

Integrating Emotional Intelligence into Mental Health Strategies in Higher Education

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Abstract: Mental health concerns among adolescents and young adults in educational settings have increased significantly, highlighting the need for structured and effective intervention strategies. While coping mechanisms differ across individuals and contexts, engagement-based strategies such as problem-solving and support-seeking are generally more useful than avoidance-based approaches in reducing psychological distress. This study examines the relationship between mental health interventions and emotional intelligence, with a focus on whether emotional intelligence functions as a prerequisite or an outcome of such interventions. Evidence from psychoeducational programs, cognitive behavioral therapy, mindfulness-based interventions, and coaching practices suggests that emotional intelligence can be enhanced through structured interventions. The findings emphasize the importance of context-sensitive and institutionally supported intervention practices in educational settings. The study concludes that emotional intelligence is more appropriately understood as an outcome of mental health interventions rather than a prerequisite for their effectiveness.

Keywords: Integrating Emotional Intelligence, Mental Health Strategies, Higher Education

DEFINITION OF MENTAL HEALTH

To understand the context, let's visualize what's 'mental state' means and how it can be explored. 'Mental health is a state of emotional, psychosomatic, and social well-being that enables people to manage life's stressors, realize their abilities, absorb and work effectively, and give back to their community.'

Definition of Mental Illness Prevention:

The WHO defines mental illness avoidance as encompassing the reduction of occurrence, prevalence, and recurrence of illness. Prevention schemes tend to be useful in targeting groups 'at-risk' to prevent them from developing disorders. However, although differentiated, it is important annotation that the distinction is less inelastic for young populations, because children develop abilities as they mature(J, 1998)and skill development aimed at promoting well-being can have preventative effects.(Scoufe A, 1984).

Definition Mental Health Promotion:

The World Health Organization defines mental health promotion as actions to create living conditions and environments that sustain mental health and allow people to adopt and maintain healthy lives. These include actions to optimize people's chances of experiencing better mental health. Organization further notes that fundamental to mental health promotions are arrangements that facilitate an environment that respects and protects basic civil, political, socio-economic and cultural rights. Without the security and freedom provided by these rights, arguably it is difficult to maintain high levels of mental health. The WHO argued that mental health policies should include mental health promotion and not be limited to the health sector, but also involve education, labor, justice, transport, environment, housing, and welfare. (WHO, 2016)

India has the world's second-largest higher education system, featuring 1,300+ universities and 52,000+ colleges. It is undergoing rapid transformation under the National Education Policy (NEP) 2020, focusing on increasing the Gross Enrollment Ratio (GER) to 50% by 2035. The sector is shifting toward multidisciplinary education, digital learning, and internationalization, while facing challenges in quality assurance, faculty shortages, and equitable access. (India Brand Equity Foundation, 2025)

There is a general awareness within institutions, and across the Higher Education sector, of the need for action, and a plethora of practical interventions and recommendations for changes to institutional practices revolving around mental health of the stakeholders viz students, teachers and parents. (Conley CS, 2013). There is however a significant gap in understanding how successful (or not) interventions and institutional changes have been till date, and why. There is very little literature addressing this question, and a disconnect between identified stressors, who they affect and how they are interrelated. (Rothi D, 2008)

Distinctive but inter-related populations of students and teaching fraternity over them make universities an exclusive setting for the promotion of mental health. University students are considered 'high-risk population' due to their immature age, as most mental health problems have their onset before 24 years of age (Reavley N, 2010). Students are exposed to personal and academic stressors that can negatively impact on their mental health. (Hamaideh, 2011) (Cyetkovski S, 2012) (Butzer B, 2017). Research by Butzer (2017) indicates that employees working in higher education institutions face a comparatively higher risk of mental health issues than individuals employed in other sectors, as also supported by Kinman and

Wray (2014). While existing literature has extensively examined the effectiveness of individual-focused interventions aimed at improving students' mental wellbeing, along with workplace-based interventions designed for employees (Czabala et al., 2011), **there remains a significant gap in understanding the effectiveness** of strategies implemented at the institutional level within universities, particularly those based on a holistic, setting-oriented approach.

Human being bear two intervened type of well-being one is physical while other is mental. Everyone bears his / her own mental health, irrespective of what their gender is and do they bear sound mental health or not. It is not merely the absence of mental illness, but a positive, active state that exists on a spectrum.

World Health Organization, whereby mental health and wellbeing are seen as overlapping. This does not assume that good mental health and good wellbeing are the same. Mental health issues affect a smaller subset of the population and refer to specific problems, whereas wellbeing is a broader term which has relevance for the population in general (Barkham M, 2019) .

Interventions are unavoidable part for mental health practitioners. Altogether these are strategies which are implemented with help of staff and student cadre at the institutional levels within their own framework and needs catering too.

Here are some leading interventions used and concluded by various researchers in various schools.

Intervention 1

A cognitive behavioural coaching intervention aimed to combine cognitive skills for managing emotionally destructive behaviour with practical time and work management skills. The study argued that the psychological or emotional dimension needs to be embedded in Post Graduate Researcher (PGR) training which is consistent with studies included in the review that highlighted how doctoral training can also address PGR anxieties. (Kearns H, 2008).

Intervention 2

The investment of time and effort for mentors and coaching can be significant (B, 2005), and they may not always have the skills or knowledge that those they are supporting are looking for; (Sroufe A, 1984) In general, these approaches were valued by both mentees and mentors, who perceived the experience as a developmental opportunity (McConnell et al., 2019).

Intervention 3 (Nielsen et al. Country: Denmark)

Promoting mental health using a whole school-approach. Materials were tailored for knowledge, skills, meaning and social action. It Aims to reduce socioeconomic inequality in social and emotional competence including four components. 1. Activities for children; 2. Development of staff skills; 3. Involvement of parents4. Initiatives in the everyday life of schools (Nielsen L, 2015)

Intervention 4: (Franz and Paulus Country: Germany)(Franze M, 2009)

Mind Matters—an Australian Programme for mental health promotion in adolescents—encourages respect and tolerance and involves a range of school personnel and children—also encourages resilience.

Intervention 5: (Country:USA)

Yoga for teenagers. Students are taught and practised Yoga including mindfulness and meditation. Focus on stress management, emotional regulation, confidence building, and promoting peer relationships. A half hour session of Yoga was performed by them twice a week.(Butzer B, 2017).

DISCUSSION AND CONCLUSION:

There are no universally ‘adaptive’ coping strategies that can be statically applied across all individuals and stressful situations(S, 2010). Nevertheless, broadly speaking, problem-focussed or engagement strategies (e.g., reappraisal, support seeking) are reportedly advantageous over emotion-focused or disengagement approaches (e.g., avoidance; wishful thinking) in reducing externalizing and internalizing symptomatology in youth. (al, 2011).

A study on psycho -educational interventions found significant improvements in emotional intelligence after intervention programs. (Fransco Velthro, 2020). Research on Cognitive Behavioral Therapy shows it improves both general mental health and emotional intelligence levels.(M. Aghel Masjedi).

Emotionally perceptive people appear to be more strongly impacted by stress than their less perceptive counterparts, expressing higher levels of depression, hopelessness. (Ciarrochi, 2022)

EQ is not a prerequisite—it is often an outcome of intervention. Even non-traditional interventions like sleep therapy demonstrated measurable increases in EI after treatment. (Yujia

Zhai). It is often observed that, EI-based interventions improve life satisfaction, resilience, and reduce stress. Programs in older adults showed reduced depression, improved coping, and better emotional regulation.

Impact of interventions:

The researchers have followed through interventions are in place as it is necessary to make arrangements in keeping up mental peace at the workplace. Not necessarily every intervention would prove in every setting but a routine practice has to be set in the institutional set up caring for the mindsets of teenagers and adolescent groups.

To evaluate this wide range of mindfulness interventions for mental health outcomes with youth, several comprehensive reviews and meta-analyses have been conducted. For instance, Zoogman et al. (2014) conducted a meta-analysis on mindfulness interventions for youth and their findings revealed larger effect sizes on psychological symptoms relative to other outcome variables (Zoogman, 2014)(e.g., physiological, cognitive). Despite these promising findings, this meta-analysis did not focus solely on mindfulness interventions conducted in educational settings as there were a number of studies drawn from clinical settings, and studies were only included up to 2011. There has been an increase in the popularity of mindfulness interventions and research within the past several years (C, 2014), particularly in the school setting; therefore, a more recent analysis of these mindfulness interventions in schools should be considered to accurately represent the current effects of these interventions.

Impact on intervention of coaching : A research of Lilly Paulin Werk says that The coaching topics of participants with and without mental illness look similar at first glance but have different causes that need to be explored by the coach: are work problems the expression of (temporary or permanent) capacity impairments due to mental disorders or the reaction of a healthy employee to high work stress (Wrek L P, 2022) . Coaches should be able to make this distinction through their own psychotherapeutic expertise or supervision (Crowe T). The participants' health status is also reflected in the unwanted events of the coaching: participants with mental illness show more negative effects in connection with the coaching (e.g., dependence on the coach), which the coach must cushion accordingly. Because coaching is not a curative treatment, subsequent referral to psychotherapy may be appropriate in justified cases (B J. M., 2013).

The findings of this study highlight the critical role of mental health interventions in educational settings in promoting both psychological well-being and the development of

emotional intelligence. The evidence challenges the traditional assumption that emotional intelligence is a prerequisite for benefiting from interventions, instead suggesting that it often emerges as an outcome of structured programs such as psychoeducation, cognitive behavioral therapy, mindfulness practices, and coaching. These interventions not only improve overall mental health but also foster emotional competencies such as self-awareness, regulation, and resilience. However, higher emotional perceptiveness may also be associated with increased sensitivity to stress, indicating a complex relationship between emotional intelligence and mental health outcomes

The study further demonstrates that although no single coping strategy is universally applicable, engagement-based approaches are generally more effective in reducing psychological distress than avoidance-oriented strategies. At the same time, the relationship between emotional intelligence and mental health is complex, as individuals with higher emotional awareness may also experience greater vulnerability to stress.

The role of educational institutions is pivotal in implementing consistent and adaptive intervention practices that address the diverse needs of students. Integrating mental health interventions into institutional frameworks can contribute to the development of resilience, emotional regulation, and overall well-being. Additionally, coaching interventions require careful application, as professionals must distinguish between developmental challenges and underlying mental health conditions, with appropriate referrals when necessary.

In conclusion, mental health interventions should be viewed as continuous developmental processes rather than isolated efforts. By fostering emotional intelligence alongside psychological well-being, these interventions can contribute to more holistic student development. Future research should focus on longitudinal and context-specific studies to better understand the sustained impact of such interventions in educational environments.

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