



Analysis of the mental health issues and challenges among youth

Dr. S Krishnan¹, Rajshree Sharma²

¹ Associate Professor, Seedling School of Law and Governance, Jaipur National University, Jaipur, Rajasthan, India

² Seedling School of Law and Governance, Jaipur National University, Jaipur, Rajasthan, India

Abstract

Mental health issues among youth are a global concern, with considerable implications for individuals and society. This research paper critically examines the state of mental health among Indian youth, exploring the prevalence, risk factors, and implications of mental health disorders. It also discusses existing support systems, intervention programs, and future recommendations for addressing mental health challenges. By synthesizing existing literature, this study aims to provide a comprehensive understanding of mental health in the context of India's youth, highlighting the urgent need for focused research and policy intervention.

Keywords: Mental health, Indian youth, prevalence, risk factors, intervention programs

Introduction

Mental health among Indian youth has emerged as a critical public health concern in recent years, driven by increasing awareness, raising prevalence of mental health issues, and the mounting pressures of modern life. India is home to one of the world's largest youth populations, with more than 50% of its population under the age of 25. While this demographic presents immense potential, it also faces unique mental health challenges stemming from academic stress, unemployment, social stigma, and rapidly changing societal norms.

The mental well-being of young people in India is under severe strain. Studies estimate that around 20–25% of Indian youth suffer from mental health issues such as depression, anxiety, substance abuse, and suicidal thoughts. Academic pressure is one of the most commonly cited stressors, especially among school and college students who face intense competition for limited higher education and employment opportunities. The fear of failure, combined with expectations from family and society, often leads to chronic stress and emotional distress.

Urbanization and the rise of social media have also significantly impacted the psychological health of Indian youth. While these developments have created new opportunities for expression and connection, they have also introduced issues such as cyber bullying, body image concerns, and social comparison. Additionally, the disruption of traditional community structures and the weakening of support systems have left many young people isolated, without adequate avenues to seek help.

Despite growing awareness, stigma around mental illness remains a significant barrier to seeking help in India. Cultural beliefs often associate mental health conditions with weakness or moral failing, which discourages open discussions and professional intervention. This is particularly challenging for youth, who may lack the confidence or resources to access mental health services independently. The availability of mental health services in India is also limited.

There is a severe shortage of mental health professionals, particularly in rural and underserved regions. According to

the World Health Organization, India has less than one psychiatrist per 100,000 people, which is far below the recommended levels. For young people, this lack of access is compounded by limited youth-specific services, high costs, and low mental health literacy. However, there are signs of progress. Government initiatives such as the National Mental Health Programme and school-based wellness programs are beginning to address youth mental health needs. Additionally, digital mental health platforms and helplines have made counselling more accessible and anonymous, reducing stigma and promoting help-seeking behaviour. NGOs and student-led campaigns are also working to create safe spaces for dialogue and support.

India's young population has long been seen as its greatest strength. Yet behind the optimism of a demographic dividend lies a quieter crisis — a growing mental health burden among children and adolescents. Once defined by curiosity and carefree play, childhood is now increasingly shaped by comparison, performance, and pressure. For many teenagers, stress has become a daily companion rather than an occasional challenge.

Risk Factors related to Youth Mental Health in India

Mental health concerns among Indian youth have seen a significant rise in recent years, driven by a mix of social, economic, familial, and psychological factors. Understanding the risk factors is essential for developing effective preventive and intervention strategies.

1. Family Environment and Parenting Style:

Dysfunctional family dynamics—such as conflict, neglect, or over control—are strongly associated with poor mental health outcomes in Indian youth. A study among tribal adolescents in Meghalaya found that poor family management, family conflict, and parental over control significantly increased psychological distress. Gen Z in India is navigating an evolving family structure, with shifting roles, more nuclear families, and, in some cases, broken homes. Traditional expectations for success and social behavior often clash with the modern, individualistic attitudes of this generation. The younger Gen Alpha is often raised in

digitally connected households, but parental guidance and understanding of mental health challenges remain limited, further contributing to struggles related to emotional regulation and mental resilience

2. **Substance Use and Peer Influence:** Interaction with antisocial peers and intention to use substances were significant predictors of emotional and behavioural issues. Substance use, especially in peer settings, contributes to depression and conduct disorders in adolescents.
3. **Academic Pressure and Performance Anxiety:** The intense pressure to perform well in academics, often amplified by parental expectations, is a major cause of anxiety and depression. Students who were unhappy with their school performance had significantly higher risks of depression. The emphasis on academic success over mental well-being often leads to anxiety, depression, and burnout among both Gen Z and Gen Alpha students. Many adolescents struggle with the imbalance between academic pursuits and personal life, leading to decreased sleep, unhealthy coping mechanisms, and social withdrawal
4. **Socio-economic Status:** Youth from economically disadvantaged backgrounds tend to experience higher psychological distress. Lower income levels and family financial struggles increase the risk of depression and anxiety.
5. **Violence, Abuse, and Trauma:** Exposure to physical or sexual abuse is a critical risk factor for common mental disorders. A community-based study in Goa revealed strong associations between abuse experiences and mental health issues, including depression and anxiety in both male and female youth. The prevalence of substance abuse, including alcohol and drugs, has been rising among Indian youth. Peer pressure, lack of guidance, and exposure to substances in both urban and rural areas contribute to this crisis. India's youth face an unprecedented mental health crisis, where rapid urbanization, technology use, and societal expectations converge to exacerbate challenges
6. **Gender, Identity, and Relationship Issues:** Youth who experience issues related to gender, sexuality, or relationship stress are particularly vulnerable to mental health crises, including sociality. These issues are often stigmatized, leading to isolation and reduced help-seeking behaviour.
7. **Urban vs. Rural Settings:** Urban youth were found to have a higher prevalence of mental health disorders compared to their rural counterparts. This could be due to increased academic competition, social isolation, and reduced family cohesion in cities.

Impact of Mental-Health Conditions on The Development and Social Integration of Youth

Mental-health conditions have a significant impact across a wide range of developmental outcomes, limiting opportunities for social integration. One area that can be impacted by mental-health conditions during adolescence

and young adulthood is the development of safe and healthy relationships with peers, parents, teachers and romantic partners. In fact, adolescence is the developmental period that is critical for identity formation and taking on roles, especially with peers. Many mental-health conditions negatively affect a youths' ability to successfully form supportive and healthy relationships and manage conflict within these relationships. For example, at least one in four adolescents' experiences symptoms of depression, which commonly includes irritability, anger and avoidance of social interaction. These symptoms can lead youth to withdraw from others as well as be rejected by their peers, which can exacerbate depressive symptoms further and limit opportunities for social skills development. Similar social challenges occur for youth with anxiety, whereby they tend to avoid social interaction and may be rejected by their peers because of their anxious behaviour.

Aggressive youth and those with attention deficit disorder/hyperactivity problems often experience rejection by peers because their behaviour is perceived as aversive by pro-social peers. This often results in a cascade process, whereby the rejected aggressive youth spend time with delinquent peers and become disengaged from the academic process, which exacerbates their behavioural and mental-health conditions.

Another common mental-health concern among youth is substance use. A recent study of students attending the eighth to the tenth grade in South Africa indicated that 10 per cent of youth who had tried cannabis were introduced before they were 13 years old, with roughly 30 per cent smoking daily. It was found that substance use was strongly correlated with repeating a school grade and a range of other negative outcomes, such as physical injury, crime, sexual violence and risky sexual behaviour.

Mental-health conditions affect youths' self-esteem, social interaction, and even, their chances of personal injury and harming themselves and others. Youth with untreated mental health conditions struggle to succeed in school. Academic problems include low engagement, poor academic performance, learning disabilities, discipline problems (e.g. suspension), poor attendance and, eventually, school dropout. This trajectory of poor academic engagement leads to diminished workforce readiness and inability to transition to work and employment which, in turn, impacts independent living and social integration negatively.

When Emotional Distress Becomes Physical

The impact of mental strain rarely stops at the mind. Chronic stress activates the body's defence mechanisms, raising levels of cortisol and adrenaline. Over time, these hormones interfere with immunity, metabolism, and hormonal balance. Clinicians are now observing conditions once associated with adulthood such as obesity, hypertension, and early-onset diabetes appearing in teenagers driven by emotional and lifestyle imbalance.

For young girls, prolonged stress can affect reproductive hormones, contributing to irregular menstrual cycles and conditions such as Polycystic Ovary Syndrome (PCOS). Symptoms like acne, weight fluctuation, and fatigue often mirror emotional exhaustion. Depression and anxiety can also alter how the body processes sugars and fats, increasing long-term cardiac risk.

The cultural fixation on body image adds to the strain. The curated perfection of social media promotes unrealistic

standards that erode self-worth and drive disordered eating behaviours. What begins as an attempt to stay fit can evolve into cycles of restrictive eating, bingeing, or purging, often leaving deep nutritional and emotional scars.

The Impact of Social Media on the Mental Health of Young Adults

In some ways, social media can benefit mental health. For instance, it provides access to information that might be unavailable elsewhere, as well as a safe place to express oneself. Many teens find a community online that helps them through difficult times, breaking through barriers that would normally exist, such as distance or shyness in approaching others.

In spite of the many benefits of social media, when used in excess, there are drawbacks. The United States Surgeon General released a social media advisory in 2023 about social media and mental health. According to the advisory, evidence suggests that social media has potential to harm the mental health of children and adolescents. The advisory indicates that frequent social media use could be associated with changes in parts of the brain related to emotions and learning. Additionally, it can affect impulse control, social behavior, emotional regulation and sensitivity to social punishments and rewards.

There is also some correlation between social media use and common mental health concerns. One of the most common interrelationships is between social media and depression. Research has demonstrated that there are high rates of depression with very low social media use and very high social media use, demonstrating that there is a 'sweet spot' of use for each child that is often specific to their own developmental level and protective factors.

Recent research indicates that those who spend more time on social media tend to show more symptoms of depression. However, there could be a number of reasons for this association.

- **Social isolation:** Today's children and teens spend less time connecting with friends and family in person compared with past generations. Instead, many use social media to connect, which can leave them feeling just as isolated. Online social interactions may not be as rewarding. Social media may also make some feel excluded or like they're missing out when seeing others engage in activities and social interactions.
- **Lack of healthy activities:** Time spent on social media may lead to a lack of healthy activities. Physical activity and time spent outdoors help release endorphins, which can help alleviate symptoms of depression. They can also provide a sense of accomplishment and confidence.
- **Lack of sleep:** Research indicates that sleep deprivation is a common contributor to depression, and social media can have a notable impact on sleep. Scrolling on social media can lead to stress, which can make it hard to sleep. Additionally, people of every age can get stuck in a pattern where they only intend to look through social media for a few minutes and end up in it for more than an hour. Combine these habits with the blue light from electronic screens, which interferes with sleep patterns, and it's easy to see how social media use before bed can lead to sleep deprivation.

The Unique Challenges Facing 'Emerging Adults'

Adolescence and early adulthood have always been times of growth and uncertainty, but today's young people face pressures that are distinct from those faced by previous generations. These pressures are rooted in:

- **Biological and developmental factors:** adolescents experience dramatic changes in brain structure and function that shape their ability to regulate emotions and adapt to stress. At the same time, they navigate major developmental milestones – forming an identity, individuating from their families and charting a life course.
- **Prolonged transitions to adulthood:** the journey from childhood to adulthood has grown longer and less certain. Extended education, delayed marriage and parenthood, and economic instability have created a prolonged phase known as 'emerging adulthood.'
- **Societal and systemic shifts:** educational policies that emphasise academic achievement and longer school hours have further exacerbated stress while eroding opportunities for play and exploration. These shifts compound a sense of perfectionism and self-comparison, particularly as social media amplifies unrealistic expectations.

Generational shifts in identity and mental health also play a role. Young people born between the 1970s and 1980s, sometimes labelled 'Generation Me,' were the first to show a marked increase in traits like narcissism and perfectionism, correlating with higher rates of psychopathology. Their successors – those born between 1995 and 2012, often called 'iGen' – are characterised by lower confidence, higher anxiety and increased rates of depression and suicide. These generational patterns underscore how emerging adulthood today is profoundly different from several decades ago.

More recently, the COVID-19 pandemic has acted as a catalyst, intensifying mental health challenges that were already on the rise. Social isolation caused by the disruption of schools, extracurricular activities and family routines led to profound loneliness. This isolation, combined with the loss of opportunities for peer interaction, stripped young people of critical interpersonal experiences that build social coping skills.

With face-to-face interactions curtailed, many young people turned to social media for connection. While these platforms provided some relief, they also exposed users to harmful content, exacerbating anxiety and depression. This was starkly illustrated by the tragic case of Molly Russell; whose struggles highlighted the dangers of unregulated online environments. Meanwhile, school closures and the shift to remote learning disrupted routines, creating instability in daily life. Young people often felt overlooked, as the focus of public discourse and policymaking centred on adult concerns during the crisis. For some, the absence of in-person education also meant losing out on critical social interactions that facilitate the transition from education to employment.

Parenting, play and the 'culture of safetyism'

The rise in mental health challenges among young people can also be traced to changing parenting styles and societal

attitudes. Over recent decades, a 'culture of safetyism' has emerged, characterised by parents' desire to minimise risks in their children's lives. While this well-intentioned approach seeks to protect young people, it has unintentionally restricted their opportunities to build resilience and autonomy. Overprotective parenting styles, often referred to as 'helicopter parenting,' have limited children's chances to engage in unsupervised play or navigate conflicts independently. These experiences, while seemingly small, are essential for developing confidence, problem-solving skills and emotional strength.

At the same time, an increasing emphasis on academic achievement has come at the expense of free exploration and play. Children are growing up in environments where structured activities dominate their time, leaving little room for spontaneity or independent adventures. This dynamic has likely made the transition from education to adulthood more challenging. Without the chance to take meaningful risks or contribute to family and community life, many young people feel unprepared for the responsibilities and uncertainties of adult life.

The Changing Narrative Around Mental Health

The way mental health is discussed in society has evolved significantly, bringing both positive and unintended consequences. On one hand, greater public conversation has reduced stigma, encouraging people to seek help and validating their experiences. On the other hand, it has also reshaped how emotional struggles are perceived and reported. Challenges that might once have been considered part of life's normal ups and downs are now more likely to be classified as mental health problems.

This 'problematization of emotional life' has led to a significant rise in self-reported mental health issues, driving a greater demand for services. While it is crucial to recognise and address genuine mental health needs, this shift also highlights the importance of fostering resilience and normalising the idea that difficulties are a natural part of life.

Meeting the Needs of Young People

The mental health crisis among young people cannot be addressed without fundamentally rethinking how we support their development. At the heart of this effort is creating environments that meet three essential psychological needs: autonomy, competence and relatedness.

- Autonomy involves giving young people the freedom to make choices, take risks and forge their own paths. This might mean loosening rigid structures in education and parenting, encouraging independent play and fostering opportunities for self-directed learning. Autonomy is not about leaving young people to fend for themselves but equipping them with the confidence to navigate challenges and make decisions that align with their aspirations.
- Competence is about providing young people with the tools they need to succeed – not just academically, but socially and emotionally. Schools and community programmes should prioritise life skills such as emotional regulation, conflict resolution and problem-solving. These competencies are as crucial as grades for navigating adulthood and building a sense of personal achievement.
- Relatedness focuses on fostering strong social connections. Young people thrive when they feel a

sense of belonging and purpose. Whether through family, friends or community engagement, opportunities for meaningful interactions and contributions are essential. Policies that promote family cohesion, mentorship programmes and community involvement can create the kind of supportive networks that are vital for mental wellbeing.

These principles should be integrated across all public services, from education to social security and employment support. Employment programmes could focus on creating work environments that offer young people a sense of purpose and belonging, while also helping develop skills and independence. Practical changes could include designing child-friendly neighbourhoods where exploration and peer interaction are safe and encouraged, and promoting balanced parenting styles that offer guidance without stifling independence. By embedding these values in our communities, we can create a foundation for healthier mental development.

References

1. Chatterjee M, Sinha A, Singh R. The Role of Schools in Promoting Mental Health among Adolescents. *Indian Journal of Psychiatry*,2019;61(5):213–226.
2. Chauhan PA, Rupani MP. High-risk health behaviors predict depression among school-going adolescents the need for integration of mental health with school health program in India. *Journal of Community Psychology*,2021;49(6):1891–1903.
3. Chowdhury RS, Gupta S, Kumar A. Economic Impact of Mental Illness Among Youth A Study from India. *Journal of Health Economics*,2021;35(3):100–107.
4. Dahiya P, Kamal R, Gupta R, Bhardwaj R, Chaudhary K, Kaur S, *et al.* Reactive oxygen species in periodontitis. *Journal of Indian Society of Periodontology*,2013;17(4):411–416.
5. Fernandes E, dos Santos C, Milidiú RL. Latent structure perceptron with feature induction for unrestricted coreference resolution. *Joint Conference on EMNLP and CoNLL-Shared Task*, 2012, 41–48.
6. Gadkari A, Vichare S, Chawla A. Prevalence of Anxiety and Depression Among Indian Adolescents A Cross-Sectional Study. *International Journal of Health Sciences*,2019;13(4):23–30.
7. Gopalan M, Nelson AA. Understanding the racial discipline gap in schools. *AERA Open*,2019;5(2):2332858419844613.
8. Krishnan R. The Changing Landscape of Mental Health in India Youth and the Burden of Stress. *Journal of Social Issues*,2020;76(1):68–84.
9. Kumar V, Kumar S. Social Media A Double-Edged Sword in Adolescent Mental Health. *Journal of Adolescent Health*,2021;68(6):107–116.
10. Mehrotra V, Morck R, Shim J, Wiwattanakantang Y. Adoptive expectations Rising sons in Japanese family firms. *Journal of Financial Economics*,2013;108(3):840–854.
11. Patel V. The Role of Telehealth in Mental Health Services Perspectives from India. *Indian Journal of Medical Research*,2020;151(5):487–494.
12. Saha K. The Mental Healthcare Act (2017) and its Implications for the Indian Youth. *Journal of Mental Health Policy and Economics*,2018;21(2):15–24.