



Emotional Intelligence and Psychological Well-Being among College Students

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Abstract

The psychological burden is mounting on college students in India, with recent pan-Indian surveys indicating a significant level of moderate to severe anxiety was prevalent among almost seven out of ten participants. With this background, the concept of emotional intelligence (EI) which is the ability to perceive, understand, regulate and use emotions appropriately has received increasing research interest as a modifiable psychological resource that is associated with students' psychological well-being (PWB). The present paper aims to review and synthesize the secondary data that has been published in the related field of EI and PWB between the year 2018 and 2025 which is specifically taken from the higher education system in India. The study employs a descriptive, secondary data based design to include five tables of comparative data drawn from empirical Indian investigations on EI–PWB relationship, national prevalence data on psychological distress among students, gender differences in EI and PWB, indicators for accessing mental health services and a timeline of research and policy developments relevant to the EI–PWB relationship.

A positive and statistically significant relationship with EI and PWB has been consistently reported and trait EI has been seen to buffer against psychological distress and to predict flourishing among students from the Indian higher education system. There is also inconsistent research on gender differences, with some studies indicating that female students perform better on the EI overall, while others indicate that female students perform worse; gender differences with PWB are generally small or insignificant. The paper is conclusive that making EI more effective with structured, curriculum-based interventions is a promising, low-cost opportunity to enhance student mental health, but this should go hand-in-hand with greater institutional counselling capacity because of the high treatment gap for mental health in India.

Keywords: emotional intelligence, psychological well-being, college students, mental health, higher education, India

1. Introduction

1.1 Background and Rationale

College is one of the most challenging periods of one's life, with its associated academic stress, identity development, financial insecurity and changing relationships. In India, this transition takes place in the context of documented psychological stress, such as moderate-to-high levels of anxiety, depression, loss of behavioural or emotional control and general distress, with 18% of the participants indicating possible lifetime suicidal ideation and 6.7% reporting a suicide attempt in a study of 8542 students from 30 universities in nine Indian states (Cherian et al, 2025). The same



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trends have been reported on a regional scale: In an epidemiological survey in 1471 college students in Kashmir, severe anxiety was reported by 24.3% of students and severe depression by 12.5% (Sudershan et al., 2025).

In this framework, emotional intelligence (EI) has been identified as a construct of special interest as it is one of the few structural or demographic risk factors that can potentially be trained. EI refers to an individual's capacity to perceive, understand, regulate and use emotional information effectively in thought and action (Moeller et al., 2020). This paper presents a growing literature that confirms that children who have higher EI scores have better Psychological Well Being, as defined broadly as positive functioning, life satisfaction and a relative lack of psychological distress. This consistent relationship suggests that interventions that build EI may be a scalable, curriculum-embeddable approach to further enhance student mental health outcomes in Indian higher-education institutions, which are still significantly under-resourced for formal counselling services (IMPRI India, 2025). This study is justified by the size of the youth mental-health burden in India compared to the number of services available. The number of psychiatrists in India is around 0.75 per lakh population which is lower than the World Health Organization (WHO) recommendations of three per lakh population and an estimated 150 million Indians need mental-health services with less than 30 million receiving professional care (Notesly, 2026; IMPRI India, 2025). This limited context has particular practical importance when it comes to understanding and building psychological resources such as EI that students can acquire in their current education system.

1.2 Conceptualising Emotional Intelligence

There are two theoretical schools of emotional intelligence; the ability model which views EI as a collection of emotional intelligence abilities to use emotional information and the trait or mixed model which considers EI as a series of emotional intelligence traits, competencies and behavioural trends perceived by the individual (Rana et al., 2024). Based on the nature of the research, the research papers reviewed in the Indian context are mostly of the trait/mixed tradition and the tools used are the Emotional Intelligence Scale and related self-report tools of emotional competency, emotional maturity and the emotional sensitivity (ResearchGate, 2026). In general, EI is seen as a set of interrelated components: self-awareness of self-emotions, self-regulation/emotional management, motivation, awareness of others' emotions and social or relationship-management skills. In college students, EI has been operationalised and measured, for example in students from the college of medicine in Chennai, the mean EI score was 108.69 (SD = 18.35) out of a scale of greater than 98 (satisfactory) and greater than 120 (good) with the majority of students (68.6%) falling under the satisfactory category and 25.2% under the good category (National Center for Biotechnology Information [NCBI], 2025b). Empirical benchmarking is helpful because it puts individual or institutional EI scores in relation to a distribution of scores, so that researchers and counsellors can determine which students might be better served by a skill building intervention.



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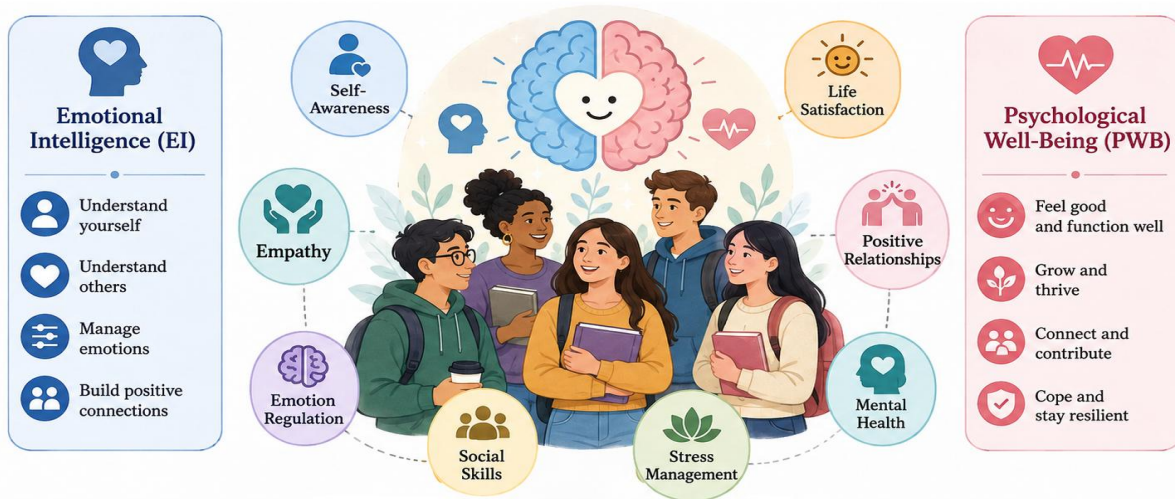
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1.3 Conceptualising Psychological Well-Being

Conceptually, psychological well-being is different from not having a mental disorder. PWB is often defined in terms of the Ryff's influential multidimensional approach, which has been further developed in large-scale longitudinal studies like the Midlife in the United States study (MIDUS) (Ryff et al., 2015) and is composed of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth (ResearchGate, 2026). According to classic formulations, such as that of Myers & Diener (1995) (Research Gate, 2026), some studies operationalise PWB more narrowly as the experience of positive emotions, life satisfaction and the relative absence of negative emotions. The Indian college student literature uses a variety of instruments to assess PWB such as PGI General Well-Being Measure and some adapted psychological scales of well-being (Research Gate, 2026). Importantly, in the higher education literature PWB is conceptualized as a multidimensional outcome that encompasses interacting factors that are not only EI but also factors such as resilience, social support, mindfulness practices, physical health and increasingly, spiritual well-being (Research Gate, 2026; Raja et al., 2025). A recent study from India, for example, showed that spiritual well-being was a mediating factor between psychological capital and emotional experiences among college students at a private residential university, highlighting that EI is one of the pathways to achieve spiritual well-being and not the only one that determines it (Raja et al., 2025).

Image 1: *Emotional Intelligence and Psychological Well-Being among college students*



1.4 Rationale and Significance of the Study

Despite the increased empirical research interest on the EI–PWB relationship, existing Indian research is scattered across disciplines (psychology, management, nursing, education) and institution types (arts and science colleges, B-schools, medical colleges, engineering institutes), making it challenging to get a coherent and empirical picture of how strong and consistent the



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relationship is and what its boundaries are. Further, a large proportion of the secondary literature provides EI and PWB results without placing them in the broader context of the prevalence of psychological distress in the college-going population of India and this means that the practical implications of a stronger EI on the actual level of effect it could have is restricted. There are three reasons why this study is important. First, it brings together the Indian and comparative international secondary data related to the EI–PWB relationship, which spans the last 8 years (2018–2025). Second, it compares EI–PWB results with national data on student psychological distress and indicators of mental-health services use to provide context for the realities of the problem EI-building interventions would have to confront. Third, the study explicitly aggregates gender-disaggregated findings to illustrate an area of research which remains somewhat inconsistent in the literature and thus may warrant additional primary studies.

1.5 Objectives of the Study

The specific aims of this study are: (i) to review theoretical conceptualisations of emotional intelligence and psychological well-being that are relevant to the college student population; (ii) to synthesize empirical evidence from India and across other countries on the relationship between emotional intelligence and psychological well-being in the college student population; (iii) to compile secondary data on psychological distress among the college students of India in the last seven years (2018-2025); (iv) to review gender differences reported across EI and PWB studies; and (v) to identify implications for institution policy and practice with regards to EI-focused interventions and the capacity of mental-health services in Indian higher educational institutions.

2. Literature Review

2.1 Theoretical Linkages between Emotional Intelligence and Psychological Well-Being

Theoretical explanations for how EI predicts PWB tend to focus on the ability to accurately assess stressful situations, regulate negative affect, seek the right social support and find meaning in negative experiences – all processes that underlie psychological well-being (ResearchGate, 2026). There is also strong evidence that people with higher levels of emotional intelligence exhibit high levels of PWB and experience positive emotions more often than those with lower emotional intelligence from several international studies reported in the Indian literature (Rana et al., 2024). In the Indian undergraduate population, positive and statistically significant EI-PWB correlation has been found which supports these theoretical expectations (Research Gate, 2026). Recent structural modelling research has taken this bivariate relationship to an even more complex causal structure. In Indian higher education institutions (HEIs), Rana et al. (2024) conducted a structural equation modelling study of students to confirm that students' mental well-being is positively affected by trait EI and that trait EI is a relevant factor in reducing psychological distress; thus, trait EI is not only a correlate of mental well-being but also a protective factor that can be enhanced through specific interventions. Ressler et al. (2022) found that among Indian higher-education



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students, EI acted as a psychological factor or mediator between conscientiousness and flourishing, a similar but distinct construct of positive psychology.

2.2 Empirical Evidence from Indian Higher Education

Positive EI–PWB relationships have been consistently found in various institutional contexts in Indian empirical studies. The present study revealed that the EI was positively and significantly correlated with PWB among the B-school students of the Hyderabad metropolitan region (Nag as cited in Rana et al., 2024). The same relationship was reported by another cross sectional survey of 237 college students: There was a significant relationship between psychological well-being and enhanced emotional intelligence, but there was also a gender specific pattern where females students showed greater overall psychological wellbeing, whereas male students showed greater emotional stability (Madhur, 2023). EI was seen to be positively associated with academic motivation and engagement among undergraduate students from Assam, thus the scope of applicability of EI is not limited to well-being outcomes, but extended to its academic functioning more broadly (International Journal of Creative Research Thoughts [IJCRT], 2025). A similar pattern holds true of health-sciences samples, but with a nuance. As for academic achievement of undergraduate nursing students, both psychological well-being and emotional intelligence were identified as independent predictors of academic achievement, indicating that the relationship between EI and PWB may extend to tangible education outcomes or overlap with these outcomes (Ruiz-Ortega et al., 2024). The findings showed that among the medical students of Chennai, feedback seeking behavior, a competence relevant to career, was positively correlated with EI, also highlighting the practical relevance of EI in the field of medical students other than subjective wellbeing (NCBI, 2025b). On the other hand, a study among school going children with SLD in Mumbai identified that the SLD school children had comparatively low EI competencies and some sub pools of the children might need more structured and specific EI building support in the course of their transition to higher education (Karande et al, 2022).

2.3 Gender and Demographic Differences

One of the least consistent results that was found across the reviewed literature is the difference between genders in EI and PWB. The statistically significant differences in favor of female students compared to male students in EI scores have been reported in several studies conducted in India: Two studies in Assam, for example, reported a statistically significant gender difference favouring female students ($t = 2.71$, $p < 0.05$) and ($t = 2.13$, $p < 0.05$) respectively (IJCRT, 2025). Other studies report the opposite; one predicting study of undergraduate students showed that male students had a higher score than females in EI, but there was no difference between the two in PWB (Research Gate, 2026). The results of the cross-sectional survey by Madhur (2023) revealed yet another pattern: females with a higher score in overall psychological well-being, but males with a higher score in emotional stability, indicating that gender effects may be very specific to the sub-dimensions of EI and PWB that are assessed. But the international comparative evidence



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does not help to clarify this. Gender was identified as a moderator to some emotion-related correlates of life satisfaction among university students in Spain; correlations with satisfaction with life were found among women, but not among men in the same study (NCBI, 2025c). For undergraduate students, a South African study also identified gender, alongside adjustment and media-technology usage as a significant predictor of specific PWB sub-scales with the effect of gender varying across each of the sub-scales of PWB and in direction (Jordaan, 2024). Combining all the above literature, gender differences in EI and in PWB are often identified but are sample dependent and instrument dependent, so that it is not appropriate to make general statements that one gender has consistently greater EI or PWB.

2.4 Mental Health Status of Indian College Students: Documented Gaps

The need for bolstering protective psychological resources like EI becomes more evident when it is seen how much distress has been documented among college students in India. In addition to the nine state and Kashmir-based surveys mentioned above, another survey of 787 medical students in the North of India conducted in 2023 revealed that 37.2% experienced suicidal ideation, 10.9% had attempted plans to commit suicide and 3.3% had attempted or tried to commit suicide (as cited in NCBI, 2023). The National Mental Health Survey (2015-16) in India has estimated that approximately 15% of the Indian population needs active intervention for one or more mental-health condition and around 3.5% of the population suffers from some form of stress- or anxiety-related disorder – on the Indian scale, this represents tens of millions of people in need of mental-health care (Mind Voyage, 2023). However, the level of help-seeking, along with indicators of service access is still low. Illness due to mental disorders is estimated to have an 70-92% unmet treatment need in India, related to limited numbers of specialists, low knowledge and sustained stigma (Notesly, 2026). Fortunately, there has been an increase in willingness to seek treatment over time: Live Laugh Love Foundation's survey across nine Indian metros revealed that the percentage of those willing to seek treatment for themselves or someone they know increased from 54% in 2018 to 92% in 2021, with the increase from 32% to 65% in perceptions that people with mental illness can work and live a healthy life in the same period (as cited in NCBI, 2023). However, the use of services is still low: in India, less than 10% of young people with documented need (Notesly, 2026) use mental-health services. In July 2025, the Supreme Court of India issued fifteen binding guidelines for mental health in schools across India that publicly acknowledge this need/non-provision mismatch (Notesly, 2026). That is why the protective and trainable nature of emotional intelligence is of special policy relevance in the context of high prevalence of distress and limited capacity for services in the Indian higher-education landscape.

3. Research Methodology

The type of research design used in this research is descriptive research design which is secondary data research design. No primary data was collected, rather the study is an organized compilation, tabulation and synthesis of secondary data and findings published from 2018-2025 which relate to



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emotional intelligence, psychological well-being and mental health of college and university students, with a primary focus but not exclusively on the Indian context of higher education. Secondary literature was used to supplement peer-reviewed empirical studies published in journals like Mental Health and Social Inclusion, Journal of Population Therapeutics and Clinical Pharmacology, Nurse Education Today, Frontiers in Psychiatry, Psychological Studies or Discover Mental Health and the Indian Journal of Psychological Medicine (Rana et al., 2024; Madhur, 2023;; Sudershan et al., 2025; Jandu, 2023; Raja et al., 2025; Cherian et al., 2025) and to draw conclusions from practitioner and institutional secondary literature reporting results from mental-health surveys in India (IMPRI India, 2025; Notesly, 2026; Mind Voyage, 2023), in addition to some comparative studies from outside India (Jordaan, 2024; NCBI, 2025c). The data obtained from these sources were tabulated using a comparative approach with the following section on selected Indian empirical studies on the EI–PWB relationship; (2) prevalence of psychological distress across Indian college students in selected surveys; (3) gender differences in EI and PWB across studies; (4) indicators of service access and treatment gap for mental health services in India; and (5) a consolidated timeline of relevant research and policy developments from 2015 to 2025. Those studies that were only cited in the reference lists or literature reviews of the other retrieved studies and not accessed independently in full, have been identified in the text as "as cited in" the reference source. Due to the variation in instruments, sample sizes and outcomes across the literature reviewed, statistical meta-analysis was not employed to interpret the data compiled; rather, a descriptive synthesis of results from the various studies, samples and time periods was employed.

The study's limitations are inherent in its use of secondary data. First, the studies used in the analysis have different instruments measuring EI and PWB (e.g., trait-based self-report scales versus ability-based measures), so direct numerical comparisons of effect sizes between studies are not always appropriate and the presentation of data provided here is descriptive, not meta-analytic. Second, some indicators are not available at the same annual intervals for all years in the time series 2018-2025 and therefore, the information in the table is not a strictly uniform time series, but rather the latest or most relevant available year is used for each indicator. Third, because of the use of secondary and, in some cases, practitioner based sources (not necessarily peer reviewed primary studies) some figures have been taken as indicative rather than definitive; wherever possible, figures are corroborated from a number of independent sources.

4. Results

This section presents the findings from the compiled secondary data, organised into five tables that together characterise the relationship between emotional intelligence and psychological well-being among college students, situated within the broader landscape of student mental health in India between 2018 and 2025.



4.1 Selected Indian Empirical Studies on the EI–PWB Relationship

Table 1: *Selected Indian Empirical Studies on the Emotional Intelligence–Psychological Well-Being Relationship (2018–2025)*

Study	Sample	Key Finding
Madhur & Madhur (2023)	237 college students	Significant relationship between PWB facets and EI; females higher on overall PWB, males higher on emotional stability
Nag et al. (as cited in Rana et al., 2024)	B-school students, Hyderabad	Positive, significant relationship between EI and PWB
Rana et al. (2024)	Students, Indian HEIs (SEM analysis)	Trait EI positively predicts mental well-being; reduces psychological distress
Pradhan & Jandu (2023)	Indian higher-education students	EI mediates relationship between conscientiousness and flourishing
Raja et al. (2025)	College students, private residential university	Spiritual well-being mediates psychological capital–emotional experience link
IJCRT (2025)	Undergraduate students, Assam	EI positively correlated with motivation and academic engagement; females higher EI

Source: Compiled from Madhur and Madhur (2023); Rana et al. (2024); Pradhan and Jandu (2023); Raja et al. (2025); International Journal of Creative Research Thoughts (2025).

A review of the studies revealed a consistent trend, with each study reviewed finding a positive relationship between EI and some measure of psychological well-being, flourishing or academic engagement across a variety of Indian samples (arts and science colleges, B-schools and multidisciplinary HEIs; see Table 1). Although the magnitude of the relationship and the subdimensions of the PWB most commonly found to correlate with EI, vary across studies, the consistency of direction across the samples and instruments provides convergent support for the hypothesis that EI is a protective psychological resource for Indian college students.

4.2 Prevalence of Psychological Distress among Indian College Students

Table 2: *Prevalence of Psychological Distress among Indian College Students, Selected Surveys (2020–2025)*

Study / Survey	Sample	Anxiety	Depression	Suicidality
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Sudershan et al. (2025), Kashmir	1,471 college students	Severe: 24.3%	Severe: 12.5%	Not reported
Cherian et al. (2025), 9 states	8,542 students, 30 universities	Moderate-high: majority	Moderate-high: majority	~1 in 5 lifetime ideation; 6.7% attempted
North Indian medical students (as cited in NCBI, 2023)	787 medical students	Not reported	Not reported	37.2% ideation; 10.9% plans; 3.3% attempts
National Mental Health Survey 2015–16 (as cited in Mind Voyage, 2023)	National sample	3.5% stress/anxiety disorder prevalence	Not reported	Not reported

Source: Compiled from Sudershan et al. (2025); Cherian et al. (2025); National Center for Biotechnology Information (2023); Mind Voyage (2023).

Table 2 illustrates that psychological distress among Indian college students is not a marginal phenomenon but a widespread pattern across regions and institution types, ranging from region-specific severe-symptom prevalence of roughly a quarter of students (Kashmir) to majority-level moderate-to-high distress in a large nine-state, 30-university sample. Suicidality indicators, though drawn from different sub-populations, are consistently substantial, with medical students a group frequently subject to intense academic and competitive pressure showing particularly elevated suicidal ideation. These figures collectively establish the scale of the problem against which EI's protective potential must be evaluated.

4.3 Gender Differences in EI and PWB Reported Across Studies

Table 3: *Gender Differences in Emotional Intelligence and Psychological Well-Being Reported Across Studies*

Study	EI Gender Difference	PWB Gender Difference
IJCRT (2025), Assam undergraduates	Females significantly higher ($t = 2.71, p < .05$)	No significant gender difference in student behaviour
Madhur & Madhur (2023)	Males higher emotional stability	Females higher overall PWB



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ResearchGate (2026), EI as predictor of PWB	Males significantly higher than females	No significant gender difference
NCBI (2025c), Spanish university students	Gender moderates emotion–life-satisfaction correlations	Women: life satisfaction linked to emotional attention/regulation
Lomberg & Jordaan (2024), South Africa	Not directly compared	Gender a significant predictor of specific PWB sub-scales

Source: Compiled from International Journal of Creative Research Thoughts (2025); Madhur and Madhur (2023); ResearchGate (2026); National Center for Biotechnology Information (2025c); Lomberg and Jordaan (2024).

There is no consistent gender trend in the literature as indicated in Table 3. Two of the five reviewed sources found higher EI among female students, one found higher EI among male students and two found that gender effects depended on the sub-dimension of EI or PWB being examined, rather than a general direction of higher or lower. In contrast, the overall gender difference in PWB is relatively stable across studies, with only a few being significant and others being insignificant, even when there are gender differences at the component level (e.g., emotional stability or emotion-regulation correlates). This implies that, gender-sensitive EI interventions may require specific sub-skills to be targeted, instead of the assumption that there is a uniform baseline gap between male and female students.

4.4 Mental Health Service Access and Treatment-Gap Indicators

Table 4: *Mental Health Service Access and Treatment-Gap Indicators, India*

Indicator	Value	Source
Population estimated to need mental-health services	~150 million	IMPRI India (2025)
Population estimated to receive professional mental-health care	<30 million	IMPRI India (2025)
Treatment gap for mental illness (NMHS-based)	70%–92%	Notesly (2026)
Psychiatrists per lakh population (vs. WHO norm of 3)	0.75	Notesly (2026)



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Youth (India) accessing mental-health services	<10%	Notesly (2026), citing UNICEF (2021)
Willingness to seek treatment, urban India (2018 → 2021)	54% → 92%	As cited in NCBI (2023)

Source: Compiled from IMPRI India (2025); Notesly (2026); National Center for Biotechnology Information (2023).

Table 4 shows that while the psychological-health need of youth in India is significant, the resources to serve that need are not equally as significant. Willingness to seek treatment has increased dramatically, from slightly more than half of the urban respondents surveyed in 2018 to more than ninety percent by 2021, but the capacity of services to meet that demand has not matched these increases, as measured by psychiatrist density and youth service-access rates. Given the importance of psychological resources like EI systems in practice that can be developed within the existing function of the classroom and campus without an equal increase in clinical facilities, although these resources cannot replace clinical care for clinical-level distress, this structural gap is valuable for the development of EI systems.

4.5 Timeline of Research and Policy Developments (2015–2025)

Table 5: *Timeline of Key Research and Policy Developments Relevant to EI and Student Psychological Well-Being in India (2015–2025)*

Year	Development
2015–16	National Mental Health Survey conducted; 70–92% treatment gap subsequently estimated
2018	Only 54% of surveyed urban Indians reported willingness to seek mental-health treatment
2020	Moeller et al. link EI, belongingness and mental health among college students; Indian studies begin documenting gender differences in EI
2021	Willingness to seek treatment among surveyed urban Indians rises to 92%
2022	Karande et al. document lower EI among students with specific learning disabilities in Mumbai
2023	Madhur and Madhur and Pradhan and Jandu, publish India-based EI–PWB/flourishing studies; north Indian medical-student survey finds high suicidal ideation (37.2%)



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2024	Rana et al. publish SEM-based analysis confirming trait EI reduces psychological distress in Indian HEIs; Ruiz-Ortega et al. link EI and PWB to academic success among nursing students
2025	Cherian et al. document widespread distress across nine Indian states; Sudershan et al. report Kashmir-based prevalence data; Raja et al. publish spiritual well-being mediation study; Supreme Court of India issues 15 binding mental-health guidelines for educational institutions (July 2025)

Source: Compiled from Moeller et al. (2020); Karande et al. (2022); Madhur and Madhur (2023); Pradhan and Jandu (2023); Rana et al. (2024); Ruiz-Ortega et al. (2024); Cherian et al. (2025); Sudershan et al. (2025); Raja et al. (2025); Notesly (2026); National Center for Biotechnology Information (2023).

Table 5 places the EI–PWB research discussed in this paper in the context of an increasing public awareness of the issue of student mental health in India. Empirical publications on the EI–PWB relationship in India grow in number from 2020 onward, paralleled by a period of increasing public openness to mental health issues and seeking mental healthcare, culminating in a court order in 2025 for institutional mental-health measures. The empirical evidence for EI as a preventive factor for student PWB has grown in diversity and size between 2018 and 2025, though the extent to which psychological needs are going unmet over the same period indicates that the student's mental health treatment gap is significant and cannot be addressed solely by EI-building.

5. Conclusion

This study aimed to synthesize secondary evidence regarding the association between emotional intelligence and psychological well-being in college students especially in higher education context in India during the period 2018-2025. The evidence that was compiled is consistent, showing positive associations between EI and PWB across diverse institutional contexts, including arts and science colleges, business schools, nursing and medical schools and multidisciplinary universities, as well as the presence of structural-equation-modelling evidence suggesting that trait EI is not only associated with, but also causally contributes to a reduction in psychological distress and an increase in mental well-being. However, there is not a consistent trend in the literature regarding gender differences in EI and PWB, as differences in the direction of EI and PWB seem to be dependent on the specific sub-dimensions assessed and not a universal set of differences across all sub-dimensions. These results have important policy and practice implications for the Indian Higher Education sector. The fact that emotional intelligence is a malleable (and not an innate) psychological skill means that structured activities designed to develop the ability to manage emotions (e.g. emotion-regulation training), understand feelings (e.g. empathy-building exercises) and reflect on one's own emotions and actions (e.g. reflective practice) are plausible, evidence-backed ideas for embedding within orientation programmes, student-support curricula and co-curricular life-skills modules at college or university. Yet, the magnitude of reported



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psychological distress amongst Indian college students high prevalence of anxiety, depression and suicidal ideation observed in recent multi-state and regional surveys and the continued national treatment gap (70–92%) and the lack of mental-health workers on Indian campuses combined make it clear that interventions focused on EI must be viewed as a complement rather than a replacement to the expanding capacity for professional counselling at Indian colleges. Longitudinal and intervention-based designs could also be used in future research, allowing for conclusions about the long-term efficacy of structured EI training on improving students' psychological well-being and the consistency of measurement of differences in gender and other demographic factors across institutions to inform the design of targeted support programmes.

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