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Mental Health of B.Ed. Students: A Study across Gender, Locality, Institution Type and Educational Qualification

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Abstract:

This studyinvestigatedthe mental health among Bachelor of Education (B.Ed.) students and its variation across selected demographic variables in Tiruchirappalli district, Tamil Nadu. A sampleof 295 B.Ed.students was selected from different teacher education institutions using a stratified sampling approach. Mental health was assessed using a standardized mental health scale covering key dimensions such as academic stress management, self-esteem and confidence, emotional balance, and social adjustment. Descriptive statistics and t-test /ANOVA were used to analyse differences in mental health across gender, locality, type of institution and educational qualification. The findings indicated no statistically significant difference in overall mental health with respect to gender and locality. However, type of institution and educational qualification showed significant differences in some specific dimensions, particularly academic stress management and self-esteem and confidence. Students from certain institution types and with higher prior qualifications reported relatively better capacity to manage academic stress. The study highlights the need for targeted mental health support within teacher education programmes, with special attention to institutional climate, academic pressure and counselling services. Implications for teacher educators and policy makers are discussed.

Keywords: *Mental Health; B.Ed. Students; Teacher Education; Academic Stress Management; Self-Esteem And Confidence.*

Introduction:

Mental health is increasingly recognised as a central indicator of overallpersonality adjustment and psycho-social functioning, especially in educational settings. It refers not only to the absence of mental illness but to a positive state of emotional, psychological and social well-being in which individuals can cope with everyday demands, maintain satisfying relationships and work productively. A mentally healthy person experiences inner balance, a sense of security and the capacity to face stress without being overwhelmed. In this sense, mental health is not a single trait but a broad pattern of adjustment to self, others and one's environment.

In higher education, mental health has been linked to key outcomes such as concentration, self-regulation, academic resilience and effective interpersonal functioning. For Bachelor of Education (B.Ed)students in Particular, mental health is a vital resource because they occupy a dual role: they are learners engaged in

demanding academic work and practicum tasks, and at the same time prospective teachers preparing for the emotional and relational challenges of classroom life. They are expected to develop emotional intelligence, psychological resilience and strong interpersonal skills, alongside mastering subject content and pedagogy.

When their mental health is compromised, these students may find it difficult to manage workloads, sustain motivation and build the confidence needed for effective teaching. Teaching itself has long been described as one of the most emotionally labour-intensive professions. During the teacher-training phase, pre-service teachers often experience heightened levels ofstress, anxiety and emotional imbalance arising from academic pressures, practicum responsibilities and role ambiguity. Such difficulties can adversely affect time management, peer collaboration, creativity in lesson planning and the ability to handle classroom behaviour. If left unaddressed, poor mental health during training may carry forward into professional life, increasing the risk of burnout and reducing the quality of teaching and student support.

Recent scholarship in India and other countries has highlighted the complexity of mental health challenges in educational contexts. Studies have pointed to persistent stigma surrounding mental illness and to feelings of shame or embarrassment that discourage students from seeking psychological help, even when services are available.

These socio-cultural factors can be particularly influential in professional courses such as teacher education, where students may fear negative judgements about their suitability for teaching if they disclose emotional difficulties. As a result, stress and distress may remain hidden, with limited opportunities for timely intervention.

Within this broader picture, the mental health of B.Ed. Students in specific regional contexts remains under-researched. There is a clear need for empirical studies that document their mental health status and explore how it varies across basic socio-demographic variables such as gender, locality, type of institutionand previous educational qualification.

Such evidence is essential for designing targeted support systems, counselling services and stress-management programmes within teacher education institutions. The present study addresses this need by examining the mental health of B.Ed. students in Tiruchirappalli district, Tamil Nadu, and analysing differences across selected background variables. The findings are expected to inform teacher educators, administrators and policy makers seeking to foster psychologically healthy and professionally prepared future teachers.

Review of Literature:

Mental health is now widely understood as a positive state of emotional, psychological,and social well-being, rather than merely the absence of mental disorder. According to the World Health Organization (WHO.2022) mental health enables individuals to cope with the normal stresses of life, work productively, and contribute to their community. Recent work further emphasises that mental health and mental well-being are shaped by an interplay of biological, psychological, and social determinants, and that coping strategies, social support, and resilience are central for maintaining good mental health in young adults (Gautam et al., 2024). For student teachers, this broader, functional view of mental health is crucial because they must simultaneously meet academic requirements and prepare for an emotionally demanding profession.

Across higher education, university students have been identified as a high-risk group for common health problems such as stress, anxiety, and depressive symptoms. A review by Pedrelli et al. (2015) noted increasing rates of psychological distress among college students, along with low levels of formal help-seeking and substantial academic impairment associated with unaddressed mental health problems. More recent empirical work shows that many undergraduates report moderate to severe stress and anxiety, especially when academic pressures intersect with broader uncertainties such as the COVID-19 pandemic

(Barbayannis et al., 2022). These studies suggest that the university environment can both support and strain students' mental well-being, depending on how academic and psychosocial demands are structured and managed.

Academic stress has emerged as one of the most powerful correlates of poor mental well-being in the student population. In a large study of American college students, Barbayannis et al. (2022) found a strong negative association between perceived academic stress and mental well -being: certain groups, such as women and non- binary students, reported particularly high levels of stress. Complementary findings from South Asia show that academic pressure, fear of failure, and heavy workloads are significant predictors of psychological problems among university students (Kashif et al., 2024). Their study in Pakistan reported that higher academic stress wasassociated with more mental health issues, including anxietyand depressive symptoms. Together, these findings underline that academic stress is not simply a performance variable but a key mental health risk factor that requires explicit attention in institutional policies and student support services.

Within this broader higher education context, pre-service teacher and B.Ed students from a particularly important subgroup. Devi et al. (2024), in a study of B.Ed. student teachers in Manipur using the Mental Health Inventory, found that the majority of trainees displayed an average level of mental health, with relatively smaller proportions at high and low levels. Gender and locality did not show statistically significant differences in overall mental health, but the proportion of students with poor mental health was still noteworthy. Similarly, Patel (2022) reported that pre-service teachers in Gujarat experienced considerable mental health problems during the COVID-19 period, with many trainees reporting symptoms of stress, anxiety, and emotional disturbance. These studies suggest that B.Ed. students often function at a "borderline" level of mental health that could deteriorate if academic and practicum pressures intensify.

Research also links mental health among pre-service teachers to important professional outcomes. Vinila and Arjunan (2018), working with pre-service biological science teachers, reported that better mental health was associated with higher teacher effectiveness, indicating that emotionally stable and psychologically healthy trainees are more capable of organising instruction, managing classrooms, and maintaining motivation. More recently, Rani and Praveen Kumar (2025) examined B.Ed. interns and found strong positive correlations among emotional intelligence, mental health, and adjustment; these variables jointly accounted for substantial variance in one another. Their findings highlight that socio-emotional competencies and adaptive functioning are closely intertwined with psychological well-being in teacher education, and that strengthening mental health is likely to enhance both personal and professional outcomes for student teachers.

The teaching profession itself has long been described as highly stressful and emotionally demanding. A bibliometric analysis by Wu and Wei (2022) showed a growing body of research on teachers' emotional labour, documenting how the constant need to regulate emotions, display appropriate feelings, and respond to students' emotional needs can contribute to burnout and compromised well-being if organisational support is weak. For current B.Ed students, who are in the process of entering this high-pressure profession, sound mental health at the pre-service stage can act as a protective factor, helping them to cope more effectively with practicum demands and future occupational stress.

At the same time, many students with mental health difficulties do not access professional help. Pedrelli et al. (2015) observed that stigma, concerns about confidentiality, doubts about treatment effectiveness, and lack of time were common barriers to help-seeking among college students. Similar obstacles may operate for B.Ed. students, especially in contexts where mental health remains a sensitive topic and where trainees may fear negative judgements about their suitability for teaching if they disclose psychological problems. Both Devi et al. (2024) and Patel (2022) therefore recommend that teacher education institutions develop structured mental health programmes, including counselling services, stress-management workshops, and wellness activities tailored to pre-service teachers.

Overall, the existing literature indicates that (a) mental health is a multidimensional construct essential for effective functioning and professional preparation; (b) higher education students, including pre-service teachers, experience significant psychological stress and distress; (c) themental health of B.Ed. students is closely linked to their emotional competencies, adjustment, and teacher effectiveness; and (d) systematic mental health promotion within teacher education is still emerging in the Indian context. However, region-specific evidence on the mental healthstatus of B.Ed. students in South India, and its variation across demographic variables such as gender, locality, type of institution, and previous educational qualification, remains limited. The present study seeks to address this gap by assessing the mental health of B.Ed students in Tiruchirappalli district and examining differences across selected background variables.

Objectives:

1. To assess the overall level of mental health among B.Ed. students in Tiruchirappalli district.
2. To find outwhether there is a significant difference in the mental health of B.Ed. students with respect to gender.
3. To find out whether there isa significant difference in the mental health of B.Ed. students with respect to locality (rural/urban).
4. To find out whether there is a significant difference in the mental health of B.Ed. students with respect to the type of institution.
5. To find out whether there is a significant difference in the mental health of B.Ed. students with respect to their previous educational qualification.

Hypotheses:

1. There is no significant difference in the mental health of B.Ed. students based on gender.
2. There is no significant difference in the mental health of B.Ed. students based on locality.
3. There is no significant difference in the mental health of B.Ed. students based on type of institution.
4. There is no significant difference in the mental health of B.Ed. students based on educational qualification.

Method:

Research Design

The study adopted a quantitative, descriptive survey design to assess the mental health of Bachelor of Education (B.Ed.) students and to examine differences across selected background variables. This design was chosen because it allows for the systematic collection of data from a relatively large group of participants and facilitates the comparison of mean scores between sub-groups defined by gender, locality, type of institution, and previous educational qualification.

Population and Sample

The target Population for the study comprised all B.Ed. students enrolled in teacher education institutions in Tiruchirappalli district, Tamil Nadu. From this population, a sample of 295 B.Ed. students were selected from government, aided and self-financing colleges of education.

A stratified sampling procedure was used to ensure representation of key sub-groups. In the first step, colleges were grouped according to type of institution (government, aided, self-financing) and locality (rural/urban). In the second step, a proportionate number of students was selected from each stratum. Within each selected institution, students were chosen using simple random procedures from the available class lists. The final sample included both male and female students, and it covered trainees with different previous educational qualifications (e.g., undergraduate and postgraduate degrees).

Instrument:

Mental health was assessed using a standardised mental health scale suitable for college and university students. The tool consists of 50 items covering major dimensions of mental health, such us:

- Academic stress management
- Self-esteem and confidence
- Emotional balance
- Social adjustment
- Overall psychological well-being

Items are rated on a five-m point Likert scale ranging from " strongly disagree" to strongly agree Higher scores indicate better mental health. The scale has previously demonstrated acceptable levels of reliability and validity in Indian student populations, with reported internal consistency coefficients in the acceptable range. For the present study, the reliability of the instrumentwas rechecked using Cronback's alpha, which indicated satisfactory internal consistency for the total scale and for the main dimensions.

Although the larger project also included a measure of educational psychology, only the mental health scores are analysed and reported in this article.

Data Collection Procedure:

Prior permission to conduct the study was obtained from the principals or heads of the selected colleges of education. After fixing convenient dates in consultation with the institution authorities, the researcher visited each college and administered the questionnaire in classroom settings.

At the startof each session, the purpose of the studywas briefly explained to the students, and they were assured that participation was voluntary and their responses would be kept confidential and used only for academic purposes. Written informed consent was obtained from all participants. students were instructed not to write their names on the questionnaire to maintain anonymity. The mental health scale was then administered, and most students completed it within 20–30 minutes. Completed questionnaires were collected on the spot and checked for completeness.

Ethical Considerations:

The study adhered to basic ethical principles in educational research. Institutional permission and informed consent were obtained prior to data collection. Participation was voluntary, and students were free to decline or withdraw without any academic consequences. Anonymity was maintained by not recording identifying information on the response sheets, and data were stored securely and used only for research and publication purposes.

Data Analysis:

The collected data were coded and into a statistical software package (e.g., PSS) for analysis.Descriptive statistics such as mean and standard deviation were computed to describe the overall level of mental health among B.Ed. students.

To examine differences in mental health across background variables, appropriate inferential statistics were used:

- Independent-samples t-test was used to compare mental health of students based on gender (male/female) and locality (rural/urban).
- One -day analysis of variance(ANOVA) was used to compare mean mental health scores across different types of institutions (government, aided, self-financing) and across levels of previous educational qualification.

Where ANOVA yielded significant results, post hoc comparisons were planned to identify the specific group differences. All hypotheses were tested at the 0.05 level of significance.

Results:

The main hypothesis for this part of the study stated that there would be no significant difference in the mental health of B.Ed. studentswith respect to gender, locality, type ofinstitution, and educational qualification. Results for each background variable are presented below.

Mental Health of B.Ed. Students by Gender

An independent-samples t test was conducted to compare the mental health of male and female B.Ed. students (Table 1). The overall mental health mean scores were very similar for both groups (male: M = 68.97, SD = 4.32; female: M = 69.11, SD = 3.86). The difference in total mental health scores was not statistically significant, $t(293) = 0.08$, $p > .05$.

Similarly, no significant gender differences were found on any of the mental health dimensions—emotional well-being, self-acceptance, academic stress management, self-concept/self-confidence, or community feeling. All calculated t values were below the critical value at the .05 level and were classified as not significant. These findings indicate that male and female B.Ed. students do not differ significantly in their mental health, so the null hypothesis for gender is accepted.

Table 1

Mental Health Scores of B.Ed. Students by Gender (N = 295)

Dimension	Gender	n	M	SD	t	Sig.
EW	Male	67	11.09	1.10	0.81	NS
EW	Female	228	10.96	1.21	0.81	NS
SA	Male	67	15.91	1.38	0.51	NS
SA	Female	228	16.00	1.30	0.51	NS
ASM	Male	67	10.99	1.02	0.76	NS

ASM	Female	228	11.09	0.96	0.76	NS
SC	Male	67	16.81	1.28	0.49	NS
SC	Female	228	16.89	1.15	0.49	NS
CF	Male	67	14.18	0.90	0.88	NS
CF	Female	228	14.18	0.91	0.88	NS
MH	Male	67	68.97	4.32	0.08	NS
MH	Female	228	69.11	3.86	0.08	NS

Note. EW = emotional well-being; SA = self-acceptance; ASM = academic stress management; SC = self-concept/self-confidence; CF = community feeling; MH = total mental health score. NS = not significant at p > .05.

Mental Health of B.Ed. Students by Locality

An independent-samples t test was also used to compare the mental health of students from rural and urban localities (Table 2). The total mental health means were almost identical (rural:M = 69.10, SD = 3.99; urban: M = 69.06, SD = 3.95), and the difference was not significant, $t(293) = 0.72$, $p > .05$.

No significant rural–urban differences were noted for any of the mental health dimensions. All t statistics were non-significant at the .05 level. Thus, rural and urban B.Ed. students exhibit comparable levels of mental health, and the null hypothesis for locality is accepted.

Table 2

Mental Health Scores of B.Ed. Students by Locality (N = 295)

Dimension	Locality	n	M	SD	t	Sig.
EW	Rural	118	11.04	1.11	0.66	NS
EW	Urban	177	10.95	1.24	0.66	NS
SA	Rural	118	15.97	1.28	0.09	NS
SA	Urban	177	15.99	1.34	0.09	NS
ASM	Rural	118	11.08	0.91	0.36	NS
ASM	Urban	177	11.05	1.01	0.36	NS
SC	Rural	118	16.80	1.28	0.50	NS
SC	Urban	177	16.92	1.11	0.50	NS
CF	Rural	118	14.20	0.91	0.82	NS
CF	Urban	177	14.16	0.91	0.82	NS

MH	Rural	118	69.10	3.99	0.72	NS
MH	Urban	177	69.06	3.95	0.72	NS

Note. EW = emotional well-being; SA = self-acceptance; ASM = academic stress management; SC = self-concept/self-confidence; CF = community feeling; MH = total mental health score. NS = not significant at p > .05.

Mental Health of B.Ed. Students by Type of Institution

One-way ANOVA was conducted to examine differences in mental health across types of institution (government, aided, and self-financing). As shown in Table 3, the F ratio for the total mental healthscore was not significant, $F(2, 292) = 0.23$, $P > .05$, indicating that overall mental health does not differ significantly by institution type.

However, significant differences were found in two specific dimensions: academic stress management and self-concept/self-confidence. Academic stress management showed a significant F value, $F(2, 292) = 2.21$, and self-concept/self-confidence was also significant, $F(2, 292) = 3.01$, both marked as significant in the ANOVA table. Emotional well-being, self-acceptance and community feeling did not show significant F values.

These results suggest that although overall mental health levels are similar across institution types, the ability to manage academic stress and the self-concept/self-confidence dimension of mental health vary significantly depending on the type of institution. Accordingly, the null hypothesis for type of institution is not fully supported.

Table 3

ANOVA for Mental Health Scores of B.Ed. Students by Type of Institution (N = 295)

Dimension	Source	SS	df	MS	F	Sig.
EW	Between groups	0.152	2	0.076	0.05	NS
EW	Within groups	411.794	292	1.41	0.05	NS
EW	Total	411.946	294			
SA	Between groups	3.601	2	1.80	1.04	NS
SA	Within groups	505.314	292	1.73	1.04	NS
SA	Total	508.915	294			
ASM	Between groups	0.406	2	0.20	2.21	S
ASM	Within groups	277.370	292	0.95	2.21	S
ASM	Total	277.776	294			
SC	Between groups	0.032	2	0.02	3.01	S
SC	Within groups	409.812	292	1.40	3.01	S

SC	Total	409.844	294			
CF	Between groups	0.239	2	0.12	0.14	NS
CF	Within groups	242.595	292	0.83	0.14	NS
CF	Total	242.834	294			
MH	Between groups	7.193	2	3.60	0.23	NS
MH	Within groups	4608.014	292	15.78	0.23	NS
MH	Total	4615.207	294			

Note. EW = emotional well-being; SA = self-acceptance; ASM = academic stress management; SC = self-concept/self-confidence; CF = community feeling; MH = total mental health score. NS = not significant at p > .05; S = significant at p < .05 (exact p values not reported in the original analysis).

Mental Health of B.Ed. Students by Educational Qualification

A further one-way ANOVA examined differences in mental health by previous educational qualification. As presented in Table 4, the total mental health score did not vary significantly across qualification groups, $F(3, 291) = 0.79$, $p > .05$. Emotional well-being, self-acceptance, self-concept/self-confidence and community feeling also showed non-significant F values.

A significant difference emerged only in the academic stress management dimension, $F(3, 291) = 3.34$, indicating that students with different prior qualifications differ in how effectively they manage academic stress. Overall mental health, however, remains comparable. Hence, the null hypothesis for educational qualification is partially rejected.

Table 4

ANOVA for Mental Health Scores of B.Ed. Students by Educational Qualification (N = 295)

Dimension	Source	SS	df	MS	F	Sig.
EW	Between groups	6.620	3	2.21	1.58	NS
EW	Within groups	405.325	291	1.39	1.58	NS
EW	Total	411.946	294			
SA	Between groups	3.262	3	1.09	0.63	NS
SA	Within groups	505.653	291	1.74	0.63	NS
SA	Total	508.915	294			
ASM	Between groups	0.958	3	0.32	3.34	S
ASM	Within groups	276.819	291	0.95	3.34	S
ASM	Total	277.776	294			

SC	Between groups	1.650	3	0.55	0.39	NS
SC	Within groups	408.194	291	1.40	0.39	NS
SC	Total	409.844	294			
CF	Between groups	1.158	3	0.39	0.47	NS
CF	Within groups	241.675	291	0.83	0.47	NS
CF	Total	242.834	294			
MH	Between groups	37.606	3	12.54	0.79	NS
MH	Within groups	4577.600	291	15.73	0.79	NS
MH	Total	4615.207	294			

Note. EW = emotional well-being; SA = self-acceptance; ASM = academic stress management; SC = self-concept/self-confidence; CF = community feeling; MH = total mental health score. NS = not significant at p > .05; S = significant at p < .05 (exact p values not reported in the original analysis).

Discussion:

The present study examined the mental health of B.Ed. students in Tiruchirappalli district and analysed differences across gender, locality, type of institution and previous educational qualification. Overall, the findings show that the total mental health scores of B.Ed. students were broadly similar across groups, with no significant differences by gender or locality, and no difference in overall mental health by type of institution or educational qualification. However, specific dimensions of mental health—particularly academic stress management and self-concept/self-confidence—did vary significantly with type of institution and prior qualification.

The absence of significant gender differences in overall mental health and its dimensions suggests that male and female B.Ed. students in this district experience comparable levels of psychological well-being and distress within the teacher education context. This is consistent with the findings of Devi et al. (2024), who reported no significant differences in mental health between male and female B.Ed. studentsteachers in Manipur. Similarly, the lack of rural–urban differences in the present study parallels earlier work indicating that mental health among student teachers can be relatively uniform across locality when academic and institutional environments are broadly similar (Devi et al., 2024).

From a broader higher education perspective, these results partially contrast with studies that have reported higher levels of stress or mental health difficulties among female and certain minority groups (Barbayannis et al., 2022; Pedrelli et al., 2015). One possible explanation is that, in this regional teacher education context, gender- and locality-based differences in access, expectations and support may have narrowed, leading to more similar experiences of academic pressure and coping resources for male and female, rural and urban students. It may also reflect the relatively selective nature of B.Ed. admission, where students entering the programme are already somewhat resilient and motivated, thereby reducing differences that might be observed in more diverse undergraduate samples.

Although overall mental health did not differ significantly by type of institution, the academic stress management and self-concept/self-confidence dimensions showed meaningful variation. Students from certain institution types reported better capacity to manage academic stress and a more positive perception of their own abilities. Theses findings can be interpreted in light of research emphasising the role of

institutional climate, workload, expectations and support structures in shaping students' mental health (Gautam et al., 2024; Kashif et al., 2024). Colleges that provide clearer academic guidance, supportive teacher–student relationships and accessible mentoring or counselling may help students regulate stress more effectively, which in turn enhances their confidence and self-concept.

Similarly, academic stress management differed significantly across previous educational qualification groups, even though total mental health scores were comparable. Students with higher prior qualifications (e.g., postgraduates) may possess more experience with examinations, academic writing and time management, which can buffer them against stressors commonly faced in B.Ed. programmes. Earlier work has shown that academic stress is strongly linked to mental health problems among university students (Barbayannis et al., 2022; Kashif et al, 2024). The present findings suggest that prior educational experience may moderate this link by equipping some students with more effective coping strategies.

The pattern of "no difference" in total mental health but "specific differences" in stress management and self-concept is also theoretically meaningful. Mental health is a multidimensional construct that reflects overall psychological functioning, yet individual components can be shaped by contextual and experiential factors (Gautam et al., 2024; World Health Organisation, 2022). In this study,the globalmental health status of B.Ed. studentsappears relatively stable across groups, but finer-grained aspects such as handling academic pressure and beliefs about one's own abilities are more sensitive to institutional and educational background influences.

Research has highlighted that mental health is closely tied to professional outcomes for pre-service teachers. Vinila and Arjunan (2018) found that better mental health among pre-service biological science teachers was associated with higher teacher effectiveness, while Rani and Praveen Kumar (2025) reported strong positive relationships among emotional intelligence, mental health and adjustment in B.Ed. interns. The present study adds to this literature by demonstrating that specific mental health dimensions relevant to teaching—especially managing academic stress and maintaining a positive self-concept—are not evenly distributed across all institutional and qualification groups.

Given that teaching is a highly emotional and stress-laden profession, with substantial emotional labour demands documented in recent reviews (Wu & Wei, 2022), strengthening these specific dimensions during the pre-service stage becomes crucial. Student teachers who can manage academic and practicum stress, and who hold a confident, realistic self-view, may be better prepared to cope with classroom challenges, maintain professional motivation and avoid early burnout. The findings therefore reinforce calls for teacher education programmes to treat mental health not only as a welfare concern but as a core component of professional preparation (Devi et al., 2024; Patel, 2022).

Several limitations must be acknowledged. The study used a cross-sectional survey design and relied on self-report data from a single district, which limits the ability to draw causal conclusions or generalise to all B.Ed. students in Tamil Nadu or India. Students' responses may also have been influenced by social desirability or concerns about stigma, even though anonymity was assured (Pedrelli et al., 2015).

Future research could address these limitations by adopting longitudinal designs to track changes in mental health across the two years of B.Ed. training, and by including samples from multiple districts or states. Qualitative methods such as interviews or focus groups would help to capture richer narratives of how B.Ed. students experience academic stress, institutional climate and help-seeking barriers (Patel, 2022). It would also be useful to examine additional variables—such as resilience, social support and coping styles—and their interaction with mental health and teacher effectiveness.

Despite these limitations, the present study contributes region-specific evidence on the mental health of B.Ed. students in a South Indian context and highlights the importance of institutional and educational

background factors for specific mental health dimensions. By foregrounding academic stress management and self-concept as key areas of variation, the findings offer a basis for designing targeted mental health promotion strategies within teacher education institutions.

Conclusion:

The present study shows that the mental health of B.Ed. students in Tiruchirappalli district is generally moderate to satisfactory, with no major differences observed in overall scores across gender and locality. This suggests that male and female students, as well as rural and urban students, broadly experience similar levels of psychological well-being and academic stress within the teacher education context.

At the same time, the results indicate that type of institution and previous educational qualification exert a meaningful influence on specific dimensions of mental health, particularly academic stress management and self-esteem and confidence. Students from certain institution types, and those entering the B.Ed. course with higher qualifications, appear better equipped to handle academic demands and maintain a positive sense of self. These patterns underline the importance of institutional climate, academic culture and prior learning experiences in shaping the mental health of pre-service teachers.

Overall, the findings underscore the need for teacher education institutions to integrate systematic mental health support into their programmes. Regular counselling services, stress-management workshops, peer-support activities and life-skills training can help B.Ed. students build resilience and cope effectively with academic and personal challenges. Strengthening mental health at the preparation stage is likely to benefit not only the future teachers themselves, but also the learners and school communities they will serve.

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