The Invisible Burden: Mental Health and Ethical Responsibility in Universities

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Abstract: Higher education is widely regarded as a transformative stage in an individual's life, offering opportunities for intellectual development, career advancement, and social mobility. However, beneath the promise of academic success lies a growing and often invisible crisis: the deteriorating mental health of university students. Over the past decade, universities worldwide have witnessed a dramatic rise in anxiety, depression, burnout, loneliness, and suicidal ideation among students. Academic competition, financial pressure, social isolation, digital overload, and uncertain career prospects have intensified the psychological challenges faced by young adults. Despite these alarming trends, mental health remains insufficiently integrated into institutional policies and governance structures, raising serious ethical concerns about the responsibility of universities toward their students.

This research paper examines the ethical obligation of universities to safeguard student mental health and advocates for a shift from reactive counselling services to proactive, rights-based mental health frameworks. It explores the intersection of education, ethics, human rights, and institutional responsibility, emphasizing the need to recognize mental well-being as a core component of the right to education. The study adopts a doctrinal and analytical methodology based on secondary data, research literature, and policy analysis to understand the structural causes of the crisis and evaluate institutional responses.

The research finds that universities often prioritize academic performance and institutional reputation over student well-being, resulting in inadequate support systems and persistent stigma around mental health. The study concludes that universities must adopt a holistic and ethical approach that integrates mental health into governance, pedagogy, and campus culture. Sustainable reform requires collaboration between policymakers, educators, mental health professionals, and students themselves. Ultimately, this paper calls for a paradigm shift in higher education—from performance-driven institutions to compassionate learning environments that prioritize dignity, inclusion, and holistic development.

Keywords: Student mental health; Ethical responsibility; Universities; Higher education; Well-being advocacy

INTRODUCTION

Universities have traditionally been perceived as institutions dedicated to intellectual exploration, innovation, and social transformation. They provide a platform where young individuals develop critical thinking skills, professional competencies, and personal

identities. However, the contemporary university environment has become increasingly demanding and competitive, often placing immense pressure on students to excel academically while navigating social, financial, and personal challenges. As a result, student mental health has emerged as one of the most urgent issues facing higher education systems globally.

The transition from school to university often coincides with a critical developmental stage in which young adults experience newfound independence, responsibility, and uncertainty. While this period offers opportunities for growth, it also exposes students to stressors such as academic expectations, peer competition, relocation, financial strain, and career anxiety. The COVID-19 pandemic further intensified these challenges by introducing prolonged isolation, digital learning fatigue, and disruptions to academic and social life. These developments have highlighted the inadequacy of existing institutional responses and the urgent need for universities to recognize mental health as a central concern.

This paper argues that universities have an ethical duty to safeguard student mental well-being as part of their broader responsibility to provide safe and supportive learning environments. Mental health is not merely a personal issue but a structural and institutional concern that directly affects academic success, social participation, and long-term societal well-being. The discussion that follows examines the ethical foundations of this responsibility, the structural barriers to effective support, and the reforms necessary to create compassionate and inclusive campuses.

CONCEPTUAL FRAMEWORK

The conceptual framework for this study is grounded in the interdisciplinary intersection of mental health, student rights, and institutional ethics within higher education. Universities are not only centres of academic learning but also social environments that significantly shape the emotional, psychological, and ethical development of students. The framework assumes that mental health in universities is influenced by structural, institutional, social, and individual factors that interact dynamically rather than independently.

At the centre of this framework lies the student as a rights-bearing individual**.** The study adopts a rights-based approach, drawing from human rights theory which recognizes the right to health, dignity, equality, and education as fundamental entitlements (United Nations, 1948). Mental health is therefore not treated merely as a welfare concern but as a matter of

institutional responsibility and ethical obligation. Universities are conceptualized as duty-bearers responsible for creating safe, inclusive, and supportive learning environments.

The framework further incorporates ethical responsibility theory**,** which emphasizes the duty of care owed by institutions to their members. Universities exercise significant authority over students through academic evaluation, disciplinary processes, and campus governance. This power relationship creates ethical obligations to prevent harm, provide support systems, and ensure non-discriminatory access to opportunities (Beauchamp & Childress, 2019). The duty of care principle is particularly relevant in the context of rising student stress, academic pressure, and mental health crises.

Another key component of the framework is the socio-ecological model of mental health**,** which explains mental well-being as a product of multiple layers of influence—individual, interpersonal, institutional, and societal (Bronfenbrenner, 1979). At the individual level, factors such as academic workload, financial stress, and career anxiety affect students' psychological well-being. At the interpersonal level, peer relationships, family expectations, and faculty interactions shape emotional resilience. At the institutional level, policies, counselling services, grievance mechanisms, and campus culture play a decisive role. At the societal level, stigma surrounding mental illness and competitive job markets intensify stress among students.

The framework also integrates the concept of academic capitalism and neoliberal education**,** which argues that modern universities increasingly prioritize performance, rankings, productivity, and employability (Giroux, 2014). This shift often results in heightened competition, precarious futures, and performance pressure, contributing to student burnout and anxiety. Ethical tensions emerge when institutional success metrics overshadow student well-being.

Thus, the conceptual framework positions mental health in universities as a multidimensional issue shaped by rights, ethics, institutional structures, and social contexts. It provides a foundation for examining how universities can balance academic excellence with humane and ethical responsibility.

RESEARCH METHODOLOGY

This research adopts a qualitative doctrinal and interdisciplinary methodology to examine the relationship between student mental health, ethical responsibility, and institutional duties in

universities. The methodology is designed to integrate legal analysis, policy evaluation, and socio-educational perspectives in order to provide a comprehensive understanding of the topic.

The primary research approach used in this study is doctrinal research, which focuses on the analysis of existing legal frameworks, policies, ethical standards, and academic literature relevant to mental health and higher education. In the context of this research, doctrinal analysis is used to study human rights instruments, higher education policies, and institutional guidelines that impose responsibilities on universities to safeguard student well-being.

The study relies on secondary data sources**,** including academic books, peer-reviewed journal articles, policy documents, government reports, and publications by international organizations. Key sources include human rights frameworks, mental health reports, and ethical guidelines relevant to higher education institutions. This methodological framework is appropriate because the study aims to develop theoretical understanding, identify policy gaps, and suggest reforms rather than measure statistical outcomes. By combining doctrinal legal research with interdisciplinary literature analysis, the study provides a comprehensive and balanced examination of mental health and ethical responsibility in universities.

THE RISING MENTAL HEALTH CRISIS IN UNIVERSITIES

Over the past decade, universities across the world have witnessed a significant rise in mental health concerns among students. Anxiety, depression, burnout, loneliness, and academic stress are no longer isolated experiences but have become widespread challenges affecting campus communities. The transition to higher education represents a critical life stage marked by academic pressure, financial uncertainty, social change, and identity formation. While universities are traditionally seen as spaces of intellectual growth and opportunity, they are increasingly becoming environments where students struggle to cope with psychological demands.

One of the primary drivers of the mental health crisis is the growing academic and performance pressure within higher education. Modern universities operate within competitive global rankings, employability metrics, and productivity benchmarks, which often translate into high expectations for students. Students are expected to maintain academic excellence, participate in extracurricular activities, build professional networks, and prepare for uncertain job markets simultaneously. This multi-layered pressure frequently

results in chronic stress and burnout (American College Health Association, 2022). The fear of failure, combined with perfectionism and comparison through social media, intensifies emotional strain.

Financial stress is another major contributor to declining student mental health. Rising tuition fees, student loans, and the cost of living create significant economic burdens. Many students must balance part-time work with demanding academic schedules, leading to exhaustion and reduced time for self-care. Research shows that financial insecurity is closely linked with anxiety and depressive symptoms among university students (Richardson et al., 2017). For students from marginalized or low-income backgrounds, these challenges are even more pronounced.

The digital age has further complicated student well-being. Although technology enables connectivity and access to information, excessive screen time and social media exposure often contribute to feelings of inadequacy, isolation, and cyberbullying. The pressure to present curated versions of success and happiness online can lead to unrealistic self-comparisons and diminished self-esteem (Twenge, 2019). The COVID-19 pandemic amplified these issues by disrupting campus life, increasing social isolation, and normalizing remote learning, which blurred boundaries between academic and personal life (Son et al., 2020).

Another significant factor is the persistent stigma surrounding mental health. Despite growing awareness, many students hesitate to seek help due to fear of judgment, academic consequences, or lack of accessible services. University counselling centres frequently face resource shortages, long waiting lists, and limited outreach. This gap between rising demand and inadequate support systems exacerbates the crisis and leaves many students without timely assistance (Hunt & Eisenberg, 2010).

The consequences of untreated mental health issues extend beyond individual suffering. Poor mental health affects academic performance, retention rates, and campus safety. Students experiencing severe distress may withdraw from courses, delay graduation, or drop out entirely. In extreme cases, mental health crises can lead to self-harm or suicide, highlighting the urgent need for institutional intervention and preventive strategies.

Addressing the mental health crisis requires universities to adopt a holistic and proactive approach. Integrating mental health education into curricula, expanding counselling services,

fostering inclusive campus cultures, and promoting peer support networks are essential steps. Universities must recognize that student well-being is not separate from academic success but foundational to it.

ETHICAL DUTY OF UNIVERSITIES

Universities occupy a unique position in society as institutions entrusted with intellectual development, social transformation, and the holistic well-being of students. Beyond academic instruction, universities exercise considerable authority over students' academic progression, career opportunities, and campus life. This relationship creates a strong ethical obligation—often described as a duty of care—requiring universities to ensure safe, inclusive, and supportive environments that protect student dignity and mental well-being. In recent years, the growing mental health crisis in higher education has intensified debates regarding the ethical responsibilities of universities.

The ethical duty of universities can be understood through the principle of beneficence**,** which requires institutions to promote the well-being of individuals under their care. Students often experience significant psychological challenges during higher education, including academic pressure, social isolation, and career anxiety. Universities, therefore, must not only provide knowledge but also actively safeguard student welfare through accessible counselling services, crisis intervention mechanisms, and supportive campus policies (Beauchamp & Childress, 2019). Ignoring student mental health needs would constitute a failure to uphold this ethical responsibility.

Closely linked to beneficence is the principle of non-maleficence**,** which requires institutions to avoid causing harm. Certain university practices—such as excessive academic workloads, highly competitive grading systems, or lack of grievance redressal—may unintentionally contribute to stress and burnout. Ethical governance demands that universities evaluate institutional policies and academic structures to ensure they do not create avoidable psychological harm. This includes designing fair assessment systems, offering academic flexibility, and establishing transparent complaint mechanisms (Shaw & Ward, 2014).

The ethical duty of universities also derives from human rights principles**,** particularly the right to education, dignity, equality, and health. Higher education institutions must ensure non-discrimination and equal access to opportunities regardless of gender, disability, socio-economic background, or mental health status (United Nations, 1948). Students with mental

health challenges should receive reasonable accommodations, such as flexible deadlines or accessible learning environments, to ensure equal participation in academic life. Ethical responsibility thus intersects with legal and social justice obligations.

Another key dimension of ethical duty involves confidentiality and trust**.** Students must feel safe to seek help without fear of stigma, academic repercussions, or privacy violations. Universities have an ethical responsibility to protect sensitive mental health information and build trust in counselling and support services (American Psychological Association, 2017). Without trust, students are less likely to access support, worsening mental health outcomes.

Universities also have an ethical role in fostering community and belonging**.** Higher education is not merely a transactional process of acquiring degrees; it is a formative social experience. Ethical institutions promote inclusive campus cultures that encourage diversity, dialogue, and peer support. Initiatives such as mentorship programmes, student support groups, and awareness campaigns reduce stigma and strengthen social connectedness—key protective factors for mental health (Hunt & Eisenberg, 2010).

In the contemporary era, universities are increasingly influenced by market-driven models emphasizing rankings, performance metrics, and employability outcomes. While institutional success is important, ethical responsibility requires balancing these goals with student well-being. Universities must avoid prioritizing institutional prestige at the expense of student mental health and ethical care (Giroux, 2014).

Ultimately, the ethical duty of universities extends beyond compliance with policies or legal obligations. It reflects a broader commitment to nurturing responsible citizens, promoting human flourishing, and ensuring that education remains a humane and transformative experience. By embracing this duty, universities can create environments where academic excellence and well-being coexist.

STRUCTURAL BARRIERS AND EMERGING CHALLENGES

Despite increasing awareness of student mental health, universities continue to face significant structural barriers that limit their ability to respond effectively. These barriers are rooted in institutional design, resource limitations, social stigma, and broader socio-economic transformations affecting higher education. Understanding these structural challenges is essential to developing sustainable and ethical mental health strategies.

One of the most significant structural barriers is the underfunding of mental health services within universities. Counselling centres often operate with limited staff and resources despite rising demand for psychological support. This imbalance leads to long waiting periods, short consultation sessions, and restricted outreach programmes. Studies show that many university counselling services struggle to meet the growing needs of students, resulting in gaps between policy commitments and actual service delivery (Hunt & Eisenberg, 2010). Without adequate funding, mental health initiatives remain reactive rather than preventive.

Another key barrier is the stigma surrounding mental illness**,** which discourages students from seeking help. Cultural attitudes, fear of judgment, and misconceptions about mental health often create silence and isolation. In many societies, mental illness is still perceived as a sign of weakness or personal failure. This stigma is particularly strong in competitive academic environments where success and resilience are highly valued (Corrigan, 2004). As a result, students may delay seeking help until their condition worsens, making intervention more difficult.

Institutional structures within universities also contribute to mental health challenges. Academic systems often prioritize performance, productivity, and competition, creating environments that can inadvertently foster stress and burnout. Continuous assessments, tight deadlines, and pressure to maintain high grades leave students with limited time for rest and self-care. The increasing emphasis on employability and career readiness further intensifies anxiety about future prospects (Giroux, 2014). Such structural pressures reflect broader trends of market-driven higher education.

The digital transformation of education has introduced new challenges. While online learning platforms provide flexibility, they can also lead to social isolation, reduced peer interaction, and blurred boundaries between academic and personal life. Excessive screen time and digital fatigue have become common among students, especially after the COVID-19 pandemic accelerated the adoption of remote learning (Son et al., 2020). Although hybrid learning models offer opportunities, they also require new support systems to address emerging psychological risks.

Socio-economic inequality represents another major structural barrier. Students from disadvantaged backgrounds often face financial stress, limited access to resources, and additional family responsibilities. These pressures compound academic challenges and

increase vulnerability to mental health issues (Richardson et al., 2017). Universities must therefore address mental health through an equity lens, recognizing that students' experiences are shaped by broader social and economic contexts.

Emerging challenges also include diversity and inclusion concerns**.** International students, students with disabilities, and those from marginalized communities may face discrimination, cultural adjustment difficulties, or language barriers. These experiences can lead to loneliness, identity conflicts, and reduced sense of belonging (OECD, 2021). Universities must adopt culturally sensitive mental health services that recognize diverse needs and experiences.

Addressing these structural barriers demands systemic change rather than short-term solutions. Universities must invest in resources, reduce stigma, reform academic practices, and adopt inclusive policies. Only through structural reform can higher education institutions effectively respond to the evolving mental health needs of students.

MAJOR FINDINGS AND RESULTS

The study reveals that student mental health has emerged as a critical concern in higher education, with increasing levels of anxiety, depression, academic burnout, and emotional distress reported across universities. The findings highlight that mental health challenges are not isolated individual problems but systemic issues shaped by institutional practices, socio-economic pressures, and cultural attitudes. The research identifies several major findings that reflect the complex relationship between universities, students, and ethical responsibility.

One of the most significant findings is the growing prevalence of mental health issues among university students**.** Academic pressure, competitive environments, and uncertainty regarding employment prospects contribute to chronic stress and emotional exhaustion. Students are expected to balance academic performance, internships, extracurricular activities, and social responsibilities simultaneously. This pressure often results in burnout, reduced motivation, and declining academic performance. The research indicates that mental health challenges are increasingly affecting attendance, retention, and graduation rates.

Another key finding is the gap between institutional commitments and actual support systems**.** Many universities publicly acknowledge the importance of mental health and have introduced counselling centres, awareness campaigns, and support services. However, these services are often under-resourced and insufficient to meet the growing demand. Long

waiting periods, limited staff, and lack of proactive outreach remain persistent issues. As a result, the availability of services does not always translate into effective accessibility.

The study also finds that stigma remains a major barrier to seeking help**.** Despite increased awareness, many students hesitate to access counselling services due to fear of judgment, social stigma, or concerns about academic consequences. Cultural and societal attitudes towards mental illness further discourage open discussions about psychological well-being. This stigma leads to delayed intervention and worsens mental health outcomes.

A major result of the research is the recognition that institutional culture significantly influences student well-being**.** Universities that foster inclusive, supportive, and participatory environments demonstrate better mental health outcomes among students. Conversely, highly competitive and performance-driven environments contribute to anxiety and emotional distress. The study highlights the importance of campus culture, peer networks, and faculty support in promoting psychological resilience.

The research also reveals the ethical responsibility of universities as duty-bearers. Universities exercise considerable authority over students through academic evaluation, disciplinary procedures, and campus governance. This power creates a duty of care that extends beyond academic instruction. The findings emphasize that mental health support must be integrated into institutional governance, policies, and academic structures rather than treated as an optional service.

Another significant finding relates to inequality in mental health experiences. Students from marginalized or economically disadvantaged backgrounds face additional challenges such as financial stress, discrimination, and lack of social support. International students and students with disabilities often encounter unique stressors related to cultural adjustment and accessibility barriers. These findings highlight the need for inclusive and equitable mental health policies.

The research further demonstrates the importance of mental health advocacy and awareness initiatives**.** Student-led campaigns, peer support programmes, and mental health education play a vital role in reducing stigma and encouraging help-seeking behaviour. Universities that actively promote mental health literacy show greater engagement with support services.

Overall, the results indicate that addressing student mental health requires a holistic and integrated approach. Universities must move beyond reactive responses and adopt proactive

strategies that prioritize prevention, accessibility, and inclusivity. These findings reinforce the need for systemic reforms that align academic excellence with ethical responsibility and student well-being.

IMPLICATIONS OF THE STUDY

The findings of this research carry significant implications for universities, policymakers, educators, and society at large. The growing mental health crisis in higher education is not merely a student welfare issue but a structural and ethical challenge that demands systemic reform. The implications of the study highlight the urgent need to transform institutional policies, governance frameworks, and campus cultures to prioritize student well-being alongside academic excellence.

One of the most important implications is the need for institutional policy reform. Universities must move beyond symbolic commitments to mental health and develop comprehensive, enforceable policies that integrate student well-being into academic governance. Mental health considerations should be embedded in curriculum design, assessment methods, and academic workload planning. Flexible deadlines, inclusive teaching practices, and supportive evaluation systems can significantly reduce stress and academic burnout. This shift requires universities to recognize that student well-being is foundational to academic success rather than secondary to it.

The study also has major implications for resource allocation and infrastructure development. Universities must invest in expanding counselling services, crisis intervention programmes, and mental health outreach initiatives. Increasing the number of trained mental health professionals, reducing waiting times, and offering diverse forms of support such as peer counselling and digital mental health platforms are essential steps. Adequate funding is crucial to ensure that mental health services are accessible, inclusive, and effective.

Another key implication concerns legal and ethical accountability. The duty of care owed by universities to students must be recognized as both an ethical and institutional obligation. Failure to provide adequate mental health support can have serious academic, social, and legal consequences. Universities should establish clear grievance redressal mechanisms, confidentiality protocols, and mental health policies that protect student rights. This approach strengthens trust between students and institutions and reinforces the ethical legitimacy of higher education systems.

The research further highlights the need for cultural transformation within universities. Reducing stigma around mental health requires sustained awareness campaigns, mental health literacy programmes, and open dialogue. Faculty and staff must be trained to recognize signs of distress and provide appropriate support or referrals. Creating a culture of empathy and inclusion can significantly improve student well-being and encourage help-seeking behaviour.

The implications also extend to equity and inclusion. Universities must adopt targeted support systems for vulnerable groups, including students from economically disadvantaged backgrounds, international students, and students with disabilities. Financial aid, accessible infrastructure, and culturally sensitive counselling services are essential for ensuring equal access to mental health support. Addressing inequality is crucial to building inclusive campus environments.

Another important implication is the role of collaborative governance and student participation. Students should be actively involved in designing and implementing mental health policies. Student unions, peer networks, and advocacy groups can play a vital role in bridging the gap between institutional policies and student needs. Participatory governance strengthens accountability and ensures that policies remain responsive and relevant.

Finally, the study underscores the broader societal impact of university mental health policies. Universities shape future professionals, leaders, and citizens. By promoting mental well-being, institutions contribute to healthier workplaces, stronger communities, and more resilient societies. Addressing mental health in universities is therefore an investment in long-term social development.

CONCLUSION

This research has examined the complex relationship between student mental health, ethical responsibility, and institutional duty within universities. The study demonstrates that mental health in higher education is no longer a peripheral concern but a central issue that affects academic success, institutional credibility, and social well-being. Universities today function as more than academic spaces; they are environments that shape the emotional, social, and professional development of students. As such, the responsibility to safeguard student mental health must be recognized as both an ethical obligation and an institutional priority.

A major conclusion of the study is that the mental health crisis in universities is systemic rather than individual**.** Rising levels of stress, anxiety, depression, and burnout are closely linked to structural and institutional factors such as academic pressure, competitive environments, financial insecurity, digital overload, and uncertainty about employment. These pressures are intensified by stigma and inadequate support systems, creating barriers that prevent students from seeking timely help. Therefore, addressing student mental health requires structural reform rather than isolated interventions.

The research also concludes that universities possess a clear ethical duty of care toward students. Institutions exercise significant influence over students' academic progress, social experiences, and future opportunities. This power relationship creates an obligation to ensure safe, inclusive, and supportive learning environments. Ethical responsibility extends beyond providing counselling services to include fair academic practices, inclusive campus cultures, accessible support systems, and transparent grievance mechanisms. Universities must therefore integrate mental health considerations into governance, policy-making, and academic structures.

Another important conclusion is the need for a holistic and preventive approach**.** Traditional responses to student mental health have often been reactive, focusing on crisis management rather than prevention. The study emphasizes the importance of mental health education, awareness campaigns, peer support networks, and early intervention strategies. Preventive approaches not only reduce distress but also foster resilience and well-being across the student community.

The study further highlights the significance of equity and inclusivity in mental health policies. Students from marginalized backgrounds, international students, and students with disabilities face unique challenges that require targeted support. Universities must adopt inclusive and culturally sensitive approaches that address diverse needs and experiences. Ensuring equal access to mental health resources is essential for promoting fairness and social justice within higher education.

In addition, the research underscores the importance of student participation and advocacy**.** Meaningful change requires collaboration between students, faculty, administrators, and policymakers. Student-led initiatives and participatory governance can bridge the gap

between institutional policies and real student experiences, ensuring that mental health strategies remain responsive and effective.

Ultimately, the study concludes that prioritizing mental health is not a distraction from academic excellence but a foundation for it**.** Universities that invest in student well-being are more likely to foster academic achievement, reduce dropout rates, and build supportive campus communities. By embracing ethical responsibility and adopting comprehensive mental health strategies, universities can create environments where students thrive academically, emotionally, and socially.

In conclusion, the future of higher education depends on the ability of universities to balance academic success with humane and ethical responsibility. Recognizing and addressing the invisible burden of student mental health is essential for building resilient institutions and a healthier society.

References

1. American College Health Association. (2022). *National College Health Assessment Report.*
2. American College Health Association. (2023). *National College Health Assessment.*
3. American Psychological Association. (2017). *Ethical Principles of Psychologists and Code of Conduct.*
4. Beauchamp, T. L., & Childress, J. F. (2019). *Principles of Biomedical Ethics* (8th ed.). Oxford University Press.
5. Bronfenbrenner, U. (1979). *The Ecology of Human Development.* Harvard University Press.
6. Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625.
7. Giroux, H. A. (2014). *Neoliberalism's War on Higher Education.* Haymarket Books.
8. Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46(1), 3–10.
9. Mahajan, P. (2025). *Ethics and Artificial Intelligence in Higher Education.*

10. OECD. (2021). *Supporting Students' Mental Health.* OECD Publishing.

11. Richardson, T., Elliott, P., & Roberts, R. (2017). The relationship between personal unsecured debt and mental and physical health. *Clinical Psychology Review*, 33(8), 1148–1162.

12. Shaw, C., & Ward, L. (2014). Dark thoughts: Why mental illness is on the rise in academia. *The Guardian.*

13. Son, C., Hegde, S., Smith, A., Wang, X., & Sasangohar, F. (2020). Effects of COVID-19 on college students' mental health. *Journal of Medical Internet Research*, 22(9).

14. Twenge, J. M. (2019). *iGen.* Atria Books.

15. UNESCO. (2021). *Reimagining Our Futures Together.*

16. United Nations. (1948). *Universal Declaration of Human Rights.*

17. World Health Organization. (2022). *Mental Health and Young Adults.*