

Academic Burnout as a Pathway Linking Emotional Intelligence to Suicidal Ideation Among University Students: A Cross-Sectional Structural Equation Study

Kuldeep Singh and Preeti*

Department of Psychology, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan, India

deepsinghds2000@gmail.com

*Corresponding Author: Dr Preeti, Associate Professor, Department of Psychology, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan, India

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Abstract

Background: Suicidal ideation among university students is a serious and multifactorial concern. Emotional intelligence may be inversely associated with suicidal thinking, but the mechanisms linking emotional functioning with ideation remain insufficiently understood in Indian higher education. Objective: This study tested whether academic stress and academic burnout statistically accounted for part of the association between emotional intelligence and suicidal ideation. Methods: Data were drawn from an analytical cross-sectional survey of 760 undergraduate and postgraduate students aged 18–29 years from public and private institutions in Haryana and Rajasthan. Emotional intelligence, academic stress, burnout, and suicidal ideation were assessed using the Wong and Law Emotional Intelligence Scale, Perception of Academic Stress Scale, Maslach Burnout Inventory–Student Survey, and Suicidal Ideation Attributes Scale. Robust regression and covariance-based structural equation modelling with 5,000 bootstrap resamples were used. Results: Emotional intelligence was inversely correlated with suicidal ideation ($r = -.305$, $p < .001$). In the primary adjusted model, emotional intelligence predicted lower suicidal ideation ($\beta = -.294$, 95% CI $[-.367, -.221]$) and added 8.6% explained variance. In the sequential model, emotional intelligence predicted lower stress ($\beta = -.409$) and lower burnout ($\beta = -.305$), stress predicted higher burnout ($\beta = .494$), and burnout predicted higher suicidal ideation ($\beta = .318$; all $p < .001$). The direct stress-to-ideation path was non-significant after burnout was included ($\beta = .050$, $p = .258$). Significant indirect associations operated through burnout alone ($\beta = -.097$) and sequentially through stress and burnout ($\beta = -.064$). Conclusion: Burnout appeared to be a more proximal statistical link with suicidal ideation than academic stress alone. Emotional intelligence may be one protective resource, but suicide prevention requires confidential clinical support, burnout reduction, financial assistance, and institution-level safety systems.

1. Introduction

Suicidal ideation includes thoughts, images, wishes, or plans concerning self-inflicted death that differ in frequency, controllability, distress, interference, and proximity to action (van Spijker et

al., 2014). It is not equivalent to a suicide attempt, and it does not inevitably progress to action. Nevertheless, suicidal ideation is clinically and ethically important because it signals substantial distress and may indicate reduced perceived alternatives, hopelessness, entrapment, interpersonal disconnection, or psychiatric symptoms. International research has documented suicidal thoughts and behaviours among first-year university students (Mortier et al., 2018), while recent multi-state evidence confirms that suicidality is an important concern in Indian colleges (Cherian et al., 2025; Armstrong et al., 2025).

University students encounter a distinctive combination of developmental and institutional pressures. Academic setbacks may be interpreted as threats to identity, family standing, employability, or long-term security. Students may also manage financial strain, relocation, hostel adjustment, relationship change, discrimination, language transitions, and uncertain access to confidential care. These experiences do not cause suicidal ideation in a simple or deterministic way. Ideation-to-action theories emphasise that the development of suicidal thoughts and the transition from thoughts to behaviour involve partly different processes (Joiner, 2005; Klonsky & May, 2015; O'Connor & Kirtley, 2018). Any explanatory model must therefore remain probabilistic, multifactorial, and safety oriented.

Cultural and institutional context may shape both distress and disclosure. Students may fear that revealing suicidal thoughts will reach teachers, parents, hostel authorities, or future employers. Others may avoid counselling because of stigma, limited service capacity, or uncertainty about confidentiality. Family obligation can provide belonging and reasons for living, yet it can also intensify perceived failure when educational achievement is linked with family sacrifice. These factors make anonymous or pseudonymous research valuable, but they also create ethical tension because anonymity limits direct follow-up. Responsible research must therefore combine transparent consent, minimal data collection, immediate support information, and a realistic protocol for direct disclosures of imminent danger.

Emotional intelligence may be relevant because it influences how individuals identify distress, interpret its causes, regulate reactions, communicate needs, and seek help. The ability model describes capacities for perceiving, using, understanding, and managing emotions (Salovey & Mayer, 1990; Mayer et al., 2016), while the Wong and Law model measures perceived competence in self-emotion appraisal, appraisal of others' emotions, use of emotion, and regulation of emotion (Wong & Law, 2002). Students with stronger emotional skills may identify escalating strain

earlier, distinguish temporary failure from permanent worthlessness, tolerate intense affect without impulsive action, and approach supportive relationships. Earlier research has linked emotional intelligence with mental health and well-being in university students and has suggested roles for perceived stress and social support (Ciarrochi et al., 2002; Malinauskas & Malinauskiene, 2020). Emotional intelligence should not be treated as a direct shield against suicide. Severe depression, trauma, substance use, interpersonal loss, discrimination, chronic pain, financial crisis, access to means, and other factors may outweigh or interact with emotional skills. A more plausible model is that emotional intelligence affects intermediate processes such as stress appraisal, coping, exhaustion, disengagement, and perceived efficacy. Academic stress occurs when educational demands are appraised as exceeding available resources (Lazarus & Folkman, 1984; Bedewy & Gabriel, 2015). Burnout represents a more sustained erosion of energy, engagement, and efficacy (Schaufeli et al., 2002). Burnout has been associated with suicidal ideation in medical students (Dyrbye et al., 2008), suggesting that prolonged depletion may be particularly important.

Theoretical models provide reasons to examine stress and burnout sequentially. Transactional stress theory proposes that appraisal and coping shape the effect of demands. Conservation of Resources theory predicts that repeated resource loss can create escalating vulnerability (Hobfoll, 1989). The Job Demands–Resources model suggests that chronic demands produce exhaustion when adequate personal and institutional resources are absent (Demerouti et al., 2001). Emotional intelligence may reduce perceived stress; lower stress may reduce burnout; and lower burnout may be associated with less suicidal ideation. However, stress may also have a direct association with ideation, and emotional intelligence may remain directly related to ideation after these pathways are considered.

Existing evidence leaves several gaps. Many studies examine only one pair of variables, use specialised professional samples, or exclude suicidal ideation because of ethical complexity. Cross-sectional mediation is sometimes discussed as though it establishes temporal causation. Indian higher-education studies have more often described prevalence and correlates than tested an integrated model connecting emotional intelligence, stress, burnout, and ideation. The present study addressed this gap in a multi-institution sample from Haryana and Rajasthan. It examined (a) the distribution of suicidal ideation; (b) the adjusted association between emotional intelligence and ideation; and (c) whether academic stress and burnout formed statistically detectable indirect pathways. The hypothesised sequence was emotional intelligence → academic stress → academic

burnout → suicidal ideation. Because all variables were measured concurrently, the analysis was explicitly interpreted as model-consistent association rather than causal mediation.

2. Methods

Design, setting, and participants. The study used an analytical cross-sectional survey across selected public and private universities and university-level colleges in Haryana and Rajasthan. Students aged 18–29 years who were enrolled in undergraduate or postgraduate programmes and could complete an approved English or Hindi questionnaire were eligible. A multistage stratified cluster approach selected institutions, broad academic streams, programmes, year groups, and classes. Equal target allocations were used for the two states and for public and private institutions. Of 842 students approached, 798 consented and were eligible, 778 completed the questionnaire sufficiently for screening, and 760 records remained after exclusion of excessive missingness, confirmed duplicates, and implausibly short completion.

Measures. Emotional intelligence was assessed with the 16-item Wong and Law Emotional Intelligence Scale (WLEIS; Wong & Law, 2002). Academic stress was assessed using the 18-item Perception of Academic Stress Scale (PAS; Bedewy & Gabriel, 2015). Academic burnout was measured with the licensed Maslach Burnout Inventory–Student Survey, covering exhaustion, cynicism, and academic efficacy (Schaufeli et al., 2002). The structural model represented burnout as a factor with higher exhaustion and cynicism and lower efficacy. Suicidal ideation was assessed using the five-item Suicidal Ideation Attributes Scale (SIDAS), which captures frequency, controllability, closeness to attempt, distress, and interference (van Spijker et al., 2014). SIDAS was analysed continuously. A score of 21 or higher was used only as a descriptive indicator and not as a diagnosis or determination of imminent risk.

Procedure and safety. Participants received advance notice that the survey included sensitive suicide-related questions. Participation was voluntary, responses were collected privately, and teachers did not have access to individual questionnaires. The main research file was pseudonymous and did not contain names, roll numbers, exact addresses, or unnecessary identifiers. An optional support-request process was stored separately from research data. All participants received campus and crisis-support information, and a stepped protocol was available for direct disclosure of current concern. A qualified mental-health professional was available for supervised sessions, and imminent danger required immediate clinical or emergency referral.

Ethical approval and institutional permissions were obtained before recruitment; the committee name, approval number, and data-collection dates should be inserted before journal submission.

The safety protocol separated research measurement from clinical assessment. A high SIDAS score did not automatically establish imminent risk, and a low score did not override a direct request for help. During supervised sessions, participants who disclosed current intent, a specific plan, access to means, a recent attempt, or inability to remain safe were not left alone and were transferred to qualified care. For online participation, the survey displayed support and emergency guidance and offered a separate contact route. Only the minimum necessary information was used for urgent assistance, and research responses were not provided to academic staff or used for disciplinary decisions.

Statistical analysis. Missingness, response quality, distributional assumptions, multicollinearity, and influence diagnostics were examined before hypothesis testing. SIDAS was positively skewed, so regression models used HC3 robust standard errors and were checked against alternative specifications. Correlations described bivariate relationships. A hierarchical regression first entered age, gender, state, institution type, study level, residence, financial strain, academic performance, and questionnaire language, then added emotional intelligence. The sequential model was estimated using covariance-based structural equation modelling. Direct paths were specified from emotional intelligence to stress, burnout, and suicidal ideation; from stress to burnout and suicidal ideation; and from burnout to suicidal ideation. Bias-corrected bootstrap confidence intervals were based on 5,000 resamples. An indirect association was considered statistically detectable when its confidence interval excluded zero. Model fit was evaluated using chi-square/df, CFI, TLI, RMSEA with confidence interval, and SRMR.

3. Results

Sample and measurement characteristics. The sample included 760 students, with equal state and institution-type representation. The mean age was 21.30 years ($SD = 2.16$); 50.7% were women, 46.6% men, 70.0% undergraduates, and 32.2% hostel residents. Item-level missingness was low, no single case dominated the models, and the maximum variance inflation factor was 2.08. The thesis-reported internal consistency was high for the WLEIS ($\alpha = .91$; $\omega = .92$) and SIDAS ($\alpha = .90$; $\omega = .91$). The integrated measurement model showed acceptable fit ($\chi^2/df = 2.11$, $CFI = .948$, $TLI = .942$, $RMSEA = .038$, $SRMR = .050$).

Suicidal-ideation distribution. The mean SIDAS score was 7.50 (SD = 9.44), the median was 4.00, and scores ranged from 0 to 50. A total of 193 students (25.4%) reported no ideation on the scale, 503 (66.2%) had scores from 1 to 20, and 64 (8.4%) had scores of 21 or higher. The elevated-score group was distributed across both states and institution types. The threshold was interpreted as a descriptive safety signal because clinical risk also depends on current intent, plan, access to means, recent behaviour, and context.

Table 1. Distribution of Suicidal Ideation Attributes Scale scores (n = 760)

SIDAS category	Score rule	n	%
No reported ideation	0	193	25.4
Subthreshold descriptive score	1–20	503	66.2
Elevated descriptive score	≥ 21	64	8.4

Note. The score of 21 or higher was used only as a descriptive safety indicator and not as a clinical diagnosis or determination of imminent risk.

Bivariate and adjusted associations. Emotional intelligence was inversely correlated with suicidal ideation ($r = -.305$, $p < .001$). Academic stress, exhaustion, and cynicism were positively correlated with ideation ($r = .345$, $.349$, and $.349$, respectively), whereas academic efficacy was negatively correlated with ideation ($r = -.292$; all $p < .001$). The covariate block explained 7.9% of SIDAS variance. Adding emotional intelligence contributed an additional 8.6 percentage points and increased R^2 to .165. Emotional intelligence independently predicted lower suicidal ideation ($\beta = -.294$, robust SE = .037, 95% CI $[-.367, -.221]$, $p < .001$), while financial strain predicted higher ideation ($\beta = .219$, $p < .001$).

Sequential structural model. The model showed acceptable fit: $\chi^2 = 1516.70$, $df = 721$, $\chi^2/df = 2.10$, CFI = .947, TLI = .941, RMSEA = .038, 95% CI $[\.035, \.041]$, and SRMR = .052. Emotional intelligence was associated with lower academic stress ($\beta = -.409$, $p < .001$) and lower burnout ($\beta = -.305$, $p < .001$). Academic stress was associated with higher burnout ($\beta = .494$, $p < .001$). Burnout predicted higher suicidal ideation ($\beta = .318$, $p < .001$). Emotional intelligence retained a smaller direct inverse path to ideation ($\beta = -.112$, $p = .010$), whereas the direct stress-to-ideation path was not significant after burnout was included ($\beta = .050$, $p = .258$). The model explained 51.9% of burnout variance and 24.5% of suicidal-ideation variance.

Table 2. Direct effects in the sequential structural model

Structural path	β	Bootstrap 95% CI	p
Emotional intelligence $\rightarrow$ Academic stress	-.409	[-.468, -.347]	< .001
Emotional intelligence $\rightarrow$ Academic burnout	-.305	[-.359, -.250]	< .001
Academic stress $\rightarrow$ Academic burnout	.494	[.434, .552]	< .001
Emotional intelligence $\rightarrow$ Suicidal ideation	-.112	[-.197, -.028]	.010
Academic stress $\rightarrow$ Suicidal ideation	.050	[-.037, .134]	.258
Academic burnout $\rightarrow$ Suicidal ideation	.318	[.226, .408]	< .001

Note. Standardised coefficients. Confidence intervals are based on 5,000 bootstrap resamples. Covariates were included but are not displayed.

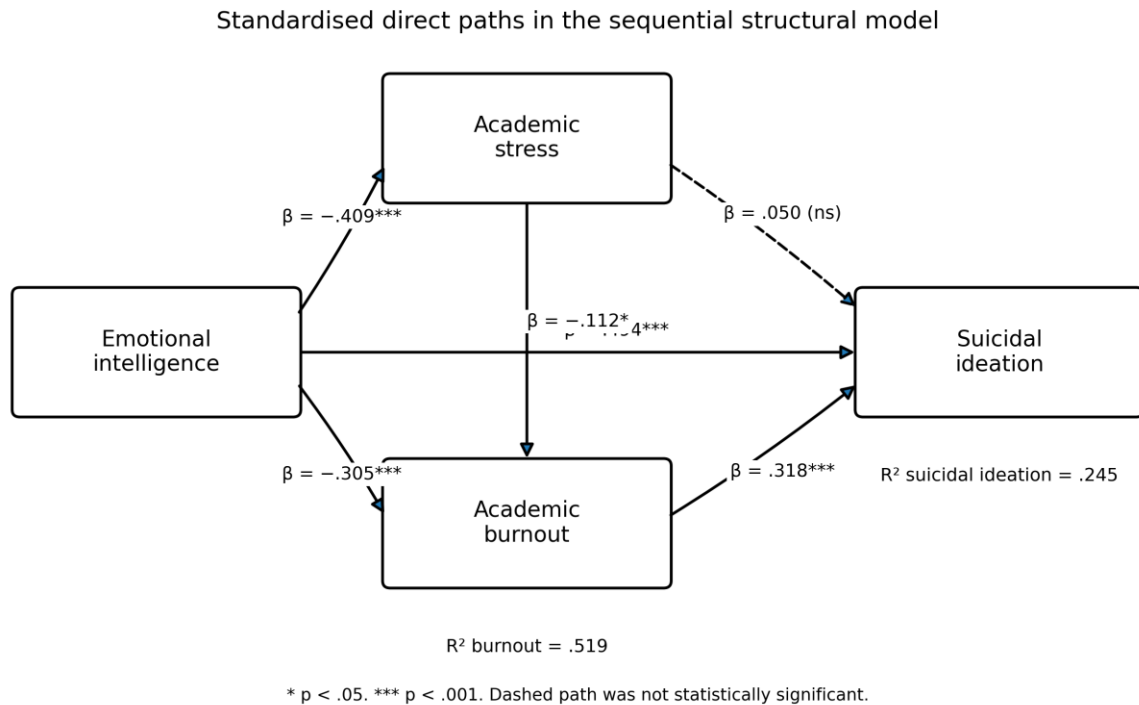


Figure 1. Sequential structural model linking emotional intelligence, academic stress, academic burnout, and suicidal ideation.

Indirect associations. The total indirect association between emotional intelligence and suicidal ideation was significant ($\beta = -.182$, 95% bootstrap CI [-.230, -.134]). The path through burnout alone was significant ($\beta = -.097$, 95% CI [-.131, -.065]), as was the sequential path through stress and then burnout ($\beta = -.064$, 95% CI [-.087, -.044]). The stress-only path did not exclude zero (β

= $-.020$, 95% CI [$-.055$, $.015$]). These results indicated partial statistical mediation: emotional intelligence remained directly associated with ideation, but a meaningful part of the relationship was carried through lower burnout, including a route from lower stress to lower burnout.

Table 3. Indirect associations of emotional intelligence with suicidal ideation

Indirect pathway	Standardised effect	Bootstrap 95% CI	Detectable
EI → Stress → Suicidal ideation	$-.020$	[$-.055$, $.015$]	No
EI → Burnout → Suicidal ideation	$-.097$	[$-.131$, $-.065$]	Yes
EI → Stress → Burnout → Suicidal ideation	$-.064$	[$-.087$, $-.044$]	Yes
Total indirect effect	$-.182$	[$-.230$, $-.134$]	Yes

Note. EI = emotional intelligence. An interval excluding zero was interpreted as a statistically detectable indirect association. Cross-sectional indirect effects do not establish temporal causation.

4. Discussion

The study found that higher emotional intelligence was associated with lower suicidal ideation in a diverse sample of university students. This relationship remained after adjustment for demographic and academic covariates and explained additional variance beyond those factors. More importantly, the sequential model suggested that academic burnout was a central statistical pathway. Emotional intelligence was associated with lower stress and lower burnout, stress was strongly associated with burnout, and burnout was the strongest proximal predictor of suicidal ideation in the expanded model. Once burnout was included, academic stress no longer had a significant direct path to ideation. The results therefore distinguish immediate academic pressure from the sustained depletion, detachment, and reduced efficacy represented by burnout.

The direct inverse association between emotional intelligence and suicidal ideation is consistent with the idea that emotional skills can influence the escalation of distress. Accurate emotion recognition may help a student identify fear, shame, anger, loneliness, or exhaustion rather than experiencing an undifferentiated sense of failure. Regulation may reduce impulsive reactions and support recovery after setbacks. Awareness of others' emotions can improve communication and

help seeking, while use of emotion may support motivation and problem solving. These processes are compatible with earlier findings that emotional intelligence relates to mental health and well-being and that perceived stress and social support may contribute to the relationship (Ciarrochi et al., 2002; Malinauskas & Malinauskiene, 2020).

However, the direct coefficient became smaller when stress and burnout were included, showing that emotional intelligence was not an isolated explanation. The significant burnout-only indirect effect suggests that emotional intelligence may be related to ideation partly through its association with sustained academic functioning. Students who regulate emotions effectively may recover more quickly, preserve social support, and maintain efficacy despite setbacks. Conversely, prolonged exhaustion and detachment may narrow perceived options, weaken belonging to the academic community, and make future effort feel futile. This interpretation is consistent with Conservation of Resources theory: repeated loss of energy, hope, confidence, and support can produce a downward spiral in which increasingly depleted students must invest more resources simply to maintain basic functioning (Hobfoll, 1989).

The sequential stress-to-burnout indirect effect adds nuance. Academic stress did not independently predict ideation after burnout was included, but it was strongly related to burnout. This pattern suggests that academic demands may become especially concerning when they are sustained long enough to produce exhaustion, cynicism, and diminished efficacy. A difficult examination period may create distress without necessarily producing suicidal thinking. By contrast, months of perceived failure, poor recovery, detachment, and reduced belief that effort can change outcomes may contribute to a more dangerous sense of entrapment or hopelessness. This is consistent with evidence linking burnout and suicidal ideation in medical students (Dyrbye et al., 2008), while remaining compatible with ideation-to-action models that recognise multiple contributors and separate the emergence of ideation from progression to behaviour (Klonsky & May, 2015; O'Connor & Kirtley, 2018).

The non-significant stress-only indirect path should not be interpreted as evidence that academic stress is harmless. Stress was positively correlated with ideation and strongly related to burnout. Its influence may be indirect, conditional, or shared with other variables. Cross-sectional structural models can also distribute shared variance differently depending on measurement and specification. Alternative temporal sequences are plausible: suicidal ideation may intensify stress appraisal, burnout may precede or amplify stress, and psychiatric symptoms may influence all four

constructs. The present model is therefore best understood as one coherent explanation of the observed covariance pattern rather than confirmation of a causal chain.

The 8.4% of students with SIDAS scores at or above 21 represents a meaningful prevention signal, but it must be interpreted with clinical caution. A questionnaire score does not establish diagnosis, current intent, or imminent danger. Some students below the threshold may require urgent help, while some above it may not have immediate intent. Risk assessment requires direct evaluation of current thoughts, plans, means, recent behaviour, protective factors, and ability to remain safe. The result nonetheless demonstrates that suicide-related distress was not confined to a negligible subgroup and supports the need for accessible, confidential campus services. Recent Indian multi-state research similarly indicates that suicidality and mental-health difficulties are substantial higher-education concerns (Cherian et al., 2025; Armstrong et al., 2025).

Financial strain remained a significant predictor of suicidal ideation in the adjusted model. This finding reinforces the danger of framing emotional intelligence as an individual cure for structurally produced distress. Students may have strong emotional skills yet still face unaffordable fees, debt, insecure housing, family financial crisis, or pressure to secure employment. Suicide prevention must therefore include hardship funds, transparent fee support, flexible payment systems, food and housing assistance, and referral to social services where available. Emotional-skills programmes may improve coping, but they cannot replace material support.

The results support several university-level actions. First, burnout screening should be incorporated into broader student well-being systems. Screening should focus on exhaustion, disengagement, loss of efficacy, and functional deterioration, not only on immediate stress. It must be voluntary, confidential, and directly connected with professional support. Screening without referral capacity may increase disclosure without providing a safe response.

Second, universities should establish clear suicide-response protocols. Students need visible routes to same-day assessment, after-hours crisis help, emergency services, and follow-up care. Faculty and peer mentors can be trained as gatekeepers who recognise warning signs and connect students to professionals, but they should not be expected to provide clinical assessment. Confidentiality and its limits must be explained clearly. Direct identifiers should be minimised, and data collected for research should not be shared with teachers, parents, or administrators except where an immediate and specific danger is directly communicated under an approved safety protocol. Ethical guidance emphasises training, transparent consent, clinical oversight, and realistic referral

procedures in suicide research (Barnard et al., 2021; Hughes et al., 2023; Ophir et al., 2024).

Third, burnout prevention should address academic systems. Coordinated assessment schedules, clear grading criteria, timely feedback, recovery periods, supportive supervision, and flexible responses to documented crisis can reduce preventable resource loss. Orientation and student-development programmes can include emotional awareness, coping flexibility, communication, and help seeking, but these programmes should complement rather than replace counselling and academic reform. Digital interventions may extend reach, although implementation, engagement, privacy, and escalation procedures require careful design (Lattie et al., 2019).

A tiered prevention framework is appropriate. Universal measures include mental-health literacy, anti-stigma communication, clear academic expectations, peer connection, and visible crisis information. Selective measures can support groups facing financial strain, repeated failure, hostel isolation, discrimination, or major transitions. Indicated services are required for students with substantial burnout, functional deterioration, suicidal ideation, or direct requests for help. Each tier must connect with the next so that students are not screened and then left to navigate fragmented services alone. Continuity after emergency referral is especially important because short-term crisis resolution does not remove the academic and social conditions that contributed to distress.

The results also caution against algorithmic risk prediction based on emotional-intelligence, stress, or burnout scores. Even a statistically significant model can misclassify individuals because group-level associations do not determine a particular student's immediate safety. Automated flags may discourage honest disclosure if students fear surveillance or academic consequences. Any decision-support system would require strong evidence, human clinical oversight, transparency, data minimisation, and protection against discriminatory use. In the present context, the most appropriate interpretation is service planning: burnout and financial strain identify important areas for prevention, while direct clinical assessment remains essential for individual risk decisions.

From a theoretical perspective, the partial rather than complete indirect effect is informative. Emotional intelligence retained a direct association with ideation after stress and burnout were included, implying that additional mechanisms may be involved. These may include social support, problem-solving confidence, self-acceptance, interpersonal conflict management, or willingness to seek help. Conversely, unmeasured depression or hopelessness could account for part of the apparent direct effect. Future models should therefore avoid presenting stress and burnout as an exhaustive mechanism and should compare competing explanations using

longitudinal data.

The study has notable strengths: a large multi-institution sample, balanced state and institution-type representation, English and Hindi administration, validated instruments, robust standard errors, latent modelling, bootstrapped indirect effects, and an explicit safety framework. It also avoided treating the SIDAS threshold as a diagnosis. Limitations are equally important. Cross-sectional data cannot establish temporal order or causal mediation. Self-report may be affected by mood, social desirability, fear of disclosure, and common-method variance. Students in acute crisis may have been absent or less likely to participate. Important clinical and interpersonal variables, including depression, anxiety, trauma, loneliness, substance use, relationship loss, and access to means, were not fully represented in the model. The direct and indirect effects should therefore not be used to construct an automated individual risk score.

Future research should test the proposed sequence longitudinally at multiple points in the academic year and should compare alternative models. Intensive longitudinal methods could examine whether daily emotional regulation predicts subsequent stress and exhaustion. Intervention studies can test whether emotional-skills training and academic-system changes reduce burnout and suicidal ideation. Mixed-method research may clarify how family expectations, hostel isolation, financial strain, language difficulty, stigma, and confidentiality concerns influence students' experiences. Clinical variables and service access should be incorporated to improve explanatory completeness without compromising privacy.

5. Conclusion

Emotional intelligence was associated with lower suicidal ideation, but the relationship was partly explained by academic burnout. Burnout, rather than academic stress alone, emerged as the strongest proximal statistical correlate of ideation in the sequential model. These findings support early identification of exhaustion, disengagement, and reduced efficacy, alongside emotional-skills development. They do not support using emotional intelligence as a standalone suicide-risk screen. Effective prevention requires confidential clinical assessment, accessible counselling, crisis-response systems, financial and academic support, and institutional practices that reduce prolonged resource depletion. Longitudinal research is needed to determine whether the proposed pathways unfold over time.

Declarations

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