E-ISSN: 3048-6041 | Volume- 3, Issue- 2 | February 2026

Prevalence of Mental Health Problems Among Students: A Systematic Review

Chaitali Halder[1*] & Prof. (Dr.) Santoshi Halder[2]
[1]Research scholar, Department of Education, University of Calcutta, Alipore, Kolkata 700027, India
ORCID: 0009-0000-8865-9210
[2]Professor, Department of Education, University of Calcutta, Alipore, Kolkata 700027, India
ORCID: 0000-0002-6967-5853

Abstract

Objectives: Research suggests that children and adolescents are more prone to experience mental health problems, and if it remains undetected, it can badly affect their adulthood. This systematic review aimed to identify the prevalence of mental health problems among students. Methods: A systematic review was conducted following PRISMA guidelines. Only English articles were searched in Google Scholar, PubMed, and ERIC. Results: 85 studies were included, covering all the prevalent mental health problems of the students over the last 12 years (2012-2023). Depression and anxiety were the most common mental health problems. The prevalence of depression ranged from 6.2% to 99.2%, and anxiety from 5.2% to 76.7%. Robust prevalence estimation of other MHPs could not be possible because of the minimal number of reports. Additionally, students belonging to developing countries were more likely to suffer from MHPs than the developed countries. Conclusion: Research on mental health problems of the students mainly focuses on anxiety and depression, leaving important gaps concerning other MHPs. Distinct terminologies, diagnostic criteria, and assessment tools hinder the comparability of outcomes across studies. Further studies should concentrate on using standardized assessment tools and expand their scope to more MHPs.

Keywords: Mental health problems, students, prevalence, systematic review

Introduction

According to the World Health Organization (WHO), approximately one billion people globally get into trouble from any kind of mental disorder (UN News, 2022). And it is worrying to note that more than 80% of people having mental disorders are living in low-and-middle-income countries (Bhugra et al., 2022). Among them, India possesses one of the highest prevalences of mental disorders and as per the data, reported by the National Mental Health Survey (NMHS), approximately 14% of the Indian population suffer from various types of mental disorders and need active mental health interventions (Rana, 2021). Generally, 50% of these types of disorders seem to be diagnosed by age 14 and 75% by age 24, as stated by WHO in 2003 (Kessler et. al., 2005) and this is the crucial age level when an individual deals with

*Corresponding Author Email: chaitalihalder530@gmail.com
Published: 02 February 2026
DOI: https://doi.org/10.70558/SPIJSH.2026.v3.i2.45510

his/ her academic life by playing the submissive roles as students in schools, colleges, and universities and passionately engage in building their careers. Yet, a lack of enough awareness has been identified and it is surprising to note that there is no mental health policy in more than 40% of the countries, and over 90% of the countries including adolescents and children, have no mental health policy and over 30% have no mental health programs (Afifi, 2007). Therefore, this current systematic review has been conducted to have a thorough knowledge of the prevalence of students' mental health problems so that initial diagnosis can be made and a better career for the students can be assured.

Objectives

1. To find out the prevalent mental health problems among students
2. To identify the prevalence rates of mental health problems across the continents and countries

Methodology

Search Strategy

By searching three databases, such as Google Scholar, PubMed, and ERIC, various mental health problems of students across the world were identified. The papers were selected from the last 12 years, i.e., from 2012-2023, by using the keywords like "Mental health Problems among Students", "Prevalence of Mental Health problems among students", "Anxiety, Depression, Stress, eating disorder, alcohol consumption, insomnia, sleep problems, and students". Afterward, manual searches were also done with the references mentioned in the obtained papers to identify additional studies. And finally, from 4175 studies, based on the inclusion and exclusion criteria, 85 studies were narrowed down.

Table 1:

Inclusion and Exclusion Criteria

Categories	**Inclusion Criteria**	**Exclusion Criteria**
Year Range	2012-2023	Before 2012 & after 2023
Search Strategy	Google Scholar, PubMed, ERIC	Other than the Internet database
Pattern of Studies	Journals, articles, peer-reviewed papers, and published in the English language with open access	Incomplete papers, Master's or Doctoral Dissertation and published other than in English languages
Type of Studies	Cross-sectional & quantitative studies	Longitudinal, experimental, qualitative, & mixed method designed studies
Population	Schools, Colleges, and Universities students	General population, i.e., non-students

Sample	Students having normal livelihoods and are not under any medical treatment.	Chronic mental illness (e.g., Schizophrenia), severe mental disorders (e.g., ADHD, ASD, Personality Disorder)
Sample size	Large sample size	Less than 100 samples
Keywords Searched	Mental Health Problems among students, Prevalence of Mental Health problems among students, Anxiety, Depression, Stress, eating disorder, alcohol consumption, insomnia, sleep problems, students	Other than the selected keywords

Result & Interpretation

As per the inclusion and exclusion criteria, in this present review, 85 studies were included (see Appendix), among which a maximum number of studies (N = 51) had been published in the last five years (2019-2023). College and University students, i.e., young adult students (above 18 years old), were participants in most of the studies (N = 62). Fewer studies have been conducted on adolescent school students.

Geographical Areas Covered (Continents & Countries)

The current review was conducted on 85 studies of 32 countries covering both developing and developed, under five continents namely a) America (n= 4) including USA, Brazil, Chile, and Ecuador, b) Europe (n =8) including Kosovo, Greece, Spain, UK, Poland, Croatia, Hungary, Serbia, c) Asia (n=12) including China, India, Pakistan, Bangladesh, Saudi Arabia, Malaysia, Iran, Jordan, Indonesia, Nepal, Iraq, Turkey, d) Africa (n=8) including Egypt, Ethiopia, Cameroon, Uganda, Burkina Faso, Morocco, Namibia, South Africa, e) Oceania (n=1) including Australia only. This review includes 18.8% (n=16) American studies, 16.5% (n=14) European studies, 49.4% (n=42) Asian studies, 14.1% (n=12) African studies, and 1.2% (n=1) Oceanian studies. In other words, most of the studies on students' mental health problems occurred in the countries of Asia, followed by America, Europe, Africa, and Oceania. More specifically, in Asia, the majority of the studies were conducted in India.

Prevalence Estimations of Mental Health Problems

From the selected studies, it has been found that students across the world were facing several kinds of mental health problems, i.e. Anxiety, Depression, Stress, Loneliness, Hopelessness, Sadness, Mania, Burn Out, Anger, Eating Disorders, Alcohol Consumption, Drug Use, Insomnia, Sleep Problems, Sense of being Dysfunctional, Loss of Confidence, Lack of Self-Regulation. It is interesting to note that out of all, Anxiety and Depression were much more common mental health problems among students across the continents, and Stress was mostly found to have a co-morbid or multi-morbid relationship with either Anxiety or Depression or both.

Anxiety. The prevalence of anxiety ranged from 5.2% to 76.7%. It has been noticed that students of both developing and developed countries across the continents experienced anxiety. Developing countries had higher levels of anxiety than developed countries. More specifically, developing countries of Asia and Africa have higher prevalence rates of anxiety among students (Barakat et al.,2016; Faisal et al., 2021) compared to the developing countries of other continents. On the other hand, developed countries of Europe (Akram et al., 2019; Ramon-Arbeus et al., 2020) had higher rates of anxiety than developed countries of other continents.

Depression. The prevalence of depression varied from 6.2% to 99.2%. This review demonstrates that students belonging to both developing and developed countries also experienced depression. In addition, developing countries reported greater prevalence rates than developed countries in five continents (Asia, Africa, Europe, America, and Oceania). More specifically, developing countries of Asia (Faisal et al., 2021; Islam et al., 2022) and Africa (Kebede et al., 2019; Ngasa et al., 2017) had high prevalence rates compared to the developing countries of other continents. On the other hand, developed countries of Europe (Sazakli et al., 2021), as well as Asia (Chi et al., 2021; Lu et al., 2015), found higher rates of depression than other continents. It is interesting to mention that Asia was the only continent in which students of developing and developed countries had higher prevalence rates of depression.

Stress. The current review reports that students of both developing and developed countries of four continents (i.e., Asia, America, Africa, and Europe), except Oceania, experienced Stress. More specifically, in most of the cases, they were found to suffer from higher prevalence rates of stress (Iqbal et al., 2015; Kumar & Akoijam, 2017). Although there were some variations, e.g., some Asian studies in developing countries, i.e., China and India, reported lower prevalence rates of Stress among students (Huang et al., 2021; Kumar & Akoijam, 2017), as well as one European study from a developed country retained a very high prevalence rate of Stress among students.

Eating Disorder. From the selected studies, it has been found that students of both developing and developed countries from four continents, i.e., Asia, America, Africa, and Europe, except Oceania, were having an eating disorder. In addition, developing countries reported greater prevalence rates than developed countries. Moreover, developing countries of Asia (Jamali et al., 2020; Nivedita et al., 2018) retained high prevalence rates compared to the developing countries of other continents. On the other hand, developed countries of Europe possessed relatively greater rates of eating disorders (Piko et al., 2022).

Alcohol Consumption. In both developing and developed countries of the four continents (Asia, America, Africa, and Europe), except Oceania, students were more or less likely to become alcoholics. More specifically, developed countries reported higher prevalence rates than developing countries. Developed countries of Europe (Kowalczuk et al., 2012; Posavec et al., 2020) and America (Alarcon et al., 2018) possessed the highest prevalence rates compared to developed countries of other continents, whereas developing countries of Africa retained a much higher prevalence of alcohol consumption among students in comparison to their counterparts (Nyandu & Ross, 2019).

Insomnia. The present review reveals that students belonging to both developing and developed countries of four continents (Asia, America, Africa, and Europe), except Oceania, were found to suffer from insomnia. Here, developing countries reported higher prevalence rates than developed countries. More specifically, developing countries of Asia (Abdalqader et al., 2018; Isnanini & Djannah, 2020) and Africa (Manzar et al., 2020) had higher prevalence rates of insomnia than developing countries of other continents. On the other hand, European developed countries had greater prevalence rates in comparison to developed countries of other continents (Carrion-Pantoja et al., 2022; Dabrowska-Galas et al., 2021).

Studies on Other Mental Health Problems. Apart from the above-mentioned major mental health problems of the students, a few more mental health problems such as Loneliness, Hopelessness, Sadness, Mania, Burn Out, Anger, Drug Use, Sleep Problems, Sense of being Dysfunctional, Loss of Confidence, Lack of Self-Regulation. were noticed in both developing and developed countries of the four continents i.e. Asia, America, Africa and Europe. Precisely, students belonged to developed counties such as USA, UK of America and Europe continents were more likely to suffer from hopelessness (7.8%), sadness (8.8%), anger (14.6%), mania (38.92%) (Akram et al., 2023; Wood et al., 2022) whereas burn out (36.2%), sense of being dysfunctional (44%), loss of confidence (44%) and lack of self-regulation (46%) were more visible in students of developing countries of Asia and Africa (Mhata et al., 2023; Saleem & Mahmood, 2013). In addition, students were identified to be drug addicted with low prevalence, loneliness with low to high prevalence (6.7% - 76.5%), and sleep problems also with low to high prevalence (9.8% -- 61.7%) in both developing and developed countries of Africa, Asia and America (Simegn et al., 2023; Wu et al., 2015).

Discussion

After analyzing 85 studies on mental health problems among students, it has been found that in current times, across the continents, students are experiencing several types of mental health problems, such as anxiety, depression, eating disorders, alcohol consumption, insomnia, loneliness, burnout, etc., in mild or severe forms. The obtained findings have been discussed in the following:

Anxiety and Depression are Common Mental Health Problems (MHP) among Students

In this review, it has been revealed that anxiety and depression are much more prevalent among students in comparison to eating disorders, alcohol consumption, and insomnia. This finding is in line with another review of 11 studies, which reported that anxiety and depression were major problems experienced by university students (Storrie et al., 2010). Research has reported that most of the time, anxiety and depression have been diagnosed as comorbid among individuals (ADAA, 2023). It is worth mentioning that teenagers are also likely to have anxiety and depression, and the investigating reasons behind these are study and higher parental pressure, comparison with their peers, relationship troubles, gender dysphoria, etc (Chakraborty, 2022). In this regard, one point needs to be reported that both adolescent and adult students are found to experience anxiety before their exams, because of a lack of time for preparation, as well as poor quality of sleep. There is a positive correlation between anxiety and depression (Alahmadi, 2019). According to the Anxiety and Depression Association of

America (ADAA, 2023), both anxiety and depression are highly treatable and easily diagnosed, and can also be cured by doctors and other mental health care professionals (Augusta University Health, 2021). With this in mind, continuous encouragement of concerned teachers and other stakeholders for better preparation in students' studies, along with assignment submission, is an urgent need.

Students from developing countries are Great Sufferers of MHPs

The present review demonstrates that the majority of the mental health problems (anxiety, depression, eating disorders, and insomnia) are most prevalent among students belonging to developing countries in comparison to developed countries. This finding is in line with another review-based study (Alhaj et al., 2022; Byass, 2008; Mirza & Jenkins, 2004).

This discrepancy might be because of several reasons. Firstly, poor economic development of the countries leads to mental health problems among individuals (Centre for Mental Health, 2020; Sim et al., 2014). Secondly, because of low economic status, individuals, including students, are more likely to have malnutrition, and thus easily affected by infectious diseases (WHO, 2001), and for that growth rate of the Gross Domestic Product (GDP) has been negatively and significantly affected (Mohyuddin, 2006). Thirdly, in developing countries, if individuals are diagnosed with any mental issues, there is no chance of getting adequate treatment due to having poor medical infrastructure, such as a lack of sufficient mental health resources or a dearth of highly trained professionals (Rojas et al., 2019; Summers, 2018). Fourthly, another potential reason behind the preponderance of mental health problems is social changes like Westernization (i.e., following Western culture in terms of weight loss and its appraisal), the aspect of globalization (Hoek, 2016), and industrialization (Pike et al, 2014 in Hoek, 2016), urbanization (i.e., mass migration from the rural area to urban) (Motwani et al., 2021).

Limitations

This systematic review is not at all free from limitations; there are some to mention. *Firstly,* in this review, studies that were published in the last 12 years (2012-2023) have been selected. Secondly, this review may be affected by some publication biases, as it had not included any non-English peer-reviewed articles and papers had been selected from specific search engines, viz. Google Scholar, PubMed, ERIC, etc. *Thirdly*, there is also one point to come into the discussion that no article from grey literature has been included. Hence, some important data might be missed in this regard. *Fourthly*, all included studies were cross-sectional survey-based. Of note, in this regard, enough causal inferences between variables cannot be extracted. *Fifthly*, no quality assessment of the selected 85 studies had been done.

Strengths

Several strengths of this systematic review are yet to be mentioned. *Firstly,* it attempts to have a wider perspective of the mental health problems of the students, covering data from all continents to deliver a comprehensive overview of the students worldwide, and can easily trace their mental health issues. Therefore, the obtained data is representative of all the students across the world. *Secondly*, this systematic review focuses on studies published during the last 12 years (2012-2023) and hence, is more relatable for current students. Based on their issues,

the government and other stakeholders can easily implement any policy or intervention for the students.

Conclusion

The present systematic review has attempted to provide a global scenario of mental health problems that the students of schools, colleges, and universities are facing at the current time. These types of reviews will surely assist the stakeholders, educators, and administrators in understanding the nature of mental health problems among students so that proper arrangements can be immediately taken to prevent all mental health problems, including the mild ones, before becoming more complicated.

References

Afifi, M. (2007). Gender differences in mental health. *Singapore Med J.* 48 (5): 385.

Bhugra, Dinesh and others (eds), 'Mental health in low- and middle-income countries', in Dinesh Bhugra, Driss Moussaoui, and Tom J Craig (eds), *Oxford Textbook of Social Psychiatry*, Oxford Textbooks in Psychiatry. Retrieved from https://doi.org/10.1093/med/9780198861478.003.0072

Dessauvagie AS, Dang HM, Nguyen TAT, Groen G. (2022). Mental Health of University Students in Southeastern Asia: A Systematic Review. *Asia Pac J Public Health*. 34(2-3):172-181. https://doi.org/ 10.1177/10105395211055545.

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Waiters E. E. (2005). Lifetime prevalence and age of onset distributions of DSM IV Disorders in the National comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6). 593 602. Retrieved from https://doi:10.1001/archpsyc.62.6.593

PTI. (2014). India has World's largest youth population: UN report. The Economic Times. Retrieved from https://economictimes.indiatimes.com/news/politics-and-nation/india-has-worlds-largest-youth-population-un report/article show/45190294.cms?from=m

Rana, R. (2021). The Mental health Epidemic: About 56 million Indians suffer from Depression. Retrieved from https://thelogicalindian.com/mentalhealth/mental-health-indians-30811

Roberts RE, Attkisson CC,Rosenblatt A. (1998). Prevalence of psychopathology among children and adolescents. *Am J Psychiatry*. 155: 715-725

Rojas G, Martínez V, Martínez P, Franco P and Jiménez-Molina Á. (2019) Improving Mental Health Care in Developing Countries Through Digital Technologies: A Mini Narrative Review of the Chilean Case. *Front. Public Health.* 7:391. https//doi.org/10.3389/fpubh.2019.00391

Summers, S. (2018). Mental illness in the Developing World. Retrieved from https://borgenproject.org/mental-illness-in-the-developing-world/#:~:text=Those%20in%20poverty%20also%20suffer,depressive%20disorder%20and%20dysthymic%20depression.

UN News. (2022). Nearly one billion people have a mental disorder: WHO. Retrieved from https://news.un.org/en/story/2022/06/1120682

WHO (2003). Caring for Children and adolescents with mental disorders: setting WHO directions. Geneva: World Health Organization. https://www. who.int/mental health/ media/en/785.pdf

Appendix

Table 2.2

Prevalence of Mental Health Problems of Students

Sl. No.	Authors & Year	Journal/ Source	Countries & Continents	Subtypes of Mental Health Problems	Nature of Sample	Prevalence Data
1	Halperin et al. (2021)	Journal of Medical Education and Curricular Development	USA, America	Anxiety & Depression	1,428 medical college students (22.3 Years)	*Anxiety (GAD)—30.6% *Depression (MDD)—24.3%
2	Chi, et. al (2021)	International Journal of Clinical and Health Psychology	China, ASIA	Depressive symptoms, Anxiety symptoms, & Insomnia	1,794 graduate students (15 to 18 years)	*Depressive symptoms —(MDD) --48.20% *Anxiety symptoms (GAD) - 36.70% *Insomnia --37.80%
3	Zhou et al. (2020)	European Child & Adolescent Psychiatry	China, ASIA	Depressive symptoms and anxiety	8079 high school students (12-18 years)	*Depression (MDD) —43.7% *Anxiety (GAD) —37.4%
4	Beattie, et al., (2019)	BMC Public Health	India, ASIA	Depressive symptoms	1191 girls' school students (11-18 years)	*Depression (MDD) —99.2%
5	Wahed & Hassan (2017)	Alexandria Journal of Medicine	Egypt, Africa	Anxiety, Depression, & Stress	442 university medical students (17-22 years)	*Anxiety--64.3% *Depression—60.8% *Stress —62.5%
6	Moutinho, et al., (2017)	Rev Assoc Med Bras	Brazil, America	Anxiety, Depression, & Stress	761 medical university students (22.10 years)	*Depression—34.6% *Anxiety --37.2% *Stress —47.1%

7	Farrer, et al., (2016)	BMC Psychiatry	Australia	Anxiety, Depression	*283 university students (13 to 16 years) *328 undergraduate students (26 years)	*Depression- 7.9% *Anxiety -- 17.5%
8	Wu et al. (2015)	PLoS ONE	China, ASIA	Anxiety, Depression	4747 medical university students (19.26 years)	*Anxiety--16.3%, *Depression - 15.9%
9	Tabalipa, et al., (2015)	Revista Brasileira De Educação Médica	Brazil America	Anxiety And Depression	262 medical university students (23.0 years)	*Depression -- 32.8% *Anxiety -- (35.5%
10	Beiter et al., (2015)	Journal of Affective Disorders	USA, America	Depression, Anxiety, & Stress	374 undergraduate University students (18 –24 years)	*Anxiety—40% *Depression -- 33% *Stress —38%
11	Faisal, et al., (2021)	International Journal of Mental Health and Addiction	Bangladesh, Asia	Anxiety, Depression,	874 university students (17 to 38 years)	*Anxiety (GAD)—76.7% *Depressive symptoms–72%
12	Iqbal et al. (2015)	Indian J Med Res	Odisha, India, Asia	Anxiety, Depression & Stress	353 medical students (21.38 years)	*Anxiety -- 66.9% *Depression—51.3% *Stress – 53%
13	Lu et al. (2015)	J Huazhong Univ Sci Technol	China, Asia	Anxiety & Depression	1048 college 1st-year students (18.63 years)	*Anxiety (GAD 7) --46.85%

						*Depression -- 65.55%
14	Sazakli et al., (2021)	Journal of Public Health Research	Greece, EUROPE	Anxiety, Depression	2,009 university students (22.0 years)	*Anxiety—35.8 % *Depression -- 51.2%
15	Zhang et al. (2021)	Child and Adolescent Psychiatry and Mental Health	China, ASIA	Anxiety & Depression	22,380 middle school students (12–17 years)	*Anxiety —25.6% *Depression — 26.9%
16	Jin et al. (2014)	Int J Clin Exp Med	China, ASIA	Anxiety	5249 both school & university students (13- 26 years)	Anxiety—14.1%
17	Islam et al. (2022)	International Journal of Mental Health and Addiction	Bangladesh, ASIA	Anxiety & Depression	400 1st year university students (18 to 23 years)	*Anxiety (GAD)—69.5% *Depression (MDD)—61%
18	Mamun et al. (2022)	International Journal of Mental Health and Addiction	Bangladesh, Asia	Depression, Anxiety, & Stress	590 undergraduate university students (24.12 years)	*Anxiety—58.1% *Depression—52.2 % *Stress – 24.9%
19	Mohamad et al., (2021)	BMC Public Health	Malaysia, Asia	Anxiety	1851 University students (18-28 years)	*Anxiety (GAD)—29%
20	Simic-Vukomanovic, et al., (2016)	Vojnosanit Pregl	Serbia, EUROPE	Anxiety & Depression	1,940 university students (18– 57 years)	*Depression—23.6% *Anxiety --33.5%
21	Kamberi, et al., (2019)	International Journal of Adolescence and Youth	Kosovo, EUROPE	Anxiety	676 University students (18-46 years)	*Anxiety (Overall) -- 33.6%

22	Ramon-Arbues et al., (2020)	Int. J. Environ. Res. Public Health	Spain, EUROPE	Depression Anxiety & Stress	1074 college students (18 to 42 years)	*Depression --(18.4%), *Anxiety —(23.6%) *Stress – 34.5%
23	Kebede, et al., (2019)	Int J Ment Health Syst	Ethiopia, Africa	Anxiety & Depression	273 undergraduate medical students (18- 25 + years)	*Depression—-51.30% *Anxiety --(30.1%)
24	Ngasa et al. (2017)	BMC Psychiatry	Cameroon, AFRICA	Depression	618 medical students (18-28 years)	*Depression (MDD) -- 65.2%
25	Samreen et al. (2020)	Hindawi BioMed Research International	Saudi Arabia, ASIA	Anxiety	170 male pharmacy students (18-25 years)	*Anxiety— 49%
26	Ranjan et al., (2021)	Asian Journal of Social Health and Behavior	Chhattisgarh, India, ASIA	Anxiety	854 technical & management college students (17-22 years)	*Anxiety-- 35%
27	Kumar & Akoijam (2017)	Indian Journal of Community Medicine	Manipur, India, ASIA	Anxiety, Depression & Stress	830 higher secondary school students (16-19 years)	*Depression -19.5% *Anxiety—24.4% *Stress – 21.1%
28	Kumar et al. (2012)	Indian Journal of Psychiatry	Kaarnataka, India, ASIA	Depression	400 medical students (above 18 years)	*Depression -- 71.25%
29	Jha et al., (2017)	Indian Psychiatric Society	Bihar, India, ASIA	Depression	1412 high & higher secondary school students (14-18 years)	*Depression—49.2%

30	Lun et al. (2018)	Hong Kong Medical Journal	Hong Kong, China, ASIA	Anxiety & Depression	1119 undergraduate students (18-29 years)	*Anxiety—54.4% *Depression — 68.5%
31	Saleem et. al., (2013)	FWU Journal of Social Sciences, Winter	Pakistan, ASIA	Anxiety	1850 university students (19-26 years)	*Anxiety (12%).
32	Huang et al. (2021)	BMC Psychiatry	China, ASIA	Anxiety, Depression, & Stress	3113 college students (18-23 years)	*Anxiety—13.3% *Depression—15.4% *Stress – 6.8%
33	Aqeel et al. (2020)	International Journal of Human Rights	Pakistan, ASIA	Anxiety & Depression	500 university students (16-25 years)	*Anxiety—56.8% *Depression—34.1%
34	Ma et al. (2020)	Epidemiology and Psychiatric Sciences	China ASIA	Anxiety, Depression & Stress	764217 College & University students (18- 26 years)	*Anxiety –11.0% *Depression—21.1% *Stress – 34.9%
35	Torres et al. (2017)	Int. J. Environ. Res. Public Health	Ecuador, America	Anxiety, Depression & Eating Disorders	1092 university students (17—24 years)	Eating Disorder (ED) -32.0% Panic Disorder—2.2% Depression--MDD-6.2%
36	Wu et al. (2021)	Journal of Medical Internet Research	China, ASIA	Anxiety & Depression	11,787 university participants (20.45 years)	*Anxiety (GAD) — 17.8% *Depression—25.9%
37	Banna, et al., (2021)	Health Psychology Research.	Patuakhali, Bangladesh, Asia	Eating Disorder	365 public university students (17-25 years)	Eating Disorder - 23.0%

38	Iyer & Shriraam (2021)	Cureus	Chennai, India, ASIA	Eating Disorder	332 medical & paramedical college students (18-21 years)	*Eating Disorder—13% *Stress – 85.4%
39	Sabry et al. (2020)	Middle East Current Psychiatry	Egypt, Africa	Eating Disorder	407 school students (16-18 years)	* Eating Disorder—9.3%
40	Kotwas et al. (2020)	Psychiatr. Pol.	Poland, EUROPE	Eating Disorder	1750 upper secondary female students (15-22 years)	5.5% --Eating disorder
41	Jamali et al., (2020)	Merit Research Journal of Medicine and Medical Sciences	Pakistan, Asia	Eating Disorder	427 QUEST University engineering students (18 to 25 Years)	*Eating disorder -- 35.9% *SCOFF-- 48.9%
42	Rauof et al. (2015)	Iran Red Crescent Med J.	Iran, ASIA	Eating Disorder	1990 high school students (13-18 years)	Eating Disorder--(24.2%)
43	Kozybska et al., (2022)	Annals of General Psychiatry	Poland, Europe	Depressive Symptoms & Eating Disorders	538 medical school students (mean age 22.49 years)	*Depressive episode—27.1% *Eating disorder—6.9%
44	Raja et al., (2022)	Frontiers Public Health	Saudi Arabia, ASIA	Eating Disorder	445 female university students (17-30 years)	Eating Disorder—27.2%
45	Nivedita et al., (2018)	Indian J Psychiatry	Karnataka, India, ASIA	Eating Disorder	1600 university students (15–25 years)	*EAT-26—13.68% *Binge Eating-12.37%

46	Bizri et al. (2020)	Neuropsychiatric Disease and Treatment	USA, AMERICA	Eating Disorder	412 medical students (Mean age 23 years)	*Eating Disorder—17% (EAT-26) *(SCOFF)—19%
47	Yu & Tan (2016)	Nutrients	US, America	Eating Disorder	961 College students (18-25 years)	ED—10%
48	Liu et al. (2021)	Alternative Therapies	China, ASIA	Eating Disorder	1051 college students (16 to 24 years)	ED—4.6%
49	Piko et al. (2022)	J Prev Med Hyg	Hungary, Europe	Eating Disorder	261 Female university students (22.0 years)	ED—24.1%
50	Alqudah et al. (2019)	BioMed Research International	Jordan, ASIA	Insomnia	977 medical & paramedical college students (18-22 years)	Insomnia—26.0%
51	Abdalqader et al., (2018)	Fol Med Indones	Malaysia, ASIA	Insomnia	445 university students (18-30 years)	Insomnia—69%
52	Dabrowska-Galas, et al., (2021)	Int. J. Environ. Res. Public Health	Poland, EUROPE	Insomnia & Stress	308 medical students (18-22 years)	Insomnia—36.8% *Stress –29.6%
53	Shakeel et al. (2019)	International Journal of Research in Medical Sciences	Pakistan, ASIA	Insomnia	135 medical university students (20-22 years)	Insomnia—40.7%
54	Mbous et al., (2022)	Prev Chronic Dis	USA, America	Insomnia Depression	330 college students (Above 18 years)	*Insomnia—26.4% *Depression (MDD)(Last 2 weeks)—15.8%

55	Choueiry et al., (2016)	PLoS ONE	USA, America	Insomnia Anxiety	462 university students (18-30 years)	*Insomnia—10.6% *GAD-7— *(Anxiety)—28.7%
56	Jose et al. (2016)	International Journal of Preventive and Public Health Sciences	Karnataka. India, ASIA	Depression Insomnia	160 medical students (Mean age—20 years)	*Depression—78.2% *Insomnia—39.4%
57	Albasheer et al. (2020)	Cogent Psychology	Saudi Arabia, ASIA	Insomnia	712 college students (18-26 years)	Insomnia—19.3%
58	Manzar et al. (2020)	Nature and Science of Sleep	Ethiopia, Africa	Insomnia	525 university students (21.5 years)	Insomnia—42.9%
59	Carrion-Pantoja et al., (2022)	Journal of Clinical Medicine	Spain, Europe	Insomnia	582 university students (19-22 years)	Insomnia—39.7%
60	Barakat et al. (2016)	Middle East Current Psychiatry	Egypt, Africa	Insomnia Anxiety Depression & Stress	980 undergraduate medical students (18-25 years)	*Insomnia—27.7% *Anxiety -- 66.9% *Depression—59.2% *Stress – 63.7%
61	Akram et al. (2019)	The Korean Society of Sleep Medicine	UK, EUROPE	Insomnia Anxiety Depression	487 university students 18-60 years	*Insomnia—25.3% *Anxiety—35.8% *Depression—6.3% *Stress – 84.52%
62	Isnaini & Djannah (2020)	Advances in Health Sciences Research,	Indonesia, ASIA	Stress Insomnia	227 8th-semester university students (Above 18 years)	*Insomnia—55.56% *Stress – 90.75%

63	Magar et al., (2019)	Nepal Med J	Nepal, ASIA	Insomnia	421 college students (19-30 years)	Insomnia-- 90%
64	Ben El Jilali,i et al., (2020)	International Journal of Adolescence and Youth	Morocco, AFRICA	Alcohol Consumption (AC)	1236 middle and high school students (15 to 18 years)	AC-- 8.5% Hazardous use—94.6%
65	Atusingwize et al., (2022)	Global Health Action	Uganda, Africa	Alcohol Consumption	996 undergraduate college students (Average age 22 years)	*Alcohol Use (12 months)—39% *AC (Occasional)—22.9% *AC (Regular) —15.8%
66	Al-Ameri et al. (2016)	Epidemiology, Biostatistics, and Public Health	Iraq, ASIA	Alcohol Consumption	1435 college students (18-24 years)	*AC (Lifetime/ 30 days)—9.7% *HAC—12.2%
67	Gomes et al. (2014)	J Nurs UFPE online	Brazil, America	Alcohol Consumption	1878 public school students (14-20 years)	AC—29.8% (30 days)
68	Alarcon et al., (2018)	Open Journal of Gastroenterology	Chile, America	Alcohol Consumption	2,763 high school students (14 to 18 years)	Alcohol consumption (AC) (30 days)— 38.2%
69	Hao et al. (2016)	Open Journal of Epidemiology	China, ASIA	Alcohol Consumption	6104 medical university students (21 years)	Alcohol Consumption—55.3%
70	Posavec et al., (2020)	Research Square	Croatia, EUROPE	Alcohol Consumption	1352 3rd year high school students (15—20 years)	AC—92.4%

71	Saini & Suthar (2022)	Journal of the Scientific Society	Rajasthan, India, ASIA	Alcohol Consumption	180 undergraduate students (16- 21 years)	AC—25.55%
72	Kowalczuk et al., (2012)	Prog Health Sci	Poland, EUROPE	Alcohol Consumption	504 medical university students (18-27 years)	AC—80%
73	Cardoso et al. (2015)	Rev. CEFAC	Brazil, America	Alcohol Consumption	295 graduate students (Above 18 years old)	AC—74.9%
74	Visnjic et al. (2015)	Srp Arh Celok Lek	Serbia, EUROPE	Alcohol Consumption	2285 university students (22.51 years)	AC—77.7%
75	Malta et al. (2014)	Rev Bras Epidemiol Suppl Pense	Brazil, AMERICA	Alcohol Consumption	109104 school students (13-15 years)	AC—26.1%
76	Koura, et al., (2017)	Open Journal of Gastroenterology	Burkina Faso, AFRICA	Alcohol Consumption	362 high school students (13-25 years)	*AC -- 45.6% *12 months—34.8% *30 days—24.3% *7 days—18% *Heavy Episodic drinking (HED)--16%
77	Nyandu & Ross (2019)	Social Work Education	South Africa	Alcohol Consumption	145 undergraduate students (17-36 years)	AC—83.3%
78	Wood et al. (2022)	Journal of American College Health	USA	Hopelessness, Loneliness, Sadness, Depressio	489 college students (18 – 30 years)	*Hopelessness (7.8%), *Loneliness (6.7%), *Sadness (8.8%), *Depression (2.6%), *Anxiety

				n, Anxiety, and Anger		(5.2%), and *Anger (14.6%)
79	Aslan & Çınar, (2023)	Front Psychology	Turkey	Depression, Anxiety, Stress	754 students from seven universities (Age NR)	*Depression – 55% *Anxiety – 36.2% *Stress – 84.2%
80	Keith et al., 2015	The American Journal on Addictions	USA	Marijuana Use (Drug)	1,776 undergraduate college students (19.9 years)	Marijuana use – 23.8%
81	Akram et al., 2023	Scientific Data	UK	Anxiety, Depression, Insomnia, Stress, Mania Loneliness	1408 UK university students (20.94 years)	Anxiety (GAD) – 72.3% Depression – 74.79% Mania – 38.92% Insomnia – 44. 18% Stress – 84.52% Loneliness – 67.19%
82	Mhata et al., 2023	South African Journal of Psychiatry	Namibia, South Africa	Depression, Anxiety, And Burnout	229 medical students (22 years)	Depression – 43.6% Anxiety --- 30.6% Burnout – 36.2% Alcohol use – 44.1% Cannabis use – 7%
83	Martínez-Líbano et al., 2023	Front Psychiatry	Chile	Depression, Anxiety, And Stress Alcohol And Drug Consumption	1,062 university students (18 – 63 years)	Depression – 63.1% Anxiety --- 69.2% Stress – 57% Alcohol Consumption – 27.4%

						Marijuana Consumption – 14.9%
84	Simegn et al., 2023	PLoS ONE	Ethiopia, Africa	Loneliness, Sleep Problems, Stress	426 university students (above 18 years)	*Sleep problems – 61.7% *Stress – 18.3% *Loneliness – 76.5%
85	Chen et al., 2023	Journal of Affective Disorders	China, Asia	Anxiety, Depression, Insomnia	22,624 college students (20.4 years)	*Depression – 25.8% *Anxiety --- 12.7% *Insomnia -- – 7.9%