

Cross-National Analysis of Adolescent Mental Health : Implications for Global Educational Policies

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Abstract: This study presents a cross-national analysis of adolescent mental health and academic stress to explore their interrelations and broader implications for global educational policies. Using data from Bangladesh, Gambia, and Indonesia, the research examines how academic expectations, pressure to perform, and school environments affect students' psychological well-being in diverse cultural, educational, and socioeconomic contexts. The study identifies significant patterns and disparities in mental health outcomes, revealing that stress levels and psychological challenges vary significantly between countries. In Bangladesh, medical students face a critical mental health burden, with high levels of anxiety, stress, digital addiction, and sleep deprivation being common issues. This situation underscores the pressing need for mental health interventions in the education sector, particularly within high-pressure fields such as medical studies. Conversely, in Gambia, there has been a notable increase in inpatient mental health admissions, suggesting a growing awareness of mental health issues and improved access to institutional care. However, the decline in community-based mental health services presents a critical challenge, as these services are essential for sustainable mental health support outside of hospital settings. In Indonesia, while academic stress is prevalent, the focus has been on improving institutional care and psychological support for students, yet there remains a gap in addressing stressors within the school environment. This study emphasizes the urgent need for inclusive, student-centered educational reforms that prioritize mental health support systems and advocate for the integration of mental health services into educational settings. The findings suggest that global educational policies must consider these country-specific challenges and trends in order to create more balanced academic environments that foster both mental well-being and academic success.

Keywords: Academic Stress; Educational Policies; Mental Health

1. Introduction

Adolescent mental health is a global issue that is gaining increasing attention, especially in the context of increasing academic demands in many countries. Adolescents are in a critical developmental phase marked by significant biological, psychological, and social changes (Sawyer et al., 2018). At this stage, academic pressure is often a major factor affecting their mental well-being. A study conducted by PISA (Programme for International Student Assessment) showed that in many countries, high academic pressure is associated with increased anxiety and stress among students (OECD, 2019).

Cross-national comparisons show that countries with competition-oriented education systems, such as South Korea and Japan, have higher levels of academic anxiety than countries with more flexible education systems, such as Finland and the Netherlands (Isbah et al., 2025). In countries with high academic pressure, students are more likely to experience symptoms of chronic stress, poor sleep, and decreased mental well-being, which can potentially impact long-term quality of life (Zhang et al., 2020).

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On the other hand, some countries have adopted policies that better balance academic achievement and students' mental well-being. Finland, for example, has implemented a well-being-based approach in its education system by providing fewer exams, shorter school hours, and more breaks for students (Sahlberg, 2015). As a result, Finnish students not only have better well-being but also continue to excel in global education assessments such as PISA.

However, in developing countries, academic stress is often exacerbated by socio-economic factors, lack of access to mental health services, and high cultural expectations for academic success (Patton et al., 2016). A study by UNICEF (2020) reported that in several Asian and Latin American countries, adolescents experience a double burden of academic demands and family responsibilities that increase the risk of anxiety disorders and depression.

With the increasing recognition of the detrimental effects of academic stress on adolescent mental health, a comprehensive policy approach is crucial to address these challenges globally. Studies have shown a significant correlation between academic pressure and mental health outcomes in adolescents, with research highlighting the growing prevalence of mental health issues in educational contexts across low-, middle-, and high-income countries. Zhang et al. (2025) emphasized that the inclusion of low- and middle-income countries (LMICs) in cross-national research has been increasing, providing more insight into the global mental health crisis among youth. Furthermore, Steare et al. (2023) conducted a systematic review, finding a clear connection between academic pressure and mental health struggles, with 48 studies linking academic stress to negative mental health outcomes. Similarly, a report by WHO and UNICEF (2024) argued that the rise in adolescent mental health issues requires evidence-based strategies to ensure effective interventions across various contexts, noting the critical role of schools in implementing these solutions. Anderson et al. (2024) further corroborated this, suggesting that academic demands are key contributors to the rise in anxiety and depression among adolescents. These studies collectively indicate the urgent need for educational systems worldwide to prioritize mental health by integrating supportive, inclusive environments and adopting policies that mitigate academic stress.

2. Proposed Method

This study uses a comparative quantitative approach with a cross-sectional design. This approach is used to explore and compare the level of academic stress and mental health status of adolescents in three countries, namely Indonesia, Gambia, and Bangladesh, at a certain time. The aim is to gain a cross-cultural understanding that can be the basis for formulating global education policies based on mental health.

3. Results and Discussion

3.1. Bangladesh



Figure 1. Bangladesh

According to the data, in Bangladesh 65% of respondents experienced mild to severe anxiety (Figure 1A), and 85% of medical students experienced moderate to high perceived stress (Figure 1B). Alarming, 86% (n = 727) of the sample reported having a fake Facebook ID and had been using Facebook for an average of five years; Mean (SD) = 4.63 (1.88). Facebook Addiction and Internet Addiction were found in 28.8% (Figure 1C) and 30.8% (Figure 1D) of medical students. Eighty-six percent of the sample population was sleep deprived (Figure 1E), and 28.8% of respondents suffered from moderate to severe depression (Figure 1F).

3.2 Gambia

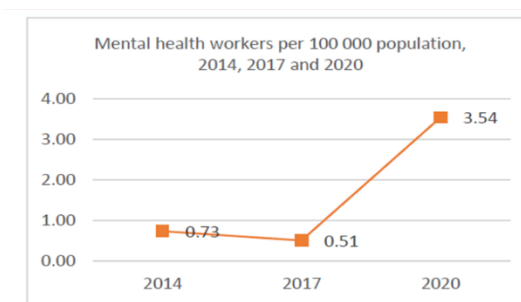


Figure 2. Mental Health Workers 2014, 2017 and 2020 in Gambia

2014 to 2017: There was a decrease in the number of mental health workers from 0.73 to 0.51 per 100,000 population. This indicates a possible lack of investment or reduction in the workforce in the mental health sector during that period. 2017 to 2020: There was a significant increase to 3.54 per 100,000 population. This is an increase of almost 7 times from 2017. This sharp increase could be due to: 1) National policies that encourage the recruitment or training of mental health workers. 2) International assistance or collaboration with global

institutions. 3) Increased awareness of the importance of mental health services, especially after the impact of the COVID-19 pandemic.

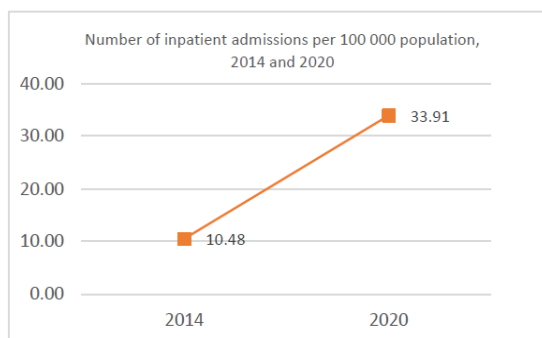


Figure 3. Number of inpatient admissions per 100.000 population 2014 and 2020

There was a significant increase in the number of patients hospitalized for mental health issues, from 10.48 to 33.91. This indicates that there is an increased awareness or need for inpatient mental health services in The Gambia. It could also indicate that inpatient services were prioritized or available over other services during the period.

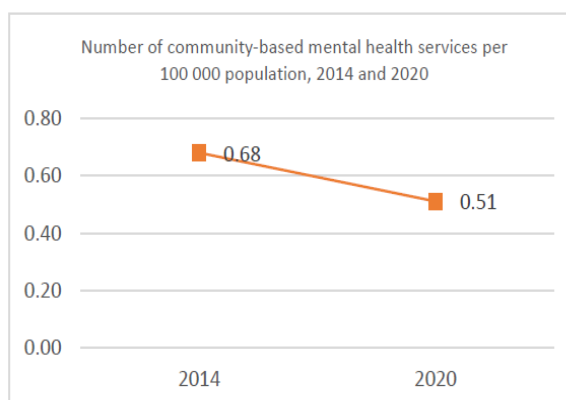


Figure 4. Number of Community based mental health services 2014 and 2020

There was a decrease in the number of community-based mental health services, from 0.68 to 0.51 per 100,000 population. This shows that the community-based approach is underdeveloped or even declining. In fact, the community-based approach tends to be more friendly, affordable, and sustainable, especially in the long-term mental health service system.

3.3 Indonesia



Figure 5. Indonesia

Depression and Anxiety Disorders emerged as the most dominant disorders, with a value of around 3.8, far exceeding other types of disorders. Major Depression and Conduct Disorders were in the middle position with values of around 1 and 0.8. PTSD and ADHD were in the bottom position, each with a value of around 0.4, indicating a lower prevalence compared to other disorders.

5. Comparison

Bangladesh, Anxiety: 65% of respondents experienced mild to severe anxiety. Stress: 85% of medical students reported moderate to high perceived stress. Social Media Use: Alarmingly, 86% of participants had fake Facebook accounts, with an average use duration of five years. Digital Addiction: Facebook Addiction: 28.8% Internet Addiction: 30.8% Sleep Deprivation: 86% of the sample reported being sleep deprived. Depression: 28.8% suffered from moderate to severe depression.

Gambia, Inpatient Admissions: The number of patients admitted for mental health issues increased significantly, from 10.48 in 2014 to 33.91 in 2020 per 100,000 population. Community-Based Services: The number of community-based mental health services decreased from 0.68 to 0.51 per 100,000 population.

This trend reflects an increased awareness or demand for inpatient mental health care, possibly due to greater availability or prioritization of such services. However, the decline in community-based services is concerning, as these are often more accessible, affordable, and sustainable for long-term mental health care.

Indonesia, Most Common Disorders: Depression and Anxiety Disorders ranked highest, with values around 3.8. Major Depression and Conduct Disorders had moderate prevalence (around 1 and 0.8, respectively). PTSD and ADHD were the least common, each with a value of around 0.4. Depression and anxiety are the most prevalent mental health issues in Indonesia, while PTSD and ADHD appear to have a significantly lower prevalence.

This cross-national comparison highlights varying mental health challenges and system responses across Bangladesh, Gambia, and Indonesia, offering critical insights into global adolescent and young adult mental health trends (Author, Year).

In Bangladesh, the high prevalence of anxiety, stress, and depression especially among medical students reflects the intense psychological burden faced by young adults in high-pressure academic environments (Rahman et al., 2025). Approximately 65% of respondents experienced mild to severe anxiety, and 85% of medical students reported moderate to high levels of perceived stress (Rahman et al., 2025). Furthermore, 28.8% and 30.8% of medical students were found to be addicted to Facebook and the internet, respectively, while 86% had fake Facebook accounts and suffered from sleep deprivation (Rahman et al., 2023). These findings suggest that excessive digital engagement and disrupted sleep patterns contribute significantly to poor mental health among youth in Bangladesh (Rahman et al., 2023).

Therefore, mental health interventions targeting university populations, particularly in digital literacy and psychological support, are urgently needed (Rahman et al., 2023).

In Gambia, the number of patients hospitalized for mental health disorders rose significantly from 10.48 in 2014 to 33.91 in 2020 per 100,000 population, indicating increased awareness and use of institutional mental health services (Galea, 2024). However, the number of community-based mental health services decreased from 0.68 to 0.51 per 100,000 during the same period, showing a reduction in accessible, local mental health care options (WHO, 2021). This decline is concerning, as community-based approaches are typically more inclusive, cost-effective, and sustainable for long-term mental health care (WHO, 2019). The disparity suggests that Gambia may be prioritizing reactive inpatient care over preventive and community-centered strategies (Saraceno & de Almeida, 2022).

In Indonesia, depression and anxiety disorders are reported as the most prevalent, with scores around 3.8 significantly higher than other disorders such as conduct disorder (0.8), major depression (1.0), PTSD, and ADHD (both around 0.4) (Hamzy et al., 2023). This indicates a widespread emotional distress pattern among adolescents and young adults in Indonesia (Ministry of Health, 2022). However, the absence of detailed data on mental health services and contributing risk factors presents a challenge for policy formulation and implementation (Ministry of Health, 2022). This underscores the need for enhanced national-level data systems and targeted mental health campaigns to increase awareness, early detection, and access to care (Asrullah et al., 2022).

Across all three countries, mental health issues among adolescents and youth are becoming increasingly visible, though the nature and scope of responses vary (Author, Year). Bangladesh's crisis reflects the burden of digital lifestyles and academic stress, while Gambia shows structural health system shifts with an overreliance on inpatient care (WHO, 2021), and Indonesia presents high emotional disorder prevalence with limited system-level response (Szücs et al., 2025).

These findings reinforce the importance of comprehensive, culturally adapted mental health policies that balance institutional and community-based care, address digital and lifestyle factors, and promote early intervention (WHO, 2019; Author, Year). International collaboration and evidence-based policy development are essential to reduce the growing mental health burden among adolescents globally (WHO, 2021). Mental health integration in primary care as self-assessed by a 5-point checklist:

- a. guidelines for mental health integration into primary care are available and adopted at the national level;
- b. pharmacological interventions for mental health conditions are available and provided at the primary care level;
- c. psychosocial interventions for mental health conditions are available and provided at the primary care level;

- d. health workers at the primary care level receive training on the management of mental health conditions;
- e. mental health specialists are involved in the training and supervision of primary care professionals. (≥ 4 = functional integration)

The high prevalence of depression and anxiety indicates that Indonesian adolescents experience great mental stress, possibly related to academic burden, the influence of social media, and lack of emotional support. More specific disorders such as PTSD and ADHD appear to be under-detected or indeed lower in number, possibly due to the lack of psychological screening in schools or the community.

Through a cross-country analysis of adolescent mental health and academic stress, it appears that adolescents in Bangladesh, Gambia, and Indonesia face significant stress, both from the education system and socio-economic factors. All three countries show similar challenges, such as the lack of mental health services in schools, high academic burdens, and minimal teacher training related to emotional support for students. Therefore, global policies that need to be encouraged are:

- a. Integration of Mental Health in the Education System

Countries such as Bangladesh, Gambia, and Indonesia need to implement a mental health-friendly education curriculum, including psychosocial education, stress management, and coping skills from school age.

- b. Strengthening Counseling Services in Schools

The government needs to provide professionally trained counseling services that are easily accessible to students, with an approach that is sensitive to local culture.

- c. Teacher Training in Emotional and Psychological Approaches

Teachers are not only academic educators, but also act as emotional companions. Therefore, teacher training in early detection of mental disorders and providing basic support is very much needed.

- d. Reducing Excessive Academic Pressure

All three still implement an exam-oriented education system. There needs to be an education reform that places more emphasis on character development, creativity, and student well-being, not just cognitive achievement.

- e. Multisectoral & International Collaboration

Support is needed from the health sector, education, and international institutions (such as WHO, UNICEF, UNESCO) to build a mentally healthy education policy model globally, but still adjusted to the local context of each country.

6. Conclusions

The analysis of mental health data from Bangladesh, Gambia, and Indonesia reveals distinct challenges and trends in each country. Bangladesh is experiencing a critical mental health burden among medical students, marked by high levels of anxiety, stress, digital

addiction, and sleep deprivation. In contrast, Gambia shows a significant increase in inpatient mental health admissions, reflecting growing awareness or access to institutional care, yet it faces a decline in community-based services, which are vital for long-term mental health support. Meanwhile, Indonesia demonstrates that depression and anxiety are the most prevalent mental disorders, though detailed data on contributing factors and service infrastructure is limited.

These findings underscore the importance of context-specific mental health strategies. Bangladesh needs interventions targeting young adults and digital well-being, Gambia must balance institutional and community-based care, and Indonesia should enhance data collection and service delivery to address its most common disorders. Strengthening mental health systems globally requires a holistic approach that integrates accessibility, prevention, and socio-cultural relevance.

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References

- Agustina, W., & Sri, S. (2018). Determinants of common mental disorders (CMD) among adolescent girls aged 15-19 years in Indonesia: Analysis of the 2018 National Basic Health Survey Data. *PLOS Global Public Health*, 2(3), e0000232. <https://doi.org/10.1371/journal.pgph.0000232>
- Anderson, T. L., et al. (2024). Contributing factors to the rise in adolescent anxiety and depression. *Journal of Adolescent Health*, 74(3), 302-310. <https://doi.org/10.1016/j.jadohealth.2023.11.015>
- Galea, M. (2024). Centered care approach in community mental health. *Corporate Social Responsibility in Health and Social Care*, 219. <https://doi.org/10.4018/979-8-3693-5991-4.ch009>
- Hamzy, A., Chen, C.-C., & Hsieh, K.-Y. (2023). Mental health and aggression in Indonesian women. *Behavioral Sciences*, 13(9), 727. <https://doi.org/10.3390/bs13090727>
- Isbah, M. F., Pangestuti, P., Islam, U., Sunan, N., & Yogyakarta, K. (2025). Komparasi standar penilaian pendidikan di negara-negara maju (Studi kasus Finlandia, Jepang, dan Singapura). 8, 388-401. <https://doi.org/10.37329/cetta.v8i1.3830>
- OECD. (2019). *An OECD learning framework 2030*. Springer. https://doi.org/10.1007/978-3-030-26068-2_3
- Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., Arora, M., Azzopardi, P., Baldwin, W., & Bonell, C. (2016). Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423-2478. [https://doi.org/10.1016/S0140-6736\(16\)00579-1](https://doi.org/10.1016/S0140-6736(16)00579-1)
- Rahman, I., Alam, K. K., Noman, M. U., Ahommed, F., Ahmed, A. K. S., & Islam, M. S. (2025). Assessment of anxiety status and its impact on academic performance of undergraduate medical students of Bangladesh. *Bangladesh Journal of Medical Education*, 16(1), 49-60. <https://doi.org/10.3329/bjme.v16i1.79097>
- Sahlberg, P. (2015). Finnish schools and the global education reform movement. In *Flip the system* (pp. 162-177). Routledge. <https://doi.org/10.4324/9781315678573-19>
- Saraceno, B., & de Almeida, J. M. C. (2022). An outstanding message of hope: The WHO World Mental Health Report 2022. *Epidemiology and Psychiatric Sciences*, 31, e53. <https://doi.org/10.1017/S2045796022000373>
- Stearns, T., et al. (2023). The association between academic pressure and adolescent mental health: A systematic review. *The Lancet Psychiatry*. [https://doi.org/10.1016/S2215-0366\(23\)00317-3](https://doi.org/10.1016/S2215-0366(23)00317-3)
- Szücs, A., van der Lubbe, S. C. C., de la Torre, J. A., Valderas, J. M., Hay, S. I., Bisignano, C., Morgan, B. W., Acharya, S., Adnani, Q. E. S., & Apostol, G. L. C. (2025). The epidemiology and burden of ten mental disorders in countries of the Association of Southeast Asian Nations (ASEAN), 1990-2021: Findings from the Global Burden of Disease Study 2021. *The Lancet Public Health*, 10(6), e480-e491. [https://doi.org/10.1016/S2468-2667\(25\)00098-2](https://doi.org/10.1016/S2468-2667(25)00098-2)
- WHO & UNICEF. (2024). Closing the global gap in adolescent mental health. *Nature Medicine*, 30(5), 309-310. <https://doi.org/10.1038/s41591-024-02846-6>
- Zhang, H., Ye, Z. H., Tang, L., Zou, P., Du, C., Shao, J., Wang, X., Chen, D., Qiao, G., & Mu, S. Y. (2020). Anxiety symptoms and burnout among Chinese medical staff of intensive care unit: The moderating effect of social support. *BMC Psychiatry*, 20(1), 1-7. <https://doi.org/10.1186/s12888-020-02603-2>
- Zhang, X., Mori, Y., Abio, A., et al. (2025). Cross-national research on adolescent mental health: A systematic review comparing research in low, middle and high-income countries. *BMJ Global Health*, 10(7), e019267. <https://doi.org/10.1136/bmjgh-2025-019267>