underscore that student well-being requires both structural provision of resources and cultural transformation towards acceptance and openness.

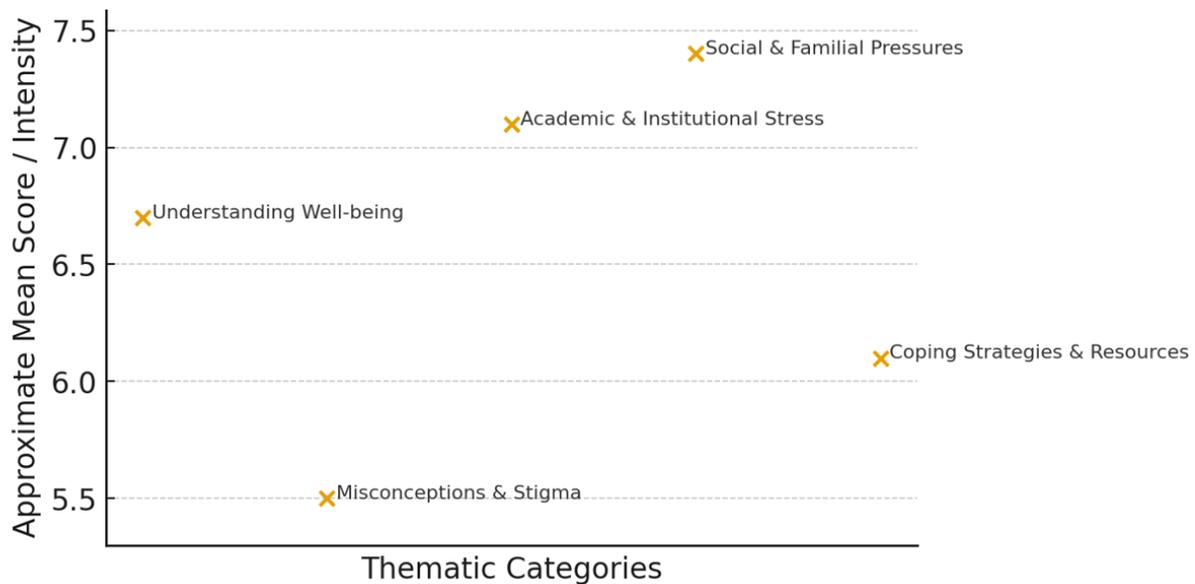
Although students generally acknowledged the availability of well-being services, many expressed hesitancy in accessing them. Fear of judgment or being perceived as “weak” discouraged help-seeking. As one student noted, “*Even if I want to talk to someone, I’m afraid others will find out.*” Others highlighted uncertainty on how to approach counselling services, viewing them as reserved for severe crises rather than everyday emotional strain. One student explained, “*The counsellor seems nice, but I don’t know when or how to reach out.*” These insights reveal a gap between perceived availability and practical accessibility, indicating the need for awareness building, stigma reduction, and proactive outreach models.

Summary of Key Themes and Illustrative Findings

The figure presents a visual comparison of the approximate mean score of five thematic categories related to student well-being. The vertical axis shows the approximate mean score/intensity, while the relative size of each circle represents the perceived magnitude or the overall impact of the theme.

Figure 1

Approximate mean score of five thematic categories related to student well-being



Understanding Well-being records a moderate mean score (approximately 6.7). This supports the narrative that students recognise well-being as multidimensional, including emotional regulations, resilience, authenticity, and social support. Although awareness is evident, the mid-range score suggests that students still struggle to consistently maintain balance in their lives.

Misconceptions and Stigma has the lowest mean score (around 5.5) and is represented with a smaller circle. This aligns with the narrative that stigma and gendered stereotypes persist but are less dominant than other stressors. Nevertheless, fear of judgement continues to discourage help-seeking, indirectly affecting overall mental health.

Academic and Institutional Stress shows a high mean score (approximately 7.1) and appears with the largest circle, indicating the strongest impact. This reflects the narrative that heavy workloads, rigid policies, limited autonomy, and burnout significantly affect students. Its prominence in the chart highlights the systemic nature of academic pressure as a central concern.

Similarly, Social and Familial Pressures records the highest mean score (around 7.4), highlighting its strong intensity. This supports the narratives that expectations, financial strain, and feelings of isolation contribute substantially to anxiety and emotional distress. The figure demonstrates that external social demands weigh heavily on students.

Lastly, Coping Strategies and Resources shows a moderate means score (around 6.1) this reflects a mixed experience; students engage in positive coping strategies such as mindfulness, music, and peer support, yet these efforts are limited by restricted resources and persistent stigma. The score suggests resilience exists, but structural support remains insufficient.

Overall, the chart illustrates that systemic (academic structures), social (family and societal expectations), and personal (coping and self-awareness) factors interact in shaping student well-being. The higher scores for academic and social pressures reinforce the narrative that environmental and institutional factors exert greater influence than individual-level challenges, indicating the need for both structural reforms and personal resilience building initiatives.

Limitations

This study's findings are drawn from a single institution, which constrains the scope and limits generalisability to other colleges within the Royal University of Bhutan or to different cultural settings. Since perceptions of emotional and mental well-being are inherently subjective, results may vary considerably across institutional and cultural contexts. Second, the dual role of counsellors as researchers may have influenced the depth and openness of participants' responses. Despite efforts to bracket their prior knowledge and professional perspectives, the possibility of interpretive bias remains, as counsellors may have emphasised particular themes while overlooking others.

Nevertheless, these limitations do not diminish the value of the study in highlighting important insights into students' emotional and mental well-being within the given context. Rather, they assert the need for caution in transferring findings beyond this setting. To strengthen credibility, future research should be conducted across multiple colleges within the Royal University of Bhutan, enabling broader comparison and enhancing generalisability. In addition, the engagement of independent researchers would help reduce positionality bias, thereby improving authenticity and trustworthiness. Such measures would contribute to more representative, balanced, and transferable insights across diverse academic and cultural environments

Conclusion

This study aimed to explore the factors influencing student emotional and mental well-being in Bhutanese higher education. The findings reveal that student well-being is shaped by an interplay

of systemic pressures, cultural values, and internal coping tendencies. Academic workload, self-expectation, and familial duty emerge as primary stress drivers, compounded by social isolation and uneven peer support. Although institutional resources exist, stigma and help-seeking barriers prevent students from utilising them effectively, leading to emotional strain being internalised rather than addressed.

These results highlight the critical need for policy reforms, culturally sensitive mental health initiatives, and community-building structures to create emotionally safe and resilient learning environments. Specifically, embedding mental health into the curriculum, expanding accessible counselling services, training faculty in trauma-informed practices, developing peer mentoring networks, and integrating culturally grounded well-being practices can provide comprehensive support. Additionally, addressing financial strain and promoting digital well-being are essential for fostering holistic student resilience.

Overall, the study emphasises that student well-being cannot be addressed in isolation; a coordinated, culturally responsive, and evidence-based approach is required. By prioritising mental health and reducing systemic barriers, Bhutanese higher education institutions can cultivate environments that support not only academic success but also emotional growth, resilience, and a sense of belonging for all students.

Recommendations

1. Integrate mental health into the curriculum through structured modules on emotional literacy, stress management, and help-seeking behaviour.
2. Expand and improve counselling services to be accessible, confidential, culturally sensitive, and supported by mobile systems and proactive outreach.
3. Train faculty and staff in trauma-informed awareness with clear referral pathways.
4. Develop peer mentoring and student-led networks to create psychologically safe spaces and reduce isolation.
5. Incorporate culturally grounded practices such as mindfulness, prayer, nature immersion, and creative expression to strengthen identity and belonging.
6. Address financial strain affecting emotional resilience, especially for students from rural and low-income families.
7. Integrate digital well-being education to mitigate the negative impacts of social media on emotional health.
8. Reform institutional policies to reduce academic and non-academic burdens, improve communication, and implement well-being audits with active student participation.

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