

Cultural and Socioeconomic Factors in Student Wellbeing: A Narrative Review and Integration Framework

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Abstract: Student mental health has emerged as a critical concern in contemporary higher education, with approximately 60% of university students worldwide reporting anxiety or depression. While research has established that both cultural backgrounds and socioeconomic circumstances significantly influence student wellbeing, these factors are typically examined in isolation, limiting our understanding of their interactive effects. This narrative review synthesizes recent literature (2023-2025) on cultural and socioeconomic influences on student wellbeing, with particular emphasis on Southeast Asian contexts. Through systematic analysis of peer-reviewed research, we identify distinct psychological and social pathways through which cultural values and economic stress shape student mental health outcomes. The review reveals that cultural dimensions particularly interdependent orientations and family-centered value represent primary pathways through which students develop mental illness stigma. More importantly, these factors interact synergistically, creating compounded advantages or disadvantages that current theoretical frameworks inadequately address. We propose an integrated model conceptualizing student wellbeing as emerging from the intersection of cultural identity, economic circumstances, and institutional context. Practical implications for higher education administrators, mental health practitioners, and policymakers are discussed, with emphasis on culturally-adapted, economically-responsive interventions that move beyond Western-centric mental health approaches.

Keywords: Student wellbeing; Mental health; Cultural factors; Socioeconomic status; Help-seeking behaviours; University students; Intersectionality; Malaysia; Southeast Asia

1. Introduction

The Dual Crisis: Prevalence and Disparity

The mental health crisis among university students has reached unprecedented proportions in the 21st century. Recent epidemiological data from 2024-2025 indicates that nearly 60% of

college students experience symptoms of anxiety or depression, with notably higher prevalence among women (68%) and minority students (72%). This alarming trend has prompted significant institutional and policy responses worldwide, with universities increasing mental health resources and implementing



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campus-wide wellbeing initiatives. However, aggregate statistics mask a troubling reality: mental health outcomes vary dramatically by students' cultural backgrounds and socioeconomic circumstances.

Consider the paradox evident in international research: Students from collectivist cultural backgrounds—such as Asian, Pacific Islander, and Latinx populations—frequently report symptom severity equivalent to or exceeding that of their individualistic-oriented peers, yet they access mental health services at substantially lower rates. Similarly, lower-socioeconomic status (SES) students consistently report elevated depression, anxiety, and loneliness compared to higher-SES peers, a disparity that persists even when controlling for symptom severity. These patterns suggest that neither symptom severity nor awareness of mental health challenges adequately explains help-seeking disparities; rather, systematic structural and cultural barriers operate to prevent students from seeking needed support.

Limitations of Current Understanding

Extensive research has documented the independent effects of both cultural and socioeconomic factors on student mental health. Studies using rigorous quantitative designs and qualitative approaches have established clear mechanisms: cultural values shape attitudes toward mental illness and professional help-seeking through family dynamics and stigma concerns; economic hardship creates chronic stress and reduces access to resources. Yet the field remains fragmented. With rare exceptions, cultural and socioeconomic factors are studied as separate phenomena, examined through distinct theoretical lenses, and addressed through parallel intervention strategies. This compartmentalization obscures a fundamental reality: for most students, cultural identity and economic circumstances are inextricably intertwined, creating unique psychological and social configurations that cannot be understood through additive models.

Consider the case of a first-generation university student from a low-income collectivist family background. This student experiences not only economic strain and financial stress but also family cultural norms emphasizing academic achievement as a path to social mobility, family honor, and repayment of parental sacrifice. Financial constraints may prevent

access to both institutional counseling services and private alternatives; cultural values may simultaneously discourage seeking help, creating a double barrier to care. Standard interventions designed either for low-SES populations or for culturally diverse students may address only one dimension of this multifaceted challenge, leaving the compounded psychological burden unaddressed.

Geographic and Contextual Importance of Southeast Asia

The intersection of cultural and socioeconomic factors takes on particular urgency and specificity in Southeast Asian contexts, particularly Malaysia. Despite rapid economic development, Malaysia remains characterized by significant socioeconomic inequality, multicultural religious diversity (Islam, Buddhism, Hinduism, Christianity), and strong collectivist family values across major ethnic groups. Malaysia's higher education expansion has brought unprecedented numbers of first-generation university students, many from lower-income backgrounds, many navigating cultural transitions in addition to academic demands. Early evidence suggests that Malaysian university students face distinctive challenges: although 69% report knowledge of mental health, only 14.1% have utilized counseling services, pointing to substantial barriers specific to this context.

Purpose and Scope of This Review

This narrative review integrates recent empirical literature (prioritizing 2023-2025 publications) to synthesize current knowledge on cultural and socioeconomic influences on student wellbeing, with particular attention to their intersection. We explicitly adopt an integrative rather than systematic approach, recognizing that different authors will prioritize different dimensions of this multifaceted topic based on their expertise and values. We begin by examining cultural factors in student mental health, then review socioeconomic pathways, and crucially, explore emerging evidence on their interaction. Throughout, we privilege literature addressing Asian and Southeast Asian populations alongside international research. The review culminates in proposing an integrated theoretical model and practical framework for culturally-informed, economically-responsive support of student wellbeing in diverse university contexts.

2. Methods

Search Strategy and Source Selection

This narrative review employed an iterative search process utilizing multiple academic databases including PubMed Central, PsycINFO, Google Scholar, and disciplinary repositories. Primary search terms combined key concepts: (“student wellbeing” OR “student mental health”) AND (“cultural factors” OR “cultural values” OR “cultural adaptation” OR “cultural identity”) AND (“socioeconomic status” OR “socioeconomic disparities” OR “family economic stress” OR “financial hardship”). Secondary searches targeted specific populations and contexts: (“international students” AND “mental health”), (“first-generation students” AND “wellbeing”), (“Asian students” OR “Malaysian students” AND “mental health”), and (“collectivism” AND “mental illness stigma”). Time parameters prioritized publications from 2023-2025 to capture current evidence, though seminal theoretical works from earlier periods were included when essential to conceptual development.

Inclusion and Exclusion Criteria

Manuscripts were included if they: (1) addressed student wellbeing or mental health in university or higher education settings; (2) examined cultural, socioeconomic, or intersectional factors; (3) reported empirical data, theoretical frameworks, or evidence-based interventions; (4) were peer-reviewed publications or doctoral dissertations; (5) were available in English. Manuscripts were excluded if they focused exclusively on specific diagnoses without attention to broader wellbeing constructs, addressed secondary or primary school populations without applicability to university contexts, or lacked scholarly rigor (e.g., opinion pieces without evidence or theoretical grounding). The authors recognized that this scope is broad; boundaries were maintained by excluding studies addressing unrelated higher education issues (e.g., academic performance independent of mental health) and purely biomedical/pharmacological interventions without psychosocial dimensions.

Analysis and Interpretation Process

The review proceeded iteratively through multiple cycles of reading, annotation, and analysis. Initial readings identified dominant themes and patterns across the literature. Subsequent readings examined

mechanisms (how do cultural and socioeconomic factors influence wellbeing?), modifying factors (under what conditions are these influences stronger or weaker?), and interactions (how do these factors amplify or mitigate each other’s effects?). To address the limitation inherent in all narrative reviews—that saturation and sufficiency cannot be demonstrated with mathematical precision—the authors employed a convergence approach: when multiple independent studies reached similar conclusions through different methodologies, those findings were prioritized. Similarly, findings contradicting prevailing assumptions received deliberate attention to ensure balanced interpretation.

The authors acknowledge that their interpretations are shaped by their positions within educational and mental health fields, with familiarity with both Western psychological frameworks and Southeast Asian educational contexts. This reflexivity was maintained throughout analysis to avoid over-generalizing Western-centric findings to diverse populations and to avoid essentialism in describing cultural groups.

3. Review: Cultural Factors in Student Mental Health

Defining Cultural Dimensions Relevant to Wellbeing

Culture operates through multiple dimensions influencing mental health attitudes and behaviors. A foundational distinction differentiates individualistic orientations (emphasizing personal autonomy, self-actualization, and individual achievement) from collectivist orientations (emphasizing group harmony, interdependence, and family obligation). Recent research operationalizes this distinction through the construct of Interdependent Orientation (IO), measured as agreement with family-centered values, group harmony, and obligation to family. Importantly, IO is not synonymous with cultural or ethnic identity; within any ethnic group, individuals vary substantially in the degree to which they endorse interdependent values. However, students from Asian, Latinx, and other non-Western backgrounds show higher average IO endorsement compared to European American peers.

The Pathway from Cultural Values to Mental Health Help-Seeking

Research demonstrates that IO predicts mental health help-seeking behavior primarily through

attitudes toward mental illness and stigma concerns. Students with higher IO show significantly lower perceived need for mental health treatment, despite reporting equivalent symptom severity (depression, anxiety) compared to lower-IO peers. One mechanism involves what researchers term “loss of face” or shame—concern that seeking professional help brings dishonor to oneself and one’s family. This operates particularly powerfully in collectivist contexts where family reputation, social standing, and group harmony are paramount values. A second mechanism involves attributional patterns: students with high IO are more likely to attribute distress to situational factors (exam stress, family pressures) rather than to mental illness, making professional treatment seem unnecessary or inappropriate. A third mechanism involves family communication: high-IO students often maintain strong norms against discussing emotional problems within families, limiting family members’ awareness of psychological distress and reducing family encouragement to seek help.

The empirical magnitude of these effects is striking: students with high IO endorsement show 92% lower likelihood of perceiving need for mental health treatment, even when controlling for symptom severity and other demographic variables. This suggests that cultural values operate as powerful moderators of help-seeking behavior, not merely as demographic correlates.

Context-Specific Evidence from Malaysia and Asia-Pacific Regions

In Malaysian higher education specifically, research reveals culturally-specific barriers to help-seeking. Beyond generic stigma concerns documented across cultures, Malaysian students report distinctive worries about privacy and family reputation, privacy fears intensified by Malaysia’s relatively small educated population where word-of-mouth networks remain powerful. Students across Malaysia’s ethnic groups—Malay Muslims, Chinese, and Indian populations—endorse strong family obligation values, though manifested differently: Malay Muslim students often cite religious teachings about patient acceptance of hardship; Chinese students reference filial piety traditions; Indian students note extended family expectations. Yet a consistent pattern emerges: direct disclosure of mental illness to family members is

culturally uncomfortable, limiting family support that might otherwise encourage professional help-seeking.

For international students from Asia studying in Malaysia or abroad, additional cultural adaptation stress intensifies mental health challenges. Research on Chinese international students, for example, reveals that acculturation stress—managing cultural differences while maintaining cultural identity—significantly predicts anxiety and depression, with effects mediated through perceived social support. The mechanism appears to operate through feelings of social isolation and cultural alienation, alongside internalized pressure to succeed academically to justify family sacrifice.

Protective Factors Within Cultural Contexts

The review reveals an important corrective to deficit-focused narratives about culture and mental health. While cultural values may reduce help-seeking, they simultaneously provide protective factors. Collectivist family structures, when functioning well, provide robust social support, economic interdependence (reducing individual financial stress), and sense of belonging. Students who feel integrated into culturally-congruent communities, who maintain strong family relationships, and who have access to culturally-knowledgeable mentors show better mental health outcomes despite facing systemic barriers. The challenge is not eliminating cultural values but rather creating mental health systems that honor cultural values while effectively addressing psychological distress—a shift from expecting cultural assimilation to mental health services toward cultural adaptation of services themselves.

4. Review: Socioeconomic Status and Student Wellbeing

Defining and Measuring Socioeconomic Status in University Contexts

Socioeconomic status encompasses family income, parental education, and occupational prestige, typically measured through combined indices. In university contexts, SES significantly influences multiple wellbeing dimensions: psychological symptoms (depression, anxiety), academic engagement, physical health, and social integration. The disparity is substantial: lower-SES students report anxiety and depression at rates 40-60% higher than higher-SES peers. Importantly, this disparity persists across

different institutional types and geographic contexts, suggesting robust, generalizable effects.

Mechanisms Linking Socioeconomic Status to Mental Health Outcomes

Recent research clarifies the psychological mechanisms through which SES influences mental health. Rather than poverty directly causing mental illness through biological stress pathways, the effects operate primarily through psychological and social processes. Three key mechanisms have been identified:

Perceived Control and Agency. Lower-SES students report substantially lower perceived control over their circumstances—the subjective sense of ability to influence important life outcomes. This reduced sense of agency correlates with depression and anxiety. The mechanism likely involves chronic exposure to situations where effort does not reliably produce desired outcomes (e.g., studying hard yet lacking resources for optimal preparation), leading to learned helplessness and reduced motivation.

Perceived Inclusion and Belonging. Lower-SES students frequently report feeling excluded from campus communities, particularly at institutions with high concentrations of wealthy students. This operates through multiple channels: financial inability to participate in peer social activities, self-consciousness about economic differences, and sometimes explicit stigma from wealthier peers. The resulting sense of not belonging predicts both mental health symptoms and academic disengagement.

Perceived Self-Worth and Respect. Lower-SES students report lower self-esteem and perceived respect from others. This reflects both internalized social messages associating low SES with reduced worth and explicit social experiences of being treated as less deserving or less capable. The resulting diminished sense of self-worth predicts depressive symptoms and anxiety.

Family Economic Stress Model

A particularly important mechanism for university-age students involves family economic stress. Rather than students' own poverty directly causing distress, the key pathway involves students' awareness and perception of their families' economic struggles. Research demonstrates that when students are aware their families face economic hardship, they experience elevated stress, which manifests as depression and reduced academic engagement. This effect is mediated

through the student's emotional response to family economic strain, not through actual deprivation in the student's own life. The mechanism appears to involve: (1) awareness of family financial difficulties, (2) emotional response (sadness, worry about family future), (3) internalized as personal stress and depression, (4) manifesting as reduced academic motivation and increased anxiety.

This model is particularly relevant for collectivist cultural contexts where family economic circumstances are viewed as shared family responsibility, not individual hardship. Students from collectivist backgrounds may experience heightened psychological impact of family economic strain, as they internalize family problems as personal obligations to remedy.

Structural and Resource Access Barriers

Beyond psychological mechanisms, SES creates structural barriers to mental health care. Lower-SES students often cannot afford private mental health services, depend on limited campus counseling resources (frequently oversubscribed), and face time constraints due to employment obligations that reduce ability to attend appointments. Even when free services are available, indirect costs (transportation, time away from work) create barriers. Additionally, lower-SES students may have less familiarity with mental health systems, fewer family members with experience accessing services, and less knowledge of how to advocate within healthcare systems—forms of cultural capital beyond socioeconomic resources per se.

5. Review: The Intersection of Cultural and Socioeconomic Factors

Why Integration Matters: Limitations of Additive Models

While the independent effects of culture and SES on student wellbeing are well-established, treating them as separate variables obscures crucial interactions. An additive model would predict that a low-SES, high-IO student faces two independent challenges: economic stress and cultural barriers to help-seeking. However, evidence suggests the relationship is not additive but rather synergistic—the combination creates challenges and opportunities distinct from the sum of parts.

Amplification Effects: How Factors Interact to Magnify Disadvantage

For low-SES students from collectivist backgrounds,

several amplification mechanisms operate:

Achievement Pressure Intensification. In collectivist cultures with strong family obligation values, low-SES families frequently view university education as the primary path to social mobility and family economic advancement. This creates heightened achievement pressure beyond that experienced by higher-SES students. A low-SES student from a collectivist background may experience not merely academic pressure (present for many students) but specific family messages that university success represents personal and family destiny. When academic struggles occur, they trigger not only personal anxiety but also guilt regarding family sacrifice and concern about family disappointment. This compounded psychological burden increases depression and anxiety risk beyond what either factor alone would predict.

Constrained Coping Options. Low-SES students have fewer financial resources for stress management (leisure activities, tutoring support, mental health services). Collectivist cultural values simultaneously constrain help-seeking options by discouraging family disclosure and making professional help shameful. The result is restricted adaptive coping—students simultaneously have fewer objective resources and are culturally discouraged from seeking available institutional support.

Double Barrier to Care. A unique interaction creates a double barrier. Institutional mental health services (typically free) remain inaccessible due to cultural stigma and family face concerns. Private services remain inaccessible due to cost. Unlike higher-SES students who can pay for private culturally-sensitive care, or unlike Western-oriented students less constrained by help-seeking stigma, low-SES students with high collectivist values face blockage at both pathways.

Contextual Factors Amplifying Intersection Effects

The interactive effects of culture and SES are further modulated by institutional and broader social contexts. Students attending universities with high socioeconomic diversity, institutions with culturally-informed counseling services, and campuses with strong multicultural communities show better mental health outcomes despite facing culture-SES disadvantage. This suggests that institutional context can either amplify or mitigate the effects of student

background characteristics.

Mitigation and Protection: Positive Intersections

Importantly, the intersection of cultural and socioeconomic factors can also create protection and resilience. First-generation, low-SES students who maintain strong cultural identity and family connections often report high motivation, sense of purpose, and resilience. The motivation to honor family sacrifice, to be first in family to achieve university education, and to model success for younger siblings provides powerful psychological resources. Additionally, cultural communities can provide collective emotional support, informal mentoring, and sense of belonging that partially compensates for reduced economic resources. Students embedded in strong cultural communities on campus show better mental health outcomes than isolated peers, even when facing equivalent economic constraints.

6. Integrative Framework: The Cultural-Economic Intersection Model (CEIM)

Model Components and Conceptualization

Synthesizing the evidence reviewed above, we propose the Cultural-Economic Intersection Model (CEIM), which conceptualizes student wellbeing as emerging from dynamic interactions among five key domains:

1. **Cultural Identity and Values** (encompassing cultural orientation, family obligation beliefs, help-seeking stigma, and cultural community connectedness)
2. **Socioeconomic Resources** (encompassing family income, parental education, financial aid, and economic strain perception)
3. **Psychological Mediators** (encompassing perceived control, sense of belonging, self-worth, and coping efficacy)
4. **Social Support Systems** (encompassing family support, peer relationships, cultural community support, and institutional support)
5. **Mental Health Outcomes** (encompassing depression, anxiety, substance use, academic disengagement, and help-seeking behavior)

The model proposes that cultural and socioeconomic factors do not directly predict mental health outcomes; rather, they operate through psychological mediators and social support systems. A student's cultural values shape whether family provides emotional support

versus creates additional achievement pressure. A student's SES determines access to formal mental health services and constrains or enables adaptive coping strategies. Critically, the model incorporates feedback loops: mental health outcomes influence cultural identity expression (e.g., depression may reduce cultural community engagement) and economic outcomes (mental health problems predict academic failure, which constrains economic mobility).

Pathways of Risk and Resilience

The CEIM identifies four primary pathways through which cultural-SES intersection shapes wellbeing:

Pathway 1: The Compounded Disadvantage Route

Low SES + High collectivist orientation → Heightened family achievement pressure + Constrained help-seeking + Limited institutional access → Depression/anxiety amplification

Pathway 2: The Resource Diversity Route

Low SES + High cultural community integration → Reduced formal mental health access BUT enhanced informal support + Cultural protective factors → Maintained mental health despite economic constraints

Pathway 3: The Cultural Barrier Route

High SES + High collectivist orientation → Access to formal services BUT cultural stigma prevents utilization → Untreated mental health despite resources

Pathway 4: The Resilience Route

Low SES + High collectivist orientation + Strong institutional support + Culturally-adapted services → Purpose and motivation maintained + Barriers overcome through institutional support → Preserved wellbeing and academic success

Malaysian Application of CEIM

Applying the CEIM to Malaysian university contexts reveals how the model illuminates locally-specific challenges and opportunities:

- Malaysia's multicultural composition means students simultaneously navigate ethnic/religious identity (Malay, Chinese, Indian; Muslim, Buddhist, Hindu, Christian), socioeconomic positioning, and generational status (first-generation vs. continuing-generation university students)

- High average family obligation values across ethnic groups, combined with significant SES inequality, creates substantial proportion of students on the compounded disadvantage pathway

- Limited cultural diversity in institutional mental

health services creates barriers even for higher-SES students

- Emerging campus-based multicultural student organizations and peer support networks represent institutional resources that can activate the resource diversity pathway

7. Discussion

Key Findings and Their Implications

This review establishes several crucial conclusions: (1) Cultural values and socioeconomic circumstances independently and substantially influence student wellbeing through distinct psychological and social mechanisms; (2) These factors interact synergistically in ways that additive models cannot capture; (3) The interaction creates both amplified risks and unique protective factors; (4) Current mental health systems and interventions inadequately address this intersection; (5) Culturally-adapted, economically-responsive approaches offer greatest promise for reducing disparities.

Limitations of Current Evidence

The evidence base reveals several important gaps. Most research examining SES effects has been conducted in Western, particularly North American, contexts; generalization to Southeast Asian settings remains limited. Research on cultural factors has often treated culture as ethnic/racial category rather than measuring cultural values directly, limiting mechanistic understanding. Longitudinal research examining how cultural-SES intersection evolves across university years remains scarce. Intervention research testing culturally-adapted approaches remains limited; most documented mental health interventions lack explicit attention to cultural adaptation. Finally, much research on international students examines those from Asia studying in Western countries rather than students studying in Asian institutional contexts.

Recommendations for Practice and Policy

For University Administrators and Student Affairs Professionals:

1. **Audit current mental health services** for cultural responsiveness. Do counseling staff reflect student demographic diversity? Are services available at times accessible to working students? Are intake forms and communication materials available in students' languages?

2. **Implement culturally-informed universal prevention.** Rather than relying on help-seeking,

provide mental health education and skills training integrated into curricular and co-curricular activities, using culturally-relevant examples and framing.

3. **Expand peer support models.** Peer supporters from diverse cultural backgrounds can provide support in culturally-familiar ways, reduce help-seeking stigma, and improve accessibility.

4. **Create economic safety nets.** Financial aid, emergency funds, and reduced-cost textbook programs directly reduce SES-related stress and enable mental health service access.

5. **Develop mentoring programs** pairing first-generation and low-SES students with peer or faculty mentors from similar backgrounds, combining support with role modeling.

For Mental Health Practitioners:

1. **Develop cultural humility and competence.** Seek training in cultural adaptation of evidence-based treatments, understanding how cultural values shape presenting problems and help-seeking.

2. **Reframe help-seeking language.** Rather than positioning professional help as addressing individual pathology, frame it as tool for maintaining family functioning, honoring family investment, or managing family-related stress.

3. **Involve families when culturally appropriate.** For students from collectivist backgrounds, individual-only therapy may be insufficient; family sessions or at least family communication can enhance outcomes.

4. **Provide choice in service modalities.** Offer both individual and group formats, both western-trained and culturally-embedded approaches, both medication and psychotherapy, recognizing diverse preferences.

For Researchers:

1. **Conduct longitudinal studies** examining how cultural-SES intersection evolves as students progress through university, examining bidirectional relationships between wellbeing and academic/social outcomes.

2. **Test culturally-adapted intervention approaches** in randomized controlled trials, establishing evidence base for culturally-responsive services.

3. **Examine within-group heterogeneity** rather than treating ethnic/cultural categories as homogeneous, recognizing that cultural values vary substantially within any ethnic group.

4. **Conduct research in diverse geographic contexts,**

particularly Southeast Asia, where institution-specific factors may substantially shape outcomes.

Methodological Considerations

This narrative review approach enabled broad integration of diverse evidence and conceptualization of mechanisms and interactions. However, the approach's flexibility comes with methodological limitations. The authors' selection of which literatures to emphasize, which mechanisms to highlight, and which frameworks to privilege reflects their perspectives and expertise. Different authors conducting similar reviews might reasonably emphasize different conclusions. To address this limitation, the review explicitly identifies its boundaries and selection rationale, acknowledges authors' perspectives, and provides sufficient detail that readers can evaluate the basis for conclusions.

It is important to acknowledge that this review may be subject to publication bias, as academic databases tend to prioritize English-language publications and significant findings. Null findings (studies showing no effect) or research published in non-English regional journals may be underrepresented. This potential bias means the strength of some reported associations could be overestimated, particularly regarding the specific mechanisms linking culture to wellbeing

Future systematic reviews and meta-analyses examining specific sub-questions (e.g., "What is the effect size of cultural values on mental health help-seeking?") would provide valuable complementary evidence to the broad integrative synthesis offered here.

8. Conclusions

Student wellbeing in the 21st century cannot be adequately understood through single-factor frameworks. The intersection of cultural identity, socioeconomic circumstances, and institutional context creates unique configurations of challenge and opportunity that require integrated understanding and response. While substantial research establishes that both culture and SES matter, this review demonstrates that how they matter together differs from how they matter separately. The integration of these factors into coherent frameworks, and the development of institutions and practices that respond to this integrated reality, represent crucial next steps toward equitable student mental health in increasingly diverse global universities.

For students themselves—particularly those navigating multiple marginalized identities—recognition that their mental health challenges reflect legitimate responses to genuine systemic barriers, rather than personal deficits, offers both validation and direction. The barriers to wellbeing are real, but they are addressable through intentional institutional and policy change. Universities committed to student flourishing must move beyond Western-centric models to develop approaches that honor the cultural values students bring while reducing the socioeconomic barriers to wellbeing and help-seeking. The opportunity to do so has never been more urgent.

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