

# A Correlational Study Of Bullying And Mental Health Among Higher Secondary Students In Imphal West, Manipur

Leishangthem Joyshree Devi,

Research Scholar, Department Of Teacher Education, Manipur University, Manipur, India

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## **Abstract**

*This study investigates the relationship between bullying and mental health among higher secondary students in Imphal West, Manipur. Bullying has become a critical concern in adolescent development due to its adverse impact on psychological well-being. A correlational research design was employed, and a sample of 100 students was selected through appropriate sampling techniques. Data were collected using the Bullying Assessment Scale developed by Chandra Kumari and Vasudha Sharma (2018) and the Mental Health Scale by Sushma Talesara and Akhtar Bano (2017). The study aimed to determine the levels of bullying and mental health, as well as to explore their association separately among male and female students. Statistical tool Pearson's correlation coefficient was used for data analysis. Most students reported average to below-average levels of bullying, while many experienced moderate to poor mental health. A significant negative correlation was found between bullying and mental health among both males ( $r = -0.482$ ) and females ( $r = -0.333$ ), indicating that higher bullying is associated with poorer mental health. These findings emphasise the importance of implementing effective school-based interventions to minimise bullying and enhance students' psychological well-being.*

**Keywords:** *Bullying, Mental Health, Correlation, Higher Secondary Students*

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## **I. Introduction**

Education is a fundamental component of both individual growth and social development, playing a crucial role in shaping a more empathetic and progressive society. It contributes significantly to the moral, intellectual, physical, and emotional development of individuals. However, several factors hinder the achievement of holistic development among students, with bullying emerging as a serious concern in contemporary educational settings. Bullying has gained increasing attention due to its detrimental impact on students' psychological and emotional well-being. It is generally understood as a form of intentional, repeated aggressive behaviour directed toward individuals perceived as vulnerable, often involving an imbalance of power between the perpetrator and the victim. Such behaviour may take various forms, including verbal abuse, physical aggression, social exclusion, and the spread of rumours, all of which can cause significant distress and harm to the victim. According to Dan Olweus (1993), bullying involves repeated negative actions directed at a student by one or more peers in situations characterised by a power imbalance. Bullying, characterised by repeated aggression and power imbalance, has been consistently linked to adverse mental health outcomes such as anxiety, depression, and low self-esteem among adolescents. Several studies have reported that victims of bullying are more likely to experience psychological distress and emotional difficulties (Bowes et al., 2014)

Mental health refers to an individual's emotional, psychological, and social well-being, influencing how individuals think, feel, and behave in different situations. It plays a crucial role in helping individuals cope with stress, manage emotions, and adapt to everyday life challenges. Good mental health supports the development of self-confidence, resilience, and effective coping strategies, thereby enhancing students' academic engagement and overall performance. In contrast, poor mental health may be reflected through conditions such as anxiety, depression, stress, low self-esteem, and emotional instability, which can adversely affect learning and school adjustment. The World Health Organisation (2025) defines mental health as a state of well-being in which individuals recognise their abilities, cope with normal life stresses, work productively, and contribute to their community.

Adolescence represents a critical stage of development during which individuals are particularly vulnerable to various stressors that can significantly affect their psychological well-being and overall growth. At this stage, students encounter multiple academic, social, and emotional challenges that influence their future aspirations and personal development. The presence of bullying further intensifies these challenges by disrupting peer relationships and creating barriers to healthy social interaction. Students who experience bullying often suffer from fear, low self-esteem, and a lack of confidence, which can negatively affect both their personality

development and academic engagement. Prolonged exposure to such experiences may lead to serious mental health concerns, including anxiety, depression, emotional instability, social isolation, and stress. In severe cases, it may also contribute to poor academic performance, withdrawal from school activities, and a sense of insecurity. Although several studies have examined bullying and its psychological consequences, there remains a lack of focused research exploring the relationship between bullying and mental health among higher secondary students in the northeastern region of India, particularly in Manipur. The unique socio-cultural context of this region necessitates a more context-specific investigation.

Therefore, the present study seeks to examine the association between bullying and mental health among higher secondary students in Imphal West district, Manipur. The findings of this study are expected to provide valuable insights for educators, parents, counsellors, and policymakers in developing effective strategies to address bullying and promote students' mental well-being.

## **II. Review Of Related Literature**

Bullying is a widespread issue among adolescents that has significant implications for mental health. It is widely recognised that bullying not only affects academic performance but also has profound implications for students' mental health and well-being (Olweus, 1993; Espelage & Swearer, 2003). It negatively affects students' emotional and psychological well-being, leading to problems such as anxiety, depression, and low self-esteem. With growing awareness of adolescent mental health issues, understanding the association between bullying and psychological well-being has become an important area of research. Over the last two decades, numerous systematic reviews have been carried out to explore the link between bullying victimisation and mental health disorders. Several studies have reported a significant association between bullying and mental health among adolescents. Students who experience bullying are more likely to suffer from anxiety, low self-esteem, depression, and emotional distress, indicating poor psychological well-being (Arseneault et al., 2010; Copeland et al., 2013; Arslan et al., 2021; Kallmén & Hallgren, 2021). Similarly, one of the most recent studies done by Ghardallou et al. (2024) concluded that there is strong evidence supporting a causal link between bullying victimisation and mental health problems, including depression, anxiety, overall poor health, and suicidal thoughts and behaviours. All categories of bullying involvement had higher rates of mental health problems compared with adolescents not involved in bullying (Hysing et al., 2019). These findings collectively suggest that increased exposure to bullying is associated with a decline in mental health among school students.

In addition, research has explored gender differences in the experience and consequences of bullying. Evidence suggests that both male and female students are affected, though their responses differ. Female students tend to report higher levels of internalising problems such as anxiety, depression and higher risks of suicidal ideation compared to males (Klomek et al., 2010), whereas male students are more likely to exhibit externalising behaviours and aggression (Vassallo et al., 2014; Card et al., 2008; Moore et al., 2017). Ghardallou et al. (2024) further confirm that bullying victimisation is strongly associated with increased psychological distress in both genders. This highlights the importance of examining the association between bullying and mental health with reference to gender.

Studies conducted in the Indian context have also reported a significant association between bullying and mental health among adolescents. Bullying and peer victimisation have been found to contribute to emotional distress and poor psychological well-being among students (Jamir et al., 2014; Ranjith et al., 2019). Similarly, research indicates that bullying leads to anxiety, depression, and low self-esteem among adolescents (Bhat & Amin, 2023). A systematic review of Indian studies further confirms that bullying is prevalent in schools and has negative psychological consequences (Thakkar et al., 2021; Mudgil et al., 2022).

Despite the growing body of literature, most studies have been conducted in Western or other non-local contexts, and limited research is available focusing on higher secondary students in Manipur. Moreover, there is a need to examine gender-wise associations within this population. Therefore, the present study aims to investigate the association between bullying and mental health among higher secondary students in this specific context.

### **Objectives of the Study**

1. To assess the level of bullying and mental health among higher secondary students.
2. To examine the association between bullying and mental health among male higher secondary students.
3. To examine the association between bullying and mental health among female higher secondary students.

### **Hypotheses**

1. There is no significant variation in the levels of bullying and mental health among higher secondary students.
2. There is no significant association between bullying and mental health among male higher secondary students.
3. There is no significant association between bullying and mental health among female higher secondary students.

### III. Research Methodology

The present study adopts a correlational research design to examine the association between bullying and mental health among higher secondary students. The study population comprises higher secondary students enrolled in schools under the Council of Higher Secondary Education, Imphal West district, Manipur.

#### Sample and Sampling Technique

A sample of 100 higher secondary students was selected for the study. The sample includes both male and female students. The participants were selected using a stratified random sampling technique to ensure proper representation of gender groups.

#### Tools used for data collection

To collect the necessary information for this study, the investigator used the Bullying Assessment Scale by Chandra Kumari and Vasudha Sharma (2018), consisting of 54 items, and the Mental Health Scale by Sushma Talesara and Akhtar Bano (2017), also consisting of 54 items.

#### Procedure of data collection

Data were collected from selected higher secondary schools in Imphal West district with prior permission from the concerned authorities. Participants were informed of the study's purpose, and confidentiality was assured. The questionnaires were administered to the students, and their responses were collected for analysis.

### IV. Result And Findings

The collected data were analysed and interpreted in accordance with the study's specific objectives. Relevant information obtained from the respondents was systematically organised and evaluated using appropriate statistical techniques. Statistical analysis of variance (SPSS version 23) was used to examine frequency, percentage, and correlation to obtain results and interpret them.

**Table 1.** Frequency and percentage of respondents exhibiting the level of bullying

Sr. No.	Raw Score	Z - Score	Grade	Level of Bullying	Gender	
					Male N=50 (%)	Female N=50 (%)
1.	209 & above	+2.01 & above	A	Extremely High	0(0)	0(0)
2.	195 to 208	+1.26 to +2.00	B	High	2(4)	0(0)
3.	181 to 194	+0.51 to +1.25	C	Above Average	4(8)	4(8)
4.	163 to 180	-0.50 to +0.50	D	Average	17(34)	14(28)
5.	149 to 162	-1.25 to -0.51	E	Below Average	17(34)	19(38)
6.	135 to 148	-2.00 to -1.26	F	Low	10(20)	6(12)
7.	134 & below	-2.01 & below	G	Extremely Low	0(0)	7(14)

**Note:** Figures in parentheses indicate the percentage of the respondents.

Table 1 shows that 4% of males were highly bullied, 8% had an above-average level of bullying, 34% had an average level of bullying, 34% had a below-average level of bullying, and 20% had a low level of bullying. Also, 8% of females had an above-average level of bullying, 28% had an average level, 38% had a below-average level, 12% had a low level, and 14% had an extremely low level.

**Table 2:** Frequency and percentage of respondents exhibiting the level of mental health

Sr. No.	Raw Score	Z-score Range	Grade	Level of Mental Health	Gender	
					Male N=50(%)	Female N=50(%)
1.	170 & above	+2.01 & above	A	Extremely Good	2 (4)	4 (8)
2.	155 to 169	+1.26 to +2.00	B	Very Good	4 (8)	2 (4)
3.	140 to 154	+0.51 to +1.25	C	Good	13 (26)	12 (24)
4.	120 to 139	-0.50 to +0.50	D	Moderate	11 (22)	15 (30)
5.	105 to 119	-1.25 to -0.51	E	Poor	19 (38)	13 (26)
6.	91 to 104	-2.00 to -1.26	F	Very Poor	1 (2)	4 (8)
7.	90 & below	-2.01 & below	G	Extremely Poor	0 (0)	0 (0)

**Note:** Figures in parentheses indicate the percentage of the respondents.

Table 2 depicts that 4% of males had an extremely good mental health, 8% had a very good mental health level, 26% had a good mental health level, 22% had a moderate level of mental health, 38% had a poor mental health level, and only 2% had a very poor level of mental health. Also, 8% of females had an extremely poor level of mental health, 4% had a very good level of mental health, 30% had a moderate level of mental health, 26% had a poor level of mental health, and 8% had a very poor level of mental health.

Therefore, it can be concluded that “There is no significant variation in the levels of bullying and mental health among higher secondary students” was rejected.

To examine the association between bullying and mental health, the Pearson correlation coefficient was applied.

**Table 3:** Correlation between bullying and mental health among male higher secondary students

Variables	Karl Pearson correlation ‘r’	‘p’ value
Bullying	-.482	.000**
Mental Health		

Note: \*\*  $p < 0.05$

Table 3 reveals that the correlation coefficient value ‘r’ between bullying and mental health is ( $r = -.482$ ). This indicates a negative correlation between the two variables. The negative correlation indicates that as the bullying increases, the mental health of the students (male) will decrease. The p-value also indicates that the correlation is significant at the 5% level, indicating a meaningful association between the variables. Thus, the hypothesis “There is no significant association between bullying and mental health among male higher secondary students” was rejected.

**Table 4:** Correlation between bullying and mental health among female higher secondary students

Variables	Karl Pearson correlation ‘r’	‘p’ value
Bullying	-.333	.018**
Mental Health		

Note: \*\*  $p < 0.05$

Table 4 reveals that the correlation coefficient value ‘r’ between bullying and mental health is ( $r = -.333$ ). This indicates a negative correlation between the two variables. The negative correlation indicates that as the bullying increases, the mental health of the students (female) will decrease. The p-value also indicates that the correlation is significant at the 5% level. Thus, the hypothesis “There is no significant association between bullying and mental health among female higher secondary students” was rejected.

## V. Discussion

The study explored levels of bullying and mental health among male and female higher secondary students and identified clear patterns. Most male students reported average (34%) and below-average (34%) levels of bullying, with only a small percentage experiencing high levels (4%). Similarly, female students were mainly concentrated in below-average (38%) and average (28%) categories, with no cases of high bullying. This suggests that while severe bullying is limited, moderate exposure is quite common among students. In terms of mental health, a considerable proportion of males reported poor mental health (38%), followed by good (26%) and moderate (22%) levels. Among females, most fell within moderate (30%) and poor (26%) categories, with a notable percentage experiencing extremely poor and very poor mental health. This indicates that both groups face mental health challenges, with females showing relatively higher levels of severe distress.

Taken together, the findings suggest that even moderate levels of bullying may negatively affect students’ mental health. These results are consistent with studies by Olweus (1993) and Espelage & Swearer (2003), which highlight the link between bullying involvement and psychological difficulties. Additionally, Klomek et al. (2010) reported that bullying is associated with increased risk of emotional problems among adolescents. However, despite lower reported bullying levels, females showed relatively poorer mental health outcomes.

Also, the present study found a significant negative relationship between bullying and mental health among both male ( $r = -0.482$ ) and female ( $r = -0.333$ ) students, indicating that increased bullying is associated with poorer mental health. These findings are consistent with previous studies (Arseneault et al., 2010; Copeland et al., 2013; Arslan et al., 2021; Kallmén & Hallgren, 2021), which report that bullying leads to anxiety, depression, and emotional distress. Similarly, Ghardallou et al. (2024) and Hysing et al. (2019) highlight that all forms of bullying involvement are linked to higher levels of psychological problems. Gender differences were also observed, with females showing relatively poorer mental health despite lower reported levels of bullying. This aligns with Klomek et al. (2010), who found that females are more prone to internalising problems, while males tend to exhibit externalising behaviours (Vassallo et al., 2014; Card et al., 2008; Moore et al., 2017).

The findings are further supported by Indian studies (Jamir et al., 2014; Ranjith et al., 2019; Bhat & Amin, 2023), which confirm that bullying contributes to emotional distress and poor well-being among adolescents. Overall, the study reinforces that bullying, even at moderate levels, has a significant negative impact on students' mental health, highlighting the need for timely and gender-sensitive interventions.

## VI. Conclusion

Bullying continues to receive frequent attention in the media, reflecting ongoing public concern and the persistent need for effective anti-bullying efforts in schools. It is an issue affecting many young people today, and as educators and researchers, we have a responsibility to work toward reducing its occurrence. Various studies have emphasised that bullying negatively affects students' mental health, academic achievement, and overall well-being, which are key areas addressed by policy measures. Effective intervention programs are therefore essential to prevent the development of harmful behaviours and to reduce the emotional burden on both perpetrators and victims. Initiatives such as awareness programmes, handbooks, and workshops for students and parents can help strengthen understanding and prevention of bullying within the community. In addition, school administrators and counsellors need to adopt innovative and gender-sensitive strategies, as the findings revealed differences in how male and female students experience and respond to bullying. For these measures to be effective, active collaboration among students, parents, and educators at the grassroots level is crucial in creating a safe and supportive school environment. Students who experience bullying should be encouraged to report it to school authorities. Qualified school counsellors should be available in every institution to provide psychological support and guidance to students affected by bullying.

### Limitation

1. Due to the small sample size and the inclusion of participants from only two schools, the findings may not be generalizable to a wider population.
2. The tools used to assess both bullying and mental health may not have fully captured all relevant dimensions of these constructs. In-depth information from teachers, parents, and peers was not collected or analysed in the present study

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