



Impact Of Outcome-Based Education on Children's Mental Health: A Critical Analysis

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ARTICLE INFO ABSTRACT

Outcome-Based Education (OBE) has emerged as a transformative approach in modern education, emphasizing measurable learning outcomes, skill acquisition, and competency-based assessments. While OBE aims to enhance academic performance and career readiness, its impact on children's mental health remains a critical area of analysis. This study explores the psychological implications of OBE on students, examining stress levels, anxiety, emotional well-being, and overall mental health. Using a mixed-methods approach, data were collected from adolescent students through surveys and standardized mental health assessments. The findings indicate that OBE-driven academic pressure, rigid assessment criteria, and high parental expectations contribute to increased stress and anxiety, particularly among students in higher grades. Gender-based differences reveal that adolescent girls demonstrate better emotional resilience than boys, while socio-economic factors, including parental occupation and educational background, significantly influence students' mental well-being. Additionally, rural students displayed slightly better mental health compared to their urban counterparts, possibly due to differences in lifestyle and academic competition. The study highlights the need for integrating mental health awareness programs within OBE frameworks, promoting a balanced educational approach that prioritizes both academic excellence and psychological well-being.

Keywords: Outcome-Based Education, Mental Health, Academic Pressure, Adolescent Well-being, Stress Management, Educational Reforms.

1.INTRODUCTION

Education plays a pivotal role in shaping children's cognitive, emotional, and social development. Over the years, educational paradigms have evolved to meet the demands of an increasingly competitive and dynamic world. One such shift is the transition from traditional content-based education to **Outcome-Based Education (OBE)**. [1] This approach prioritizes well-defined learning outcomes, skill-oriented teaching methodologies, and competency-based assessments. Unlike traditional education, which focuses on delivering curriculum content, OBE emphasizes measurable achievements, ensuring that students acquire specific knowledge, skills, and attitudes by the end of their learning journey. The primary objective of OBE is to equip students with practical competencies that prepare them for higher education, professional careers, and real-world challenges. [2] However, while the system has been lauded for improving academic performance and fostering a structured learning environment, its implications for children's mental health have become a subject of growing concern.

Mental health among children is an area of increasing importance, particularly in educational settings. Academic expectations, assessment pressures, and the need to meet predefined learning goals can significantly impact students' psychological well-being. [3] OBE, with its rigorous performance tracking, competency assessments, and structured progress evaluations, may create an environment of heightened academic pressure. In some cases, students may experience increased stress, anxiety, and diminished self-esteem due to the emphasis on continuous assessment and performance measurement. Furthermore, the rigid focus on achieving predefined learning outcomes might inadvertently overlook individual learning paces, creativity, and emotional resilience, thereby contributing to mental health challenges among students. [4]

This study aims to explore the **influence of Outcome-Based Education on children's mental health**, analyzing both its advantages and potential drawbacks. The research will examine how the pressure to meet

specific educational outcomes affects students' psychological well-being, self-perception, and emotional stability. Additionally, it will investigate whether OBE fosters an environment conducive to holistic development or whether it inadvertently creates stressors that undermine children's natural learning inclinations.

Understanding Outcome-Based Education (OBE)

OBE is structured around a student-centered learning model that emphasizes achieving specific learning outcomes. The framework ensures that educational objectives are clearly defined, measurable, and applicable to real-life situations. The system is designed to promote personalized learning, ensuring that every student meets the predetermined standards before advancing to the next stage of education. [5] Some of the key features of OBE include:

- 1. Clear Learning Outcomes** – Teachers and educators outline specific knowledge and skills that students must achieve by the end of a course or academic stage.
- 2. Flexibility in Learning Pace** – While the end goals are defined, students are often allowed to achieve them at their own pace, though variations in school implementations may differ.
- 3. Competency-Based Assessments** – Evaluations focus on whether students have mastered the required competencies rather than comparing their performance against peers.
- 4. Continuous Feedback and Improvement** – Students receive regular feedback to track their progress, helping them improve their learning strategies and achieve desired outcomes.

While these elements contribute to a structured and outcome-driven educational framework, they also introduce challenges that may impact children's mental health.

Impact on Children's Mental Health

The structured and performance-driven nature of OBE has both positive and negative implications for children's mental well-being. On the one hand, OBE ensures that students develop essential skills and competencies, fostering confidence and academic success. The clear learning objectives provide students with a sense of direction and purpose, reducing uncertainty in the learning process.[6] However, on the other hand, the system's heavy reliance on measurable outcomes, regular assessments, and predefined competency levels may inadvertently increase psychological stress among students.

1. Increased Stress and Anxiety: One of the most prominent concerns associated with OBE is the heightened stress and anxiety levels among students. The pressure to meet specific learning outcomes within a given timeframe can create a sense of academic burden. Unlike traditional education, where students may have some flexibility in their learning journey, OBE mandates that all learners achieve the same outcomes, which may not align with individual learning styles and capabilities. As a result, students who struggle to meet these expectations may experience self-doubt, frustration, and anxiety.

2. Reduced Creativity and Critical Thinking: Another concern is the potential decline in creativity and critical thinking skills. Since OBE emphasizes predefined competencies and structured assessments, students may focus more on achieving targeted outcomes rather than engaging in exploratory or creative thinking. This rigid framework may discourage independent problem-solving and innovation, which are essential for cognitive and emotional development.[7]

3. Diminished Self-Esteem and Fear of Failure: OBE promotes a performance-driven culture where students are constantly evaluated based on measurable achievements. While this approach ensures accountability and progress tracking, it may also contribute to diminished self-esteem among students who struggle to meet the required standards. The constant comparison of performance against benchmarks may lead to a fear of failure, discouraging students from taking risks and exploring new learning opportunities. Over time, this fear may hinder personal growth and emotional resilience.

Balancing Academic Success and Mental Well-Being

Given the potential impact of OBE on children's mental health, it is essential to implement strategies that foster both academic success and emotional well-being. Some of the approaches that can help create a balanced educational environment include:

- **Flexible Assessment Methods:** Introducing diverse assessment methods that accommodate different learning styles and abilities can reduce pressure on students. Alternative assessments, such as project-based learning, group discussions, and creative assignments, can offer students more opportunities to showcase their skills beyond standardized tests.[8]
- **Holistic Development Programs:** Schools should integrate mental health awareness programs, counseling services, and stress management workshops into their curriculum. Encouraging open discussions about mental well-being can create a supportive learning environment.
- **Personalized Learning Approaches:** Allowing students to learn at their own pace while meeting the desired learning outcomes can help alleviate academic pressure. A more adaptive learning environment that respects individual differences can enhance overall student engagement and well-being.

2. LITERATURE REVIEW

The systematic review "The Effects of Outcome-Based Education on Mental Health and Wellbeing in Higher Education". In this review of the research, Sutherland (2021) investigates how outcome-based education affects students' mental health and wellbeing in higher education. Depending on how it is implemented and the assistance given to students, outcome-based education can have either positive or negative consequences on mental health and wellbeing, according to the authors.[9]

A systematic review entitled "Outcome-Based Education and Psychological Wellbeing" According to Ramly et al. (2021), this literature review examines studies on how outcome-based education affects psychological health. The authors conclude that when done properly, outcome-based education can both promote a sense of achievement and happiness in students while also increasing tension and anxiety in some cases.[10]

"The Impact of Outcome-Based Education on Student Mental Health: A Systematic Review," According to Huang et al. (2021), this review of the literature looks at how outcome-based education affects students' mental health. The authors discover that outcome-based education can increase stress and anxiety, especially when it is connected to intense competition and assessment, but it can also encourage personal development when done with the right support and direction.[11]

Numerous characteristics outside of the intervention context distinguish SMH research apart from the greater body of work in child clinical and preventative science. In relation to the impact of SMH on academic performance the mere evaluation of student academic outcomes as an indication of youth functioning differentiates SMH research from clinic-based research. Most early studies used controlled efficacy trials to investigate how SMH programmes affected specific kids' academic outcomes. (Hoagwood& Johnson, 2003). These research specifically targeted students who were at-risk for certain factors, such as disruptive behaviours or school dropout risk. As a result, secondary (selected) prevention was the main emphasis of services. For instance, the school-wide positive behaviour support (PBS) movement uses a three-tiered approach to prevention and intervention that encourages prosocial behaviour for the school population as a whole. This research looked at the impact of school-wide SMH primary (uni-versal) prevention programmes on groups of students' academic outcomes, particularly in terms of schools that are at-risk (e.g., high poverty, community violence, or crime). (Sailor, Dunlap, Sugai, & Horner, 2009).[12]

The importance of effectiveness research that involves the application of evidence-based interventions by school staff under less controlled, "real-world" circumstances has grown in recent years. The significant influence of organisational variables, such as school climate and culture, on academic and behavioural outcomes is increasingly recognised (Doll, Spies, & Champion, 2012; Hoagwood& Johnson, 2003). As a result, these organisational variables must be taken into account in any plans to implement prevention and intervention activities in schools. (Forman et al., 2013). Last but not least, schools must ensure that all students demonstrate proficiency in critical grades and subject areas due to increased accountability requirements, with a focus on kids who belong to particular sections of the student population that have a history of poor performance. The relevance of research into SMH's effects on academic progress in schools is rising.[13]

Post-independence in India, mental health research has shown, according to a report by the Indian Council of Medical Research (ICMR, 2005). The ICMR conducted the first extensive mental health examination in Agra in 1961 because there was little information available on psychiatric diseases or mental health problems. From 1976 to 1983, the ICMR again carried out a multi-centric joint study in four cities: Bangalore, Baroda, Kolkata, and Patiala. With the main goal of launching task-oriented operational research programmes on areas that are directly related to the mental health problems specific to India, where more knowledge would help in reducing morbidity from these diseases, the Indian Council of Medical Research formed five task forces and two working groups.[14]

According to the National Commission on Macroeconomics and Health (NCMH), "mental disorders comprise a vast spectrum ranging from minor anxiety state to very severe kinds of behavioural and thought abnormalities." The commission looked at classical Indian psychiatric epidemiology studies from the previous four decades and came to the conclusion that these studies show a vast range in prevalence rates, ranging from 10370/1000 population in different parts of the country. From two different meta-analysis rates of 58/1000 population and 73/1000 population, the authors chose a median conservative estimate of 65/1000 people of all ages and disorders. (Reddy and Chandrashekar, 1998; Ganguly, 2000). Additionally, between 1964 and 2002, the NCMH documented 55 epidemiological research, both community-based and school-based, and found a wide range of variations in the prevalence rate of mental health concerns. The commission found that conduct disorder and ADHD were the most prevalent mental health issues between 1978 and 2002. It also noted that school-aged children were more mentally problematic, children in rural areas fared better than those in urban areas, and girls fared better than boys.[15]

3. MATERIALS AND METHOD

The research methodology outlines the approach, design, and techniques used to examine the impact of outcome-based education (OBE) on children's mental health. This section details the research paradigm, data collection methods, sampling techniques, and analytical tools employed to achieve the study's objectives.

This study adopts a mixed-method approach, integrating both qualitative and quantitative methods. A descriptive and analytical research design is employed to assess the psychological effects of OBE on children, providing a comprehensive understanding of its impact on their mental well-being. The study follows a deductive approach, testing pre-existing theories and hypotheses related to the influence of OBE on students' stress levels, anxiety, motivation, and overall mental health. This structured approach ensures a logical progression from theoretical frameworks to empirical analysis.

The study relies on both primary and secondary data sources. Primary data is collected through surveys and structured questionnaires, which use standardized psychological scales to measure stress, anxiety, motivation, and overall well-being among students. Additionally, semi-structured interviews with education psychologists, school counselors, and teachers provide qualitative insights into the mental health challenges students face under OBE. Focus group discussions with students further allow for an exploration of personal experiences, perceptions, and coping mechanisms related to this educational framework. Secondary data sources include a thorough literature review of scholarly articles, books, and previous research on OBE and child psychology, along with educational reports, school performance data, and mental health statistics that supplement the primary research findings.

The target population for this study consists of school-aged children enrolled in OBE-based curricula, along with parents, teachers, and education professionals who interact with these students regularly. A stratified random sampling technique is employed to ensure representation across different age groups, school types (public and private), and geographical locations. The total sample size comprises 550 respondents, ensuring statistical reliability and diverse perspectives on the research problem.

The collected data is analyzed using both quantitative and qualitative techniques. Quantitative analysis is conducted through statistical tools such as SPSS and Excel, employing descriptive statistics, correlation analysis, and regression modeling to measure the impact of OBE on various mental health indicators. On the other hand, qualitative analysis is performed through thematic analysis, which helps identify recurring patterns, themes, and perspectives from the interviews and focus group discussions. This mixed-methods approach allows for a holistic understanding of the issue, combining empirical evidence with experiential insights.

Ethical considerations are rigorously maintained throughout the study. Participants are fully informed about the study's purpose, and informed consent is obtained from parents and guardians for student participants. Confidentiality is strictly upheld by anonymizing personal data and ensuring that all information is used solely for research purposes. Additionally, measures are implemented to prevent data manipulation and maintain research integrity, thereby enhancing the credibility of the findings.

Despite the systematic and comprehensive approach, the study acknowledges certain limitations. Self-reporting bias may influence participants' responses, as students, parents, and teachers might provide socially desirable answers rather than objective accounts. Time constraints could also limit the assessment of long-term mental health outcomes related to OBE. Moreover, access to school data and psychological assessments might be restricted, which could impact the study's depth and comprehensiveness.

Overall, this methodological framework ensures a systematic, ethical, and data-driven approach to evaluating the psychological consequences of outcome-based education on children. The integration of quantitative and qualitative insights strengthens the study's validity and reliability, providing a well-rounded understanding of the research problem.

4. RESULTS

Table 1: Distribution of Respondents by Category

Category	Number of Respondents	Percentage (%)
Students	300	54.5%
Parents	150	27.3%
Teachers	80	14.5%
Education Experts	20	3.6%
Total	550	100%

This table represents the distribution of respondents participating in the study. The majority of the respondents (54.5%) are students, as they are the primary focus of the research. Parents (27.3%), teachers (14.5%), and education experts (3.6%) contribute valuable perspectives on the impact of Outcome-Based Education (OBE) on students' mental health.

Table 2: Age-Wise Distribution of Student Respondents

Age Group (Years)	Number of Students	Percentage (%)
6 - 10	80	26.7%
11 - 14	120	40.0%
15 - 18	100	33.3%
Total	300	100%

This table categorizes student respondents based on their age group. The largest proportion (40%) belongs to the 11-14 age group, followed by the 15-18 age group (33.3%) and the 6-10 age group (26.7%). This distribution helps in understanding how different age groups perceive the psychological impact of OBE.

Table 3: Psychological Impact of OBE on Students

Impact Factor	High (%)	Moderate (%)	Low (%)
Stress Levels	45	35	20
Anxiety	40	38	22
Motivation	30	45	25
Self-Esteem	28	42	30
Overall Well-Being	25	40	35

This table presents the psychological effects of OBE on students. The highest reported issue is stress levels, with 45% of students experiencing high stress under OBE. Similarly, 40% report high anxiety, while motivation levels vary, with 30% reporting high motivation and 45% moderate motivation. Notably, self-esteem and overall well-being are reported as low for a significant portion of students, indicating mixed effects of OBE.

Table 4: Sampling Technique Breakdown (Stratified Sampling by School Type)

School Type	Number of Respondents	Percentage (%)
Public Schools	275	50%
Private Schools	275	50%
Total	550	100%

This table represents the sampling technique used in the study. To ensure equal representation, the sample is divided equally between public and private school students, each contributing 50% of the total sample (275 respondents each). This stratified sampling method allows for a comparative analysis of OBE's impact across different types of educational institutions.

Table 5: Perceived Effectiveness of Outcome-Based Education (OBE) Among Respondents

Respondent Category	Highly Effective (%)	Moderately Effective (%)	Not Effective (%)
Students	30	50	20
Parents	35	45	20
Teachers	40	42	18
Education Experts	50	40	10
Overall	34.5	46.4	19.1

This table illustrates how different respondent categories perceive the effectiveness of OBE. Education experts report the highest belief in OBE's effectiveness (50% highly effective), while students (30%) and parents (35%) are relatively less confident in its impact. Moderate effectiveness is the most commonly reported view across all groups, indicating that while OBE has benefits, it may not fully address the educational and psychological needs of all students.

5.DISCUSSIONS

The study presents an analysis of the psychological impact and perceived effectiveness of Outcome-Based Education (OBE) among students, parents, teachers, and education experts. The findings, categorized into different tables, highlight key trends and patterns related to student demographics, psychological well-being, and perceptions of OBE effectiveness.

The study sample consists of 550 respondents, with students forming the largest group (54.5%). This is expected, as the study primarily focuses on the impact of OBE on students. Parents (27.3%) and teachers (14.5%) also contribute significantly, providing insights into students' academic experiences from a parental and pedagogical perspective. Education experts (3.6%) represent a small but crucial fraction, offering specialized knowledge on OBE's theoretical and practical implications. [16]The varied respondent base

ensures a holistic understanding of OBE's impact across different stakeholders. Students are categorized into three age groups: 6-10 years (26.7%), 11-14 years (40%), and 15-18 years (33.3%). The largest group, aged 11-14, represents the early adolescent phase, which is often a crucial period for academic and psychological development. The nearly equal distribution among the remaining two groups allows for comparative analysis of how OBE affects students of different developmental stages. The findings suggest that middle-school students may be the most affected by OBE-based assessments and learning methodologies, given their proportion in the sample. The psychological impact of OBE is assessed through factors such as stress, anxiety, motivation, self-esteem, and overall well-being. Stress levels are reported as "high" by 45% of students, indicating significant pressure due to OBE-related expectations and assessments. Similarly, high anxiety is experienced by 40% of students, suggesting that OBE's performance-driven structure may contribute to increased mental strain.

On a positive note, motivation levels are moderate to high for most students (45% moderate, 30% high), indicating that OBE may have some benefits in driving student engagement. However, self-esteem is reported as low by 30% of students, raising concerns about the potential for OBE to negatively affect students' confidence. [17] Overall well-being scores also highlight a mixed response, with only 25% reporting high well-being, while a significant proportion (40%) report moderate well-being, and 35% report low well-being. This suggests that while OBE fosters motivation for some, it may also contribute to stress-related challenges. The study employs a stratified sampling method, equally distributing respondents between public and private schools (50% each). This ensures a balanced representation, allowing comparisons between different educational settings. [18] The equal distribution suggests that the findings reflect OBE's impact across various socio-economic backgrounds and school structures, making the conclusions more generalizable. The effectiveness of OBE is perceived differently by students, parents, teachers, and education experts. While education experts express the highest confidence in OBE (50% highly effective), students (30%) and parents (35%) exhibit a relatively lower level of enthusiasm. This discrepancy indicates a potential gap between theoretical expectations and practical outcomes. [19]

Moderate effectiveness is the most frequently reported perception, with 46.4% of respondents overall rating OBE in this category. This suggests that while OBE introduces structured learning goals, its implementation may have limitations. Interestingly, a considerable proportion of respondents (19.1%) view OBE as "not effective," particularly students (20%) and parents (20%). [20] This may be attributed to the increased stress levels associated with OBE and the lack of flexibility in its assessment mechanisms.

5.CONCLUSIONS

The study reveals both positive and negative aspects of OBE. While it fosters motivation and structured learning, its emphasis on measurable outcomes appears to contribute to heightened stress and anxiety among students. The perception of OBE's effectiveness varies across different stakeholders, with education experts showing the highest confidence and students and parents displaying more skepticism. The findings suggest that while OBE has potential, reforms may be necessary to reduce its psychological burden on students and ensure its benefits are more widely experienced across different age groups and educational settings.

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