

# EFFECT OF STRUCTURED INTERVENTION ON THE MENTAL HEALTH OF NEET AND JEE ASPIRANTS IN VISAKHAPATNAM DISTRICT OF ANDHRA PRADESH

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## ABSTRACT

Adolescence is a critical stage of growth marked by emotional, psychological, and social changes. During this period, many adolescents face mental health issues, often triggered by academic stress and parental pressure. Building resilience helps them manage stress effectively and maintain better mental well-being. With the aim to assess the effectiveness of a structured intervention program in enhancing the mental health of NEET and JEE aspirants aged 16–19 years, an experimental study was conducted on 200 students. Results showed that one third of the experimental group of both NEET and JEE aspirants who had low levels of mental health were reduced to zero percent after intervention, also a drastic increase in the percentage of experimental groups of NEET and JEE aspirants with high mental health was observed from before intervention (6 % of NEET and 18 % of JEE) to after intervention (68 % of NEET and 62 % of JEE) which evidently shows the positive impact of the intervention programme. Findings also revealed significant mean differences between experimental and control groups of both NEET and JEE aspirants after intervention at p value 0.01 level of significance. These findings support the inclusion of structured intervention programs in academic settings to foster emotional well-being and psychological coping among students facing high-stakes competitive examinations.

**Keywords:** Academic pressure, Emotional Regulation, JEE aspirants, NEET aspirants, Psychological Well-being, Resilience based intervention.

## INTRODUCTION

Adolescence, especially between the ages of 16 to 19 years, is an important stage where young people go through emotional changes, form their identity and face academic challenges. For students preparing for competitive exams like NEET and JEE, this phase becomes even more stressful. They often spend long hours in studying,

stay away from social activities and face constant pressure from parents and coaching centers. All these factors can affect their mental health, leading to stress, anxiety and even depression.

Many studies have shown that students who are in coaching centres for preparing competitive exams, often go through a lot of mental pressure due to strict schedules and lack

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of emotional support. In such situations, building resilience i.e., the ability to handle stress and bounce back from problems can help students stay mentally healthy. School-based resilience interventions such as emotional regulation training, stress-management techniques, and problem-solving & skill-building significantly enhance the resilience and psychological well-being in adolescents (Llistosella *et al.*, 2023)

Structured intervention programs teach students how to cope up with stress, manage their emotions, solve problems, and build confidence. Indian students preparing for competitive undergraduate entrance exams demonstrated that greater resilience serves as a protective factor against stress, fostering improved emotional control and time management (Sarkar, 2024). These programs can be included in schools and coaching centres without making students feel uncomfortable or judged. Although past research has shown that these programs help teenagers feel better, very few studies have focused on NEET and JEE students. This study tried to fill that gap by studying how well a resilience-based intervention program works for NEET and JEE aspirants. A mental health tool developed by Dr. Khan Zeenat Muzaffar (2021) was used to measure their mental health before and after the program. The objective of the study was to improve the mental health status of aspirants through structured intervention program.

## **MATERIAL AND METHODS**

Based upon the nature of the research problem and objectives of the present study, Experimental research design was opted for the study. The sample size was 200 adolescents (100 experimental group and 100 control group) who were selected purposively from the NEET & JEE colleges located in Vishakhapatnam district of Andhra Pradesh. Prior to collection of data, official consent was acquired from the respective college authorities and respondents. General Information

Schedule and SES Scale developed by Kuppuswamy (2019) were used to collect basic background information from the participants. Mental Health Battery developed by Dr. Khan Zeenat Muzaffar (2021) was used to obtain the respondents Mental health. This scale consisted of 34 statements which assesses well-being of individuals in four domains which are psychological well-being, Physical well-being, Emotional well-being and social well-being. An intervention programme focussed on improving mental health was developed and implemented for a period of 4 months. After 4 months, post test was conducted to study the effectiveness of the intervention programme.

The researcher developed resilience-based intervention module for experimental groups from urban areas. The developed module was reviewed and validated by five subject experts from the fields of Human Development and Family Studies (HDFS) and Psychiatry. The experts included Dr. K. Mayuri, Professor of HDFS (Retd.) and Emeritus Scientist, ICAR; Dr. Bilquis, Professor of HDFS, College of Community Science; Dr. S. Jaiganesh, Associate Professor of Psychiatry, AIIMS Mangalagiri; Dr. V. Sraavan Reddy, Associate Professor and Head of the Department of Psychiatry, NIEPID Secunderabad; and Dr. S. Prasanthi, Subject Matter Specialist, KVK-ANGRAU, Utukur, Kadapa. The experts critically evaluated the content for its relevance, age appropriateness and cultural sensitivity, and their valuable suggestions were incorporated into the final version of the module. Thus, the module was content validated by qualified experts prior to its implementation.

The program covered resilience building, mental health awareness, and management of stress, anxiety, depression and time through structured sessions lasting 60 minutes per day over three consecutive days for each topic. Sessions were conducted individually and in groups in the regional language (Telugu) &

**Table 1. Contents of intervention module**

Sr.no	Area	Topic & Sub Topics	Duration	Materials used
1	Resilience	Orientation on Resilience and importance	1 hour/ day	Power point presentation Videos, Lecture method, Poster
		<ul style="list-style-type: none"> <li>• Building and strengthening Resilience in Adolescents</li> <li>• Characteristics of resilient person</li> <li>• Personal counselling</li> </ul>		
2	Mental Health	Orientation on Mental Health and importance of well being	1 hour/ day	Power Point presentation and Lecture Method, poster
		<ul style="list-style-type: none"> <li>➤ Signs and Symptoms</li> <li>➤ Government Schemes for Mental Health</li> </ul>		
		Stress Management	<ul style="list-style-type: none"> <li>• Importance</li> <li>• Strategies</li> <li>• Activities to manage stress</li> </ul>	Power point presentation Videos, Lecture method, poster
		Anxiety Management	<ul style="list-style-type: none"> <li>• Importance</li> <li>• Strategies</li> <li>• Activities to manage Anxiety</li> </ul>	1 hour/ day Power point presentation Videos, Lecture method
		Depression Management	<ul style="list-style-type: none"> <li>• Importance</li> <li>• Strategies</li> <li>• Activities to manage Depression</li> </ul>	1 hour/ day Videos, Lecture method, Poster
		Time Management	<ul style="list-style-type: none"> <li>• Importance</li> <li>• Strategies</li> <li>• Activities for time management</li> </ul>	1 hour/ day Power point presentation Videos, Lecture method

English using Power Point presentations, videos, posters, and discussions. Verbal consent was obtained, and participation was voluntary. Interactive lectures, activities, and counselling were used to enhance coping skills, resilience, and emotional regulation.

## RESULTS AND DISCUSSION

The pre and post test data results related to the levels of mental health among the aspirants are presented in Figures 1 & 2.

Figure 1 depicts the levels of mental health of NEET aspirants before intervention, classified into Poor(Low), Moderate (Medium), and Good (High) mental health across the experimental and control groups. It is evident that before intervention, the majority of NEET aspirants, across both experimental and control groups, were in the moderate mental health category, followed by a significant percentage who showed poor mental health. Only a negligible percent

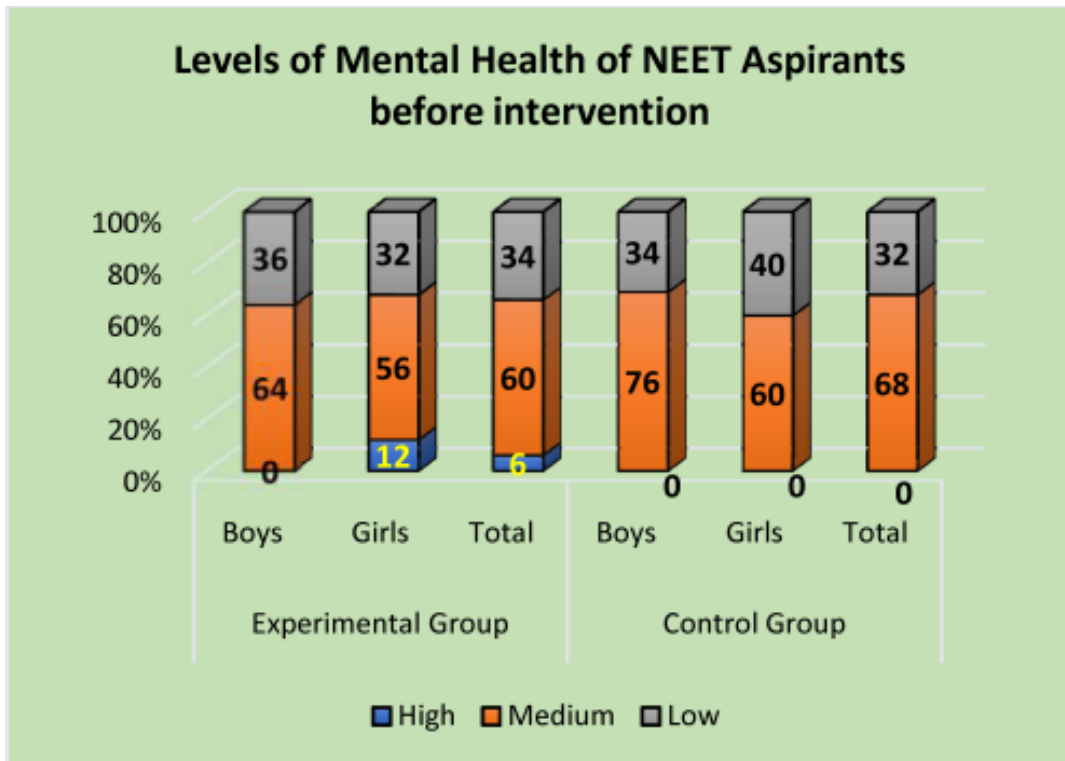


Fig. 1. Distribution of NEET aspirants based on their Levels of Mental Health before Intervention

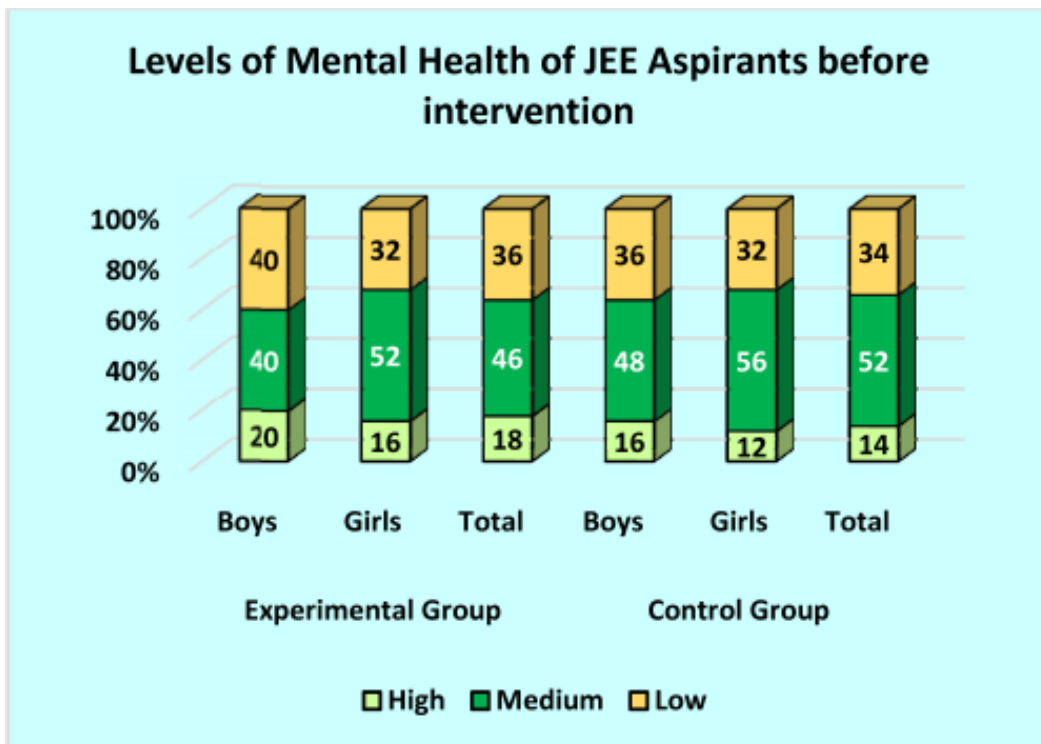


Fig.2. Distribution of JEE aspirants based on Levels of Mental Health before Intervention

Table 2. Mean Differences in Mental Health Dimensions of NEET and JEE Aspirants before intervention

n=200

S r. n o	Mental Health Dimensio n	Groups	NEET			JEE		
			Mean $\pm$ SD	t value	p value	Mean $\pm$ SD	t value	p value
1	Psycholo gical well being	Experimental boys	25.76 $\pm$ 4.35	1.69 <sup>NS</sup>	0.096	24.88 $\pm$ 6.66	0.37 <sup>NS</sup>	0.708
		Control boys	28 $\pm$ 4.97			25.56 $\pm$ 6.11		
		Experimental girls	26 $\pm$ 4.4	1.33 <sup>NS</sup>	0.186	25.56 $\pm$ 6.11	0.29 <sup>NS</sup>	0.771
		Control girls	24.4 $\pm$ 4.03			26 $\pm$ 4.4		
		Over all Experimental	25.88 $\pm$ 4.33	0.34 <sup>NS</sup>	0.728	25.22 $\pm$ 6.34	0.47 <sup>NS</sup>	0.632
		Overall Control	26.2 $\pm$ 4.83			25.78 $\pm$ 5.28		
2	Emotiona l well being	Experimental boys	22.8 $\pm$ 8.99	0.23 <sup>NS</sup>	0.817	24.16 $\pm$ 9.3	0.42 <sup>NS</sup>	0.674
		Control boys	22.24 $\pm$ 8			25.36 $\pm$ 10.72		
		Experimental girls	24.96 $\pm$ 9.93	0.12 <sup>NS</sup>	0.898	25.36 $\pm$ 10.72	0.13 <sup>NS</sup>	0.891
		Control girls	24.64 $\pm$ 7.46			24.96 $\pm$ 9.93		
		Over all Experimental	23.88 $\pm$ 9.44	0.25 <sup>NS</sup>	0.799	24.76 $\pm$ 9.95	0.19 <sup>NS</sup>	0.843
		Overall Control	23.44 $\pm$ 7.75			25.16 $\pm$ 10.23		
3	Physical well being	Experimental boys	23 $\pm$ 5.41	0.78 <sup>NS</sup>	0.433	22.72 $\pm$ 4.73	1.14 <sup>NS</sup>	0.259
		Control boys	24.32 $\pm$ 6.36			24.44 $\pm$ 5.87		
		Experimental girls	23.2 $\pm$ 3.67	0.69 <sup>NS</sup>	0.490	24.44 $\pm$ 5.87	0.89 <sup>NS</sup>	0.375
		Control girls	23.96 $\pm$ 4.05			23.2 $\pm$ 3.67		
		Over all Experimental	23.1 $\pm$ 4.58	1.05 <sup>NS</sup>	0.295	23.58 $\pm$ 5.34	0.23 <sup>NS</sup>	0.815
		Overall Control	24.14 $\pm$ 5.28			23.82 $\pm$ 4.88		
4	Social well being	Experimental boys	15.6 $\pm$ 7.27	0.78 <sup>NS</sup>	0.434	18.76 $\pm$ 9.3	0.14 <sup>NS</sup>	0.886
		Control boys	17.24 $\pm$ 7.44			18.36 $\pm$ 10.3		
		Experimental girls	19.52 $\pm$ 9.5	1.66 <sup>NS</sup>	0.102	18.36 $\pm$ 10.3	0.41 <sup>NS</sup>	0.680
		Control girls	15.68 $\pm$ 6.5			19.52 $\pm$ 9.5		
		Over all Experimental	17.56 $\pm$ 8.6	0.7 <sup>NS</sup>	0.484	18.56 $\pm$ 9.71	0.19 <sup>NS</sup>	0.846
		Overall Control	16.46 $\pm$ 6.96			18.94 $\pm$ 9.83		
5	Overall well being	Experimental boys	87 $\pm$ 14.17	1.57 <sup>NS</sup>	0.121	88.52 $\pm$ 27.59	0.69 <sup>NS</sup>	0.490
		Control boys	93.12 $\pm$ 13.22			93.72 $\pm$ 25.3		
		Experimental girls	93.68 $\pm$ 19.52	1.13 <sup>NS</sup>	0.262	94.88 $\pm$ 24.38	0.19 <sup>NS</sup>	0.848
		Control girls	88.52 $\pm$ 11.71			93.68 $\pm$ 19.52		
		Over all Experimental	90.34 $\pm$ 17.22	0.15 <sup>NS</sup>	0.873	91.7 $\pm$ 25.97	0.41 <sup>NS</sup>	0.680
		Overall Control	90.82 $\pm$ 12.58			93.7 $\pm$ 22.36		

\*p 0.05 level of significance, \*\*p 0.01 level of significance

(limited to girls in the experimental group) exhibited good mental health.

Figure 2 explains that before intervention, the majority of JEE aspirants, across both experimental and control groups, were in the moderate mental health category, followed by a poor mental health. Only a small percentage of adolescents in both groups fell under good mental health.

The dominance of medium levels of mental health before the intervention in both groups might be attributed to multiple factors such as academic stress, family pressure, competitive examination anxiety, and limited engagement in structured mental well-being practices. These factors may have restricted the participants ability to attain higher levels of mental health. The above results indicate a strong presence of mental health challenges across both groups. These findings are consistent with those of Joshi and Sagar (2015), who reported that among adolescents, over half (51.2%) exhibited moderate levels of mental health, thereby supporting the observation that medium levels of mental health were prevalent prior to any intervention.

Table 2 presents the mean differences in various dimensions of mental health including psychological, emotional, physical, social, and overall well-being among NEET and JEE aspirants across experimental and control groups, before intervention. The results indicated that, among NEET aspirants, emotional and social well-being appeared slightly higher among girls in the experimental group compared to those in the control group. However, these differences were not statistically significant. A similar trend was noted in physical well-being, where boys in the control group showed slightly better scores but the difference was marginal. When overall well-being was considered, both experimental and control groups reported almost equal scores, showing that their mental health was at a similar level before the intervention program started. The results are in line with the study of NEET aspirants by Verma and Kumar (2023) who found that, the majority were clustered in the moderate mental health category, while nearly one-third showed poor levels of well-being, indicating vulnerability prior to intervention.

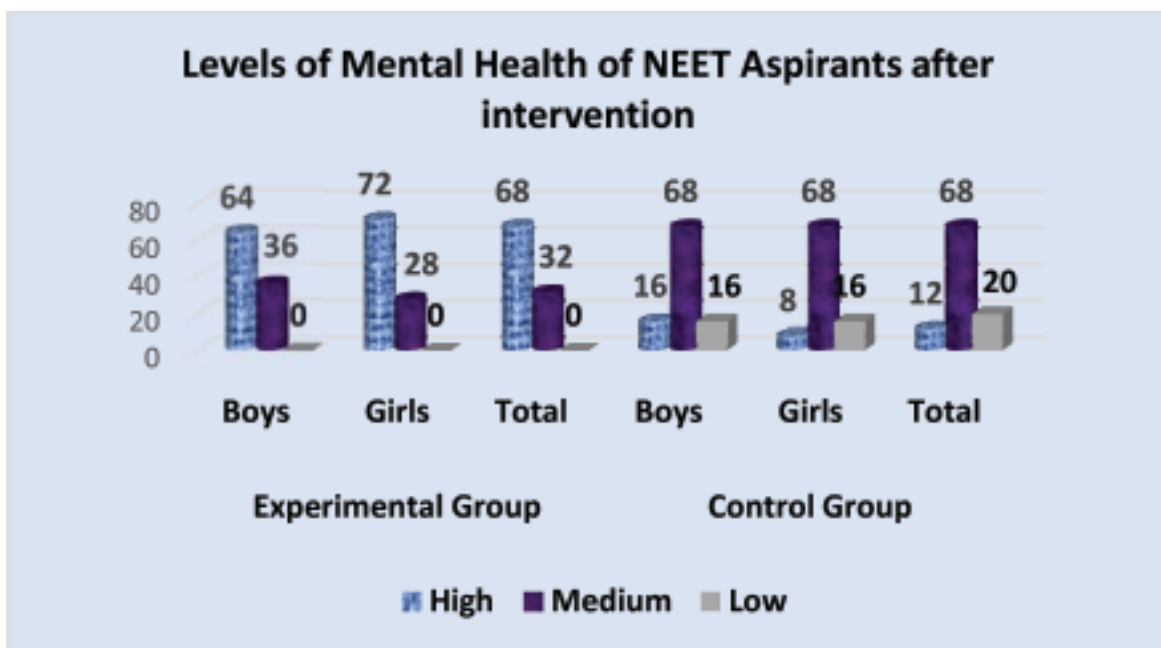


Fig.3. Distribution of NEET aspirants according to Levels of Mental Health after Intervention

With respect to JEE aspirants, a similar trend was observed. Control group boys showed slightly better scores across most dimensions, particularly in emotional and physical well-being, however, these differences were not statistically significant. Girls in both the experimental and control groups recorded nearly identical scores across all domains, indicating a consistent mental health status across genders and groups. (NEET & JEE). These findings align with earlier studies such as those by Khan and Qasim (2025) which concluded that, while aspirants face extreme academic stress, personal variables like gender did not have a statistically significant impact.

From the figure 3, it is evident that after intervention, the majority of NEET aspirants in the experimental group fell in the good mental health category, with more than two-thirds of adolescents showing improvement. Followed by less than one-third remained in the moderate category and none of the adolescents were in the poor category. These results are highlighting the effectiveness of the intervention program. With

regard to the control group, the majority of adolescents continued to remain in the moderate category, followed by poor category and only a negligible percentage had good mental health.

This clear difference between the experimental and control groups emphasizes the positive impact of the intervention in significantly strengthening the psychological well-being of NEET aspirants. This can also be attributed to the positive impact of the program in enhancing coping skills, resilience, and emotional regulation. In contrast, the prevalence of medium levels in the control group suggests that, without intervention, adolescents may struggle to achieve optimal mental health outcomes. The above findings are in line with the study by Heizomi *et al.*, (2020), which demonstrated improvements in mental health dimensions through a school-based program, suggesting that such interventions can elevate mental health levels beyond those observed in control groups.

Figure 4 showed that after intervention, the majority of JEE aspirants in the experimental

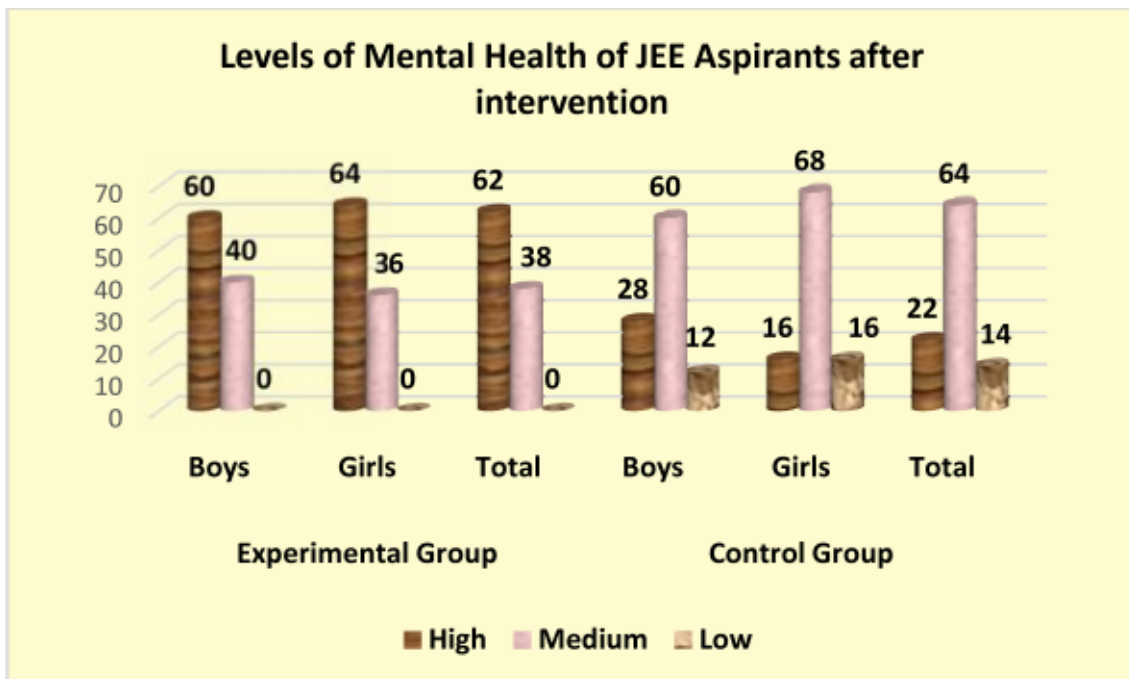


Fig.4. Distribution of JEE aspirants according to Levels of Mental Health after intervention

**Table 3. Mean Differences in Mental Health Dimensions between Experimental and Control Groups after intervention (NEET and JEE Aspirants) n=200**

Sr.no	Mental Health Dimension	Groups	NEET			JEE			
			Mean $\pm$ SD	t value	P value	Mean $\pm$ SD	t value	P value	
1	Psychological Well Being	Experimental boys	34.92 $\pm$ 4.08	4.58 **	0.000	33.56 $\pm$ 6.65	3.86 **	0.000	
		Control boys	29.32 $\pm$ 4.53			26.88 $\pm$ 5.53			
		Experimental girls	34.76 $\pm$ 4.1	7.93 **	0.000	34.36 $\pm$ 6.25	4.45 **	0.000	
		Control girls	25.44 $\pm$ 4.19			27.68 $\pm$ 4.13			
		Over all Experimental	34.84 $\pm$ 4.05	8.45 **	0.000	33.96 $\pm$ 6.4	5.88 **	0.000	
		Overall Control	27.38 $\pm$ 4.74			27.28 $\pm$ 4.84			
2	Emotional Well Being	Experimental boys	29.16 $\pm$ 7.67	2.04 *	0.046	33 $\pm$ 8.95	2.06 *	0.044	
		Control boys	23.88 $\pm$ 10.36			27.96 $\pm$ 8.3			
		Experimental girls	33.36 $\pm$ 9.58	3.59 **	0.000	33.16 $\pm$ 10.58	2.55 *	0.013	
		Control girls	24.64 $\pm$ 7.46			26.44 $\pm$ 7.82			
		Over all Experimental	31.26 $\pm$ 8.84	3.93 **	0.000	33.08 $\pm$ 9.7	3.3 **	0.001	
		Overall Control	24.26 $\pm$ 8.94			27.2 $\pm$ 8.02			
3	Physical Well Being	Experimental boys	30.8 $\pm$ 5.27	3.91 **	0.000	30.56 $\pm$ 4.68	3.61 **	0.000	
		Control boys	24.32 $\pm$ 6.36			25 $\pm$ 6.1			
		Experimental girls	31.36 $\pm$ 3.61	6.8 **	0.000	32.2 $\pm$ 5.35	6.14 **	0.000	
		Control girls	23.96 $\pm$ 4.05			24.12 $\pm$ 3.81			
		Over all Experimental	31.08 $\pm$ 4.48	7.07 **	0.000	31.38 $\pm$ 5.04	6.75 **	0.000	
		Overall Control	24.14 $\pm$ 5.28			24.56 $\pm$ 5.05			
4	Social Well Being	Experimental boys	24.84 $\pm$ 7.18	2.28 *	0.027	27.28 $\pm$ 8.88	2.46 *	0.017	
		Control boys	19.84 $\pm$ 8.28			21.48 $\pm$ 7.72			
		Experimental girls	28.28 $\pm$ 9.38	3.29 **	0.001	26.92 $\pm$ 10.09	2.51 *	0.015	
		Control girls	20 $\pm$ 8.35			20.56 $\pm$ 7.6			
		Over all Experimental	26.56 $\pm$ 8.44	3.97 **	0.000	27.1 $\pm$ 9.4	3.55 **	0.000	
		Overall Control	19.92 $\pm$ 8.23			21.02 $\pm$ 7.6			
5	Overall Well Being	Experimental boys	115.96 $\pm$ 15.36	3.81 **	0.000	124.4 $\pm$ 22.68	3.85 **	0.000	
		Control boys	97.36 $\pm$ 18.96			103.04 $\pm$ 15.93			
		Experimental girls	127.76 $\pm$ 18.49	7.05 **	0.000	126.64 $\pm$ 24.77	5.13 **	0.000	
		Control girls	94.04 $\pm$ 15.13			98.8 $\pm$ 10.99			
			Over all Experimental	121.86 $\pm$ 17.85	7.49 **	0.000	125.52 $\pm$ 23.53	6.38 **	0.000
			Overall Control	95.7 $\pm$ 17.06			100.92 $\pm$ 13.71		

group fell under the good mental health category, with more than three-fifths of students showing clear improvement from before intervention levels. This is followed by less than two-fifths in the moderate category and none of them remained in the poor mental health category. These results are indicating the effectiveness of the intervention program. With respect to the control group, the majority of students fell in the moderate category, followed by poor category and only a small percentage had good mental health.

The significant percentage of students showing high mental health in the experimental group after the program reflects the positive impact of the intervention in boosting resilience, concentration, and emotional stability. In contrast, the control group's higher numbers in the medium category indicate that without such support, aspirants may face difficulties in reaching their best possible mental health amidst intense exam pressure.

These findings clearly demonstrate the effectiveness of the intervention in significantly improving the mental health and overall well-being of both NEET and JEE aspirants. Compared to the control group, the experimental group reported higher levels of psychological wellness and a complete absence of low well-being, thereby supporting the impact of resilience-based interventions in promoting adolescent mental health during exam preparation phases. A study by Feiss *et al.* (2019) revealed that school-based interventions significantly reduced internalizing mental health problems compared to control conditions, indicating better mental health outcomes in experimental groups than in control group.

The above table presents the mean differences in various dimensions of mental health including psychological, emotional, physical, social, and overall well-being among NEET and JEE aspirants across experimental and control

groups after intervention. The results indicated that among NEET aspirants, experimental girls showed particularly higher levels of psychological, emotional, and physical well-being compared to control girls. Similar trends were observed in boys, especially in psychological and social well-being, indicating that those in the experimental group had improved levels of mental health. Notably, the overall well-being of NEET experimental participants was significantly higher than that of their control counterparts. These results are supported by the study conducted by Barrass, Dodd, and Singh (2025), who found that resilience-based training improved psychological and emotional regulation among Indian high school students, with girls showing stronger gains in emotional well-being. Similarly, Sharma and Nair (2024) reported that mindfulness-based group interventions led to higher levels of self-esteem, social connectedness and overall well-being, with girls benefiting more than boys in physical and emotional health.

In the JEE group, the experimental group demonstrated improved levels of mental health across all domains. While both boys and girls in the experimental group showed better scores, girls consistently scored higher, particularly in physical and overall well-being. Singh and Thomas (2022) observed that adolescent girls showed greater improvement in physical and overall well-being after structured stress-management programs, underscoring gender variations in outcomes.

## CONCLUSION

Adolescents preparing for competitive examinations such as NEET and JEE often experience high levels of stress, emotional instability and social disconnectedness, which adversely affect their overall mental health at a very prime age. The findings of the present study revealed that the structured intervention i.e., a mental health tool developed by Dr. Khan Zeenat Muzaffar (2021), was effective in enhancing

various dimensions of mental well-being, including psychological, emotional, physical and social health. The intervention included strategies like positive thinking, social support, group discussions, mindfulness and meditation that helped students develop stronger coping mechanisms, better emotional regulation and improved interpersonal skills, thereby contributing to higher levels of overall mental health. In light of these findings, it is recommended that wellness and mental health education classes be incorporated into the academic curriculum, particularly for students attending integrated coaching programs at the senior secondary level. Such initiatives would promote resilience, adaptability and emotional stability, equipping adolescents to manage the intense academic pressures associated with competitive examinations more effectively.

## REFERENCES

- Barrass, T., Dodd, R., and Singh, M. 2025. Resilience-based training and its impact on adolescent psychological and emotional well-being. *Journal of Adolescent Health and Development*, 62(3), 211–220.
- Feiss, R., Dolinger, S. B., Merritt, M., & Pangelinan, M. 2019. A systematic review and meta-analysis of school-based stress, anxiety, and depression prevention programs for adolescents. *Journal of Youth and Adolescence*.
- Heizomi, H., Allahverdipour, H., Jafarabadi, M. A., Bhalla, D., & Nadrian, H. 2020. Effects of a mental health promotion intervention on mental health of Iranian female adolescents: A school-based study. *Child and Adolescent Psychiatry and Mental Health*, 14, Article 36.
- Joshi, M. and Sagar, R. 2015. Mental health and psychosocial functioning in adolescence: An investigation among Indian students from Delhi. *Child and Adolescent Mental Health*, 20(3), 182–186.
- Khan, A. A., & Qasim, R. 2025. An exploration of academic stress among NEET & JEE aspirants. *Juni Khyat*, 2024(Jul–Dec), 359–362.
- Llistosella, M., Goni-Fuste, B., Martín-Delgado, L., Miranda-Mendizabal, A., Franch/Martínez, B., Pérez-Ventana, C. and Castellví, P. 2023. Effectiveness of resilience-based interventions in schools for adolescents: A systematic review and meta-analysis. *Frontiers in Psychology*, 14, 1211113.
- Sarkar, D. 2024. The impact of stress and resilience on students appearing for competitive exams for their under graduation in India. *International Journal of Indian Psychology*, 12(4), 1304–1311.
- Sharma, P. and Nair, R. 2024. Mindfulness-based group interventions for adolescents: Effects on self-esteem, social connectedness, and mental health. *International Journal of School Mental Health*, 16(2), 101–115.
- Singh, R. and Thomas, A. 2022. Gender differences in adolescent responses to stress-management programs: Implications for physical and overall well-being. *Journal of Youth and Adolescence*, 51(8), 1452–1465.
- Verma, K., and Kumar, A. 2023. Cognitive-behavioral intervention outcomes on psychological and social well-being of NEET aspirants. *Indian Journal of Psychological Studies*, 30(1), 55–67.

Niharika, B.P., Prashanthi, S., Reddy, S.V. and Prakash, K.K. 2025. Effect of structured intervention on the mental health of NEET and JEE aspirants. *The Journal of Research ANGRAU*, 53 (4): 50-59.